

**Exit Plan**

**Name:**

Date of Birth:

Address:

Health Card Number/Version:

Emergency / Medical Contacts:

- 1.
- 2.
- 3.

Telephone:  
Telephone:  
Telephone:

I will continue to pay my rent by making sure I do the following things:\_\_\_\_\_

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I will make sure that I don't get kicked out of my apartment by:\_\_\_\_\_

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I am ready to live with greater independence and without Housing First supports because\_\_\_\_\_

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The areas in my life that I am still working on are:\_\_\_\_\_

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I am going to work on these areas by:\_\_\_\_\_

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Signs that my housing is becoming unstable are:\_\_\_\_\_

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If my housing is becoming unstable I will:\_\_\_\_\_

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Signs my housing is unstable are:\_\_\_\_\_

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If my housing is unstable I will: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am confident that I have the skills to:

Clean my apartment	YES	NO	
Go grocery shopping	YES	NO	
Pay my rent	YES	NO	
Speak with my landlord	YES	NO	
Do laundry	YES	NO	
Budget	YES	NO	
Pay my other bills	YES	NO	
Be a responsible tenant	YES	NO	
Set goals for myself & take action	YES	NO	
Problem solve with a level-head	YES	NO	
Keep my emotions in check when frustrated/angry	YES	NO	
Follow my crisis plan when necessary	YES	NO	
Make appointments & keep them	YES	NO	
Follow doctor's instructions	YES	NO	N/A
Follow psychiatrists instructions	YES	NO	N/A
Take my medicine	YES	NO	N/A
Refill my medicine	YES	NO	N/A
Have fun without creating problems	YES	NO	
Fill my days with things that make me happy	YES	NO	
Invite guests over and know when to ask them to leave	YES	NO	
Seek out help when I need it	YES	NO	
Keep my apartment	YES	NO	

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I consider the following people to be part of my support network, and recognize that my Housing First support worker will no longer be part of my support network:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_\_

I would like my exit plan shared with my support network and other social service organizations, as deemed appropriate by my worker. Yes\_\_\_ No\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Intensive Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_