

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. These documents are intended for professionals who have been properly trained on these tools and practices.

For more information about this resource, training, or other available resources, please visit us online at:

www.orgcode.com

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Exit Planning

Client:	Version:	Date:
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About Us

Family Name:	
Head(s) of Household:	
Address:	
Health Insurance	

Emergency/Medical Contacts

Role/Relationship	Name	Telephone Number
Emergency	Emergency Services	9-1-1
1.		
2.		
3.		

Our Plan to Maintain Housing

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:

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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:**

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We are confident that we have the skills to:

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

Comments:

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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

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

Client

Signature

Date

Intensive Case Manager

Signature

Date