



CTI RRH Closing Note

Client Name:

CTI Worker Initials:

Today's Date: Date closed:

FINAL MEETING WITH CLIENT

Date of that meeting:

What was discussed at this meeting? CHECK ALL ITEMS THAT APPLY

- Ongoing challenges to housing stability
- Review of client's progress since beginning of CTI intervention
- Client feedback about CTI intervention
- Review of linkages to resources
- Other, specify: _____

Notes:

LONG-TERM PLAN

What are potential threats to long-term housing stability, and community adjustment?

(These are barriers that existed during CTI and continued throughout)

- | | |
|---|--|
| <input type="checkbox"/> Not enough income to pay rent | <input type="checkbox"/> Dissatisfaction with apartment unit |
| <input type="checkbox"/> Conflict with family members | <input type="checkbox"/> Dissatisfaction with apartment unit |
| <input type="checkbox"/> Conflict with friends | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Unstable child care/lack of child care | <input type="checkbox"/> Physical health |

Notes:

What resources are available to help support long-term housing stability?

FAMILY:

(Name / relationship / contact information)

(Name / relationship / contact information)

FRIENDS:

(Name / contact information)

(Name / contact information)

COMMUNITY ORGANIZATIONS:

(for example, employment, childcare, public assistance)

(Name / contact information)

(Name / contact information)

PROVIDERS:

(Primary care provider and/or mental health care provider)

(Name / contact information)

(Name / contact information)

What is the CTI RRH Worker's Role after closing date?

Role:

Worker's contact information: _____

Is CTI RRH Worker available for follow-up visit? No Yes

CTI RRH Worker signature: _____

Today's Date: _____

Client signature: _____

Today's Date: _____

Supervisor signature: _____

Today's Date: _____