



Appendix 3.15
JSHP Hotel Departure Form

Date of departure: ____/____/____

Participant's name

Type of housing the participant will move to:

- Other JSHP hotel
- Back to shelter (specify)
- Homeless shelter
- Other DV Shelter
- Move to more permanent housing
- Other (specify)

If the participant is leaving the JSHP program or not returning to shelter:

Forwarding Address and Phone #

Address _____ City _____ State _____ Zip Code _____

Phone: _____ Cell / Home / Work

Safe to call? Yes No Safe to Leave a Message? Yes No

Email: _____ Safe to contact? Yes No

Information about how to contact the advocacy program serving the participant's community:

Program name: _____

Phone number: _____

Would you like more information about having a Safe at Home Address? Yes No

Advocate Note: If yes, assist in arranging a meeting with a Safe at Home advocate or provide their contact information if they are unavailable.