



EXCELLENCE IN HOUSING

EXIT PLANNING

OrgCode Consulting, Inc. is pleased to share this document as part of a collection of the most requested resources from our *Excellence in Housing* training series. We recommend using these tools only if you are familiar with supporting individuals and/or families with complex and co-occurring life issues in housing. Further training may help you advance your use of these tools and you can contact us for more information at info@orgcode.com.

Disclaimer

OrgCode Consulting Inc. assumes no responsibility for how these tools are used or the validity of the assessments that are made by frontline workers when using the tools. OrgCode Consulting Inc. assumes no responsibility for harm to or from clients, workers or the community stemming from the use of these tools directly or indirectly – up to and including death.

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Exit Planning

Version _____ Date _____

Family Name:	Head(s) of Household:
Address:	
Health Insurance:	
Emergency / Medical Contacts:	
1.	Telephone:
2.	Telephone:
3.	Telephone:

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

I will make sure that we don't get kicked out of the apartment by doing/not doing the following things:

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

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

We are going to work on these areas by:

Signs that our housing is becoming unstable are:

If our housing is becoming unstable we will:

Exit Planning

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Signs our housing is unstable are:

If our housing is unstable we will:

We are confident that we have the skills to:

SKILLS	YES	NO	N/A
Clean the apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go grocery shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak with the landlord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay other bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be responsible tenants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set goals & take action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solve with a level-head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep emotions in check when frustrated/angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow crisis plans when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make appointments & keep them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow doctor instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow psychiatrist instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refill medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have fun without creating problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fill the days with things that make us happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invite guests over and know when to ask them to leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seek out help when we need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep our apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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The following people are considered to be part of my support network, and we recognize that our Housing Program support worker will no longer be part of my support network:

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Should we ever receive an eviction notice or be told by my landlord that we need to leave, we will:

We would like our exit plan shared with our support network and other social service organizations, as deemed appropriate by my worker.

Yes ___ No ___

Participant Signature: _____ Date: _____

Intensive Case Manager Signature: _____ Date: _____