

## OLHSA IDA PROGRAM PARTICIPANT EXIT FORM

<b>Personal Information</b>
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Site ID: \_\_\_\_\_

Name: \_\_\_\_\_ Social Sec. No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

<b>Exit Information</b>
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Exit Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Reason For Exit:

\_\_\_\_\_ Reached IDA goal

\_\_\_\_\_ Reached program time limit

\_\_\_\_\_ No longer eligible for program

\_\_\_\_\_ Lost interest in program

\_\_\_\_\_ Not able to save

\_\_\_\_\_ Moved out of the area

\_\_\_\_\_ Violated program rules

\_\_\_\_\_ Withdrew savings for unapproved purpose

\_\_\_\_\_ Deceased

\_\_\_\_\_ Other -- Specify: \_\_\_\_\_

Did the participant complete an Exit Survey? \_\_\_\_\_

**Signature of IDA participant:** \_\_\_\_\_

**Signature of IDA program staff:** \_\_\_\_\_

☛ Instructions: Complete at the time of Participant exit from the program. Use in conjunction with Participant Exit Survey. Fax to RCO when a participant leaves your program.