

Provider Name: _____

If you are not renewing your voucher agreement, please complete this form.

PROVIDER EXIT INTERVIEW

1. Are you closing your program entirely?
 Yes
 No. I am just not renewing my Voucher Agreement (skip to Question 3)

2. Why are you closing your program? Please check any that apply:
 I never started care Personal reasons I am retiring
 No CCR&R support Financial reasons QRIS requirements
 Relocation EEC Policies/Procedures
 Other, explain _____

3. If applicable, why are you not renewing your Voucher Agreement? Please check any that apply:
 Closing program No CCR&R support Financial reasons
 Reimbursement rate too low QRIS requirements Relocation
 EEC Policies/Procedures CCFA new billing technology
 Other, explain: _____

4. If you checked that an EEC policy and/or procedure influenced your decision, please explain the barriers you encountered:

5. Did you request assistance from the CCR&R prior to closing your program or deciding to renew your Voucher Agreement? Yes No (skip to Question 7)

6. Did you receive the assistance from the CCR&R? Yes No

7. Would you like more support from the CCR&R in order to keep your program open or continue you Voucher Agreement? Yes No