Exit Plan

HOUSEHOLD NAME: _____   **DATE CREATED:**
_____

About Us

Head(s) of Household:	
Address:	
Health Insurance	

Emergency/Medical Contacts

Role/Relationship	Name	Telephone Number

Plan to Maintain Housing

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

_____
_____
_____

We will make sure that we do not get kicked out of our home 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:

_____
_____
_____

Signs our housing is unstable are:

_____
_____
_____

If our housing is unstable we will:

_____
_____
_____

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

_____
_____
_____

We are confident that we have the skills to:

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

Our Support Network

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:

Role/Relationship	Name	Telephone Number

We would like our exit plan shared with our support network and other social service organizations

as deemed appropriate by my case manager.   _____Yes _____No

_____   _____
Participant Signature   Date   Case Manager Signature   Date

EQUAL HOUSING OPPORTUNITY