**Appendix D**

 **Transition Plan**

Client Name:

Date:

Staff Name:

Top of Form

**Accomplishments**

(check all that apply and specify)

*  Housing
*  Financial (includes employment issues, benefits, health coverage)
*  Health
*  Substance Use
*  Mental Health
*  Legal
*  Relationships
*  Education
*  Risk reduction/Prevention
*  Multiple
*  Other: 

**Outstanding/Ongoing Issues**

(check all that apply)

*  Housing
*  Financial (includes employment issues, benefits, health coverage)
*  Health
*  Substance Use
*  Mental Health
*  Legal
*  Relationships
*  Education
*  Risk reduction/Prevention
*  Multiple
*  Other: 

**Follow-up People/Agencies (include phone numbers and/or other contact info):**

**Plan/Notes:**