

**WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES  
WV WORKS 59 Month Exit Interview**

Client Name: \_\_\_\_\_ Case Name: \_\_\_\_\_

PIN Number: \_\_\_\_\_ RFA Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Number of months TANF received in other state(s): \_\_\_\_\_

Current housing status:  
 Rent       Own       Living with Others       Shelter

Number of Individuals Currently in Household: \_\_\_\_\_

Number of Individuals Included in WV WORKS Check: \_\_\_\_\_

Number of Children in the Household: \_\_\_\_\_

Name	Age	School

Is anyone in the household pregnant at the time of the exit interview:  Yes  No

Expected Due Date: \_\_\_\_\_

Living Situation:  Married     Never Married     Divorced  
 Separated     Widowed     Other

If married, does spouse live in the home?  Yes  No

Activities in which client has participated:

WVEP     GED/ABE Classes     Vocational Training  
 In Service     Community Services     Welfare-to-Work Programs  
 CWEP     Full-time Employment     Part-time Employment  
 JOIN     Job Development/Job Retention

Total Number of Sanctions: \_\_\_\_\_

Referrals with no participation:

WVEP     GED/ABE Classes     Vocational Training  
 In Service     Community Services     Welfare-to-Work Programs  
 CWEP     Full-time Employment     Part-time Employment  
 JOIN     Job Development/Job Retention

Past barriers identified and the services provided to eliminate each barriers:

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Barriers remaining:

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Any past or current reports of Domestic Violence:     Yes     No  
Has or is currently participating in a Domestic Violence plan:     Yes     No

Are any individuals in the household disabled or claiming a disability at the time of the exit interview:     Yes     No

If yes, names of individuals claiming disability at time of exit interview:

1. \_\_\_\_\_
2. \_\_\_\_\_

Has the person(s) claimed disability in the past?     Yes     No

Has a six month extension been requested by the client?     Yes     No

