<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>DOB</th>
<th>Date Exit Interview Completed</th>
</tr>
</thead>
</table>

Foster Home Moved From

<table>
<thead>
<tr>
<th>County Where Home Is Located</th>
<th>Date Child Moved</th>
</tr>
</thead>
</table>

Name of Staff Completing Form

<table>
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<tr>
<th>Title</th>
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Circumstances surrounding move from this placement (please circle):

a. Return home
b. Move to kin or non kin home
c. Move to permanent placement
d. Reunification of siblings
e. Request of foster family (please explain) _____________________________________________________________________________

f. Concerns about Foster family (please explain) _____________________________________________________________________________

g. Other (please explain) _____________________________________________________________________________

Did the child provide information that requires a report to the hotline?  ☐ YES  ☐ NO
If YES, date report was made? _________  Was the report accepted?  ☐ YES  ☐ NO
Was the child’s Inventory Checklist reviewed and updated at removal?  ☐ YES  ☐ NO
Issues of Concern Documented on the Interview Form:  ☐ None

1. _____________________________________________________________________________

2. _____________________________________________________________________________

3. _____________________________________________________________________________

Actions taken:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
**LICENSING AGENCY REVIEW**

<table>
<thead>
<tr>
<th>Specific Follow-up Action Needed</th>
<th>Responsible Party</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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- [ ] Staff w/ FCRC
- [ ] Inactivate Home
- [ ] Request Placement Hold

<table>
<thead>
<tr>
<th>Licensing Staff Signature</th>
<th>Date Reviewed</th>
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</table>

1. How were you informed of your move?
________________________________________________________________________
________________________________________________________________________

2. Do you understand why you are being moved?
   1) Yes
   2) No
   Please explain: __________________________________________________________
   __________________________________________________________

3. Who has talked to you about your move?
________________________________________________________________________
________________________________________________________________________

4. Did your caregiver answer any questions that you had about your family?
   1) Yes
   2) No
   3) N/a
   Please explain: __________________________________________________________
   __________________________________________________________

5. Were they positive about your family?
   1) Yes
   2) No
   Please explain: __________________________________________________________
   __________________________________________________________
6. Did the caregiver ask you how you would like to be introduced to new people and follow through with your wishes?
   1) Yes
   2) No
   Please explain: ________________________________________________________________
   ________________________________________________________________

7. Did your caregiver treat you as a fully included member of the family with respect to activities, chores, celebrations, or outings?
   1) Yes
   2) No
   Please explain: ________________________________________________________________
   ________________________________________________________________

8. What did you do for fun in this home?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

9. If you did something you were not supposed to do, what happened?
   ________________________________________________________________

10. Did you think this was fair? Please explain: ________________________________________
    ________________________________________________________________

11. Were you ever threatened with having to leave the home?
    1) Yes
    2) No
    If ‘Yes’, please explain: ________________________________________________
    ________________________________________________________________
    ________________________________________________________________

12. Did this family have a way to recognize the good things that you did?
    1) Yes
    2) No
    Please explain: ____________________________________________________________
    ________________________________________________________________
    ________________________________________________________________

13. Do you think your caregiver knew a lot about you (such as what you like to do, your favorite foods, who your friends are, or what your favorite and least favorite subjects in school are)?
    1) Yes
    2) No
    Please explain: ____________________________________________________________
    ________________________________________________________________
14. (For older children) What did they do to get to know you?
   1) Yes
   2) No
   Please explain: _____________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

15. Did your caregiver help you to participate in community and school activities?
   1) Yes
   2) No
   Please explain: _____________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

16. Do you feel that your caregiver knew about and supported your religion and culture (for example, special foods, holidays and celebrations, hair, and clothing)?
   1) Yes
   2) No
   3) n/a
   Please explain: _____________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

17. Did your caregiver help you to maintain your connections to your parents?
   1) Yes
   2) No
   Please explain: _____________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

18. Did your caregiver help you to maintain your connections to your siblings or other family members?
   1) Yes
   2) No
   Please explain: _____________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

19. Did your caregiver help you maintain your connections to other people important to you like friends or others?
   1) Yes
   2) No
   Please explain: _____________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
20. Did your caregiver ever advocate for you (speak up for you or for your best interests) at school, in court, or to other people involved in your case?
   1) Yes
   2) No
   Please explain: ______________________________________________________________
   ____________________________________________________________________________

21. Did your caregiver take care of you when you were sick or had an accident, including going with you to the doctor?
   1) Yes
   2) No
   3) n/a
   Please explain: ______________________________________________________________
   ____________________________________________________________________________

22. Did you have enough clothing that fit you to wear in this home?
   1) Yes
   2) No
   3) n/a
   Please explain: ______________________________________________________________
   ____________________________________________________________________________

23. Did you have enough food to eat while with this caregiver? (In the explanation, include any information about what kinds of food you ate and where and when you ate.)
   1) Yes
   2) No
   Please explain: ______________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

24. Were you allowed to contact your Case manager, Guardian Ad Litem or Others when you asked?
   1) Yes
   2) No
   If ‘No’, please explain: ________________________________________________________
   ____________________________________________________________________________

25. Did you feel respected in this home?
   1) Yes
   2) No
   If ‘No’, please explain: ________________________________________________________
   ____________________________________________________________________________
26. Did you feel happy in this home?
   1) Yes
   2) No
   If ‘No’, please explain: ______________________________________________________
   ____________________________________________________________

27. Were you satisfied with this home?
   1) Yes
   2) No
   If ‘No’, please explain: ______________________________________________________
   ____________________________________________________________

28. Who lived with you in this home?
   ____________________________________________________________
   ____________________________________________________________

29. What do you think was the best thing about this family?
   ____________________________________________________________
   ____________________________________________________________

30. Do you wish they had done anything differently?
   ____________________________________________________________
   ____________________________________________________________

31. Did you feel safe and comfortable in this home?
   ____________________________________________________________

Please provide any additional comments below:
____________________________________________________________
____________________________________________________________
____________________________________________________________

Thank you for sharing your experience with us. You are helping make things work better for all children and youth.