**Your Way Home Program Exit Plan**

|  |  |  |
| --- | --- | --- |
| Date\_\_\_\_\_\_\_\_ | Client Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Case Manager Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

YWH Program Exiting (Circle One) CE ES RRH TH PSH

Program Exit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Program Exit (Check One):  
  
\_\_\_\_\_ Successfully completed program

\_\_\_\_\_ Household income exceeds income eligibility limits

\_\_\_\_\_ Transferred to another YWH Program

\_\_\_\_\_ Terminated from program due to non-compliance – (Explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Household’s Plan for Housing |  |
| Supports Available to the Household |  |

**Check One:**

\_\_\_\_\_ This Exit Plan was conducted jointly between the YWH Case Manager and the Client. A copy of the Exit Plan has been provided to the Client and other Case Managers currently working with the client.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Client Signature Date   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Case Manager Signature Date*

**OR**\_\_\_\_\_\_ The Client did not attend the Exit Interview. A copy of this Exit Plan has been sent to the Client and has been provided to other Case Managers currently working with the client.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 *Case Manager Signature Date*

Additional Case Manager Name/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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YWH Agency Supervisor Signature Date*