

# EXIT PLANNING

<b>Client Name:</b>		<b>Date:</b>	
<b>Address:</b>			
<b>Phone:</b>		<b>D.O.B</b>	
<b>Health Insurance:</b>			

## *Emergency/Medical Contacts*

Emergency Services 9-1-1

	Name	Relation	Number	Address
1				
2				
3				

## *Our Plan to Maintain Housing*

**I will continue to pay our rent by making sure we do the following things:**

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**I will make sure that we don't lose housing by doing/not doing the following things:**

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**We are ready to live with greater independence and without Housing Program supports because:**

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**The areas in our life that we are still working on are:**

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**We are going to work on these areas by:**

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**Signs that our housing is becoming unstable are:**

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**If our housing is becoming unstable we will:**

--

**Signs our housing is unstable are:**

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**If our housing is unstable we will:**

--

**The thing I am most proud of during my time in the program is:**

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**The skill/action that I most improved on during my time in the program is:**

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***We are confident that we have the skills to:***

	<b>Yes</b>	<b>No</b>	<b>In Progress</b>	<b>N/A</b>
<b>Clean the apartment</b>				
<b>Go grocery shopping</b>				
<b>Pay rent</b>				
<b>Speak with landlord</b>				
<b>Do laundry</b>				
<b>Budget</b>				
<b>Pay other bills</b>				
<b>Be responsible tenants</b>				
<b>Set goals &amp; take action</b>				
<b>Problem-solve with a level head</b>				
<b>Keep emotions in check when frustrated/angry</b>				
<b>Follow crisis plan when necessary</b>				
<b>Make appointments and keep them</b>				
<b>Follow doctor instructions</b>				

Follow psychiatrist instructions				
Take medicine				
Refill medicine				
Have fun without creating problems				
Fill the days with things that make us happy				
Invite guests over and know when to ask them to leave				
Seek out help when we need it				
Keep our home				
<b>Comments on skills:</b>				
<b>What I enjoyed or appreciated most about the program is:</b>				
<b>What I feel the program could improve on is:</b>				
<b><i>Our Support Network</i></b>				
<b>The following people are considered to be part of my support network, and we recognize that our</b>				
<b>Housing Program support worker will no longer be part of my support network:</b>				
	Name	Relation	Number	Address
1				
2				
3				
<b>Should we ever receive an eviction notice or be told by my landlord that we need to leave, we will:</b>				
<b>We would like our exit plan shared with our support network and other social service organizations, as deemed appropriate by my worker.</b>			<b>Yes</b>	<b>No</b>
<b>Client</b>		<b>Date:</b>		
<b>Case Manager</b>		<b>Date:</b>		
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