

**THP-Plus Institute**

**PLANFUL EXITS: IMPROVING YOUNG PEOPLE'S ODDS OF SUCCESS AFTER  
THP-PLUS, 11/8/10, 10:45a – 12p**

**First Place for Youth: Planning for Exits from the beginning**

**By Connie Handlin, Regional My First Place Program Manager, Alameda County**

- Transitioning out of program is discussed from day one when a youth moves in
  - First Place's program model is about teaching youth to be self-sufficient by focusing on stable housing, education, employment and healthy living goals
  - We help youth to identify and strengthen their support network throughout their time in program, which can open up alternative living situations when they are transitioning out of program
  - Transition planning happens throughout program, and intensifies at the one-year mark in program; we also have an 18-month transition plan process that is lead by the youth
  - First Place has integrated Transitions Framework (by William Bridges) to help give a common language and tools to talk about and support change and transition with youth (more info about Transitions Framework can be found at [www.transitionsandsocialchange.org](http://www.transitionsandsocialchange.org)).
  
- Our housing model was developed to support youth to have the option to remain permanently in their apartment and/or learn all the skills necessary to obtain their own apartment or independent living situation
  - First Place master leases apartments in the community and then youth signs rental agreement with First Place
  - Singles live in 2-bedroom with another single participant of same gender
  - Single parents have a 1-bedroom with up to 2 kids

## St. Anne's Transitional Housing Home Visit Sheet

Name of Client: \_\_\_\_\_  
 Apartment Number: \_\_\_\_\_

**Date of 1st Home Visit:** \_\_\_\_\_  
**Time of Home Visit:** \_\_\_\_\_  
**Initials of Client:** \_\_\_\_\_

- Client was late for appointment
- Client missed appointment
- Client refused to meet with WFD Specialist
- Client re-scheduled appointment to \_\_\_\_\_
- Other, please explain: \_\_\_\_\_

**Date of 2nd Home Visit:** \_\_\_\_\_  
**Time of Home Visit:** \_\_\_\_\_  
**Initials of Client:** \_\_\_\_\_

- Client was late for appointment
- Client missed appointment
- Client refused to meet with WFD Specialist
- Client re-scheduled appointment to \_\_\_\_\_
- Other, please explain: \_\_\_\_\_

**Date of Next Week's Home Visit:** \_\_\_\_\_  
**Time of Next Week's Home Visit:** \_\_\_\_\_  
**Initials of Client:** \_\_\_\_\_

Date of Next Quarterly Self-Sufficiency Meeting: \_\_\_\_\_  
 Name of Caring Adult who will attend: \_\_\_\_\_

Date of Self-Sufficiency meeting due to concerning behavior: \_\_\_\_\_  
 Name of Caring Adult who will attend: \_\_\_\_\_

**EDUCATIONAL GOAL: What do you plan on completing before Program Completion?**

High School Graduated from: \_\_\_\_\_ School obtained GED from: \_\_\_\_\_  
 Date Graduated: \_\_\_\_\_ Date obtained: \_\_\_\_\_  
 Diploma/GED+10 in file? Y or N \_\_\_\_\_ GED in file: Y or N \_\_\_\_\_  
 If High School Diploma/GED not earned, completion target date: \_\_\_\_\_  
 Credits earned: \_\_\_\_\_ Transcripts in file? Y or N \_\_\_\_\_

**Long-term Educational Goal:**

Goal for this week: \_\_\_\_\_

What is client's activity to meet goal this week? \_\_\_\_\_

What is WFD's activity to assist in meeting goal? \_\_\_\_\_

Goal completed? Y, N, or Pending due by \_\_\_\_\_ If no, has weekly goal changed in the past 30 days? Y or N \_\_\_\_\_  
 Date goal completed: \_\_\_\_\_ What verification is attached indicating goal was met? \_\_\_\_\_

School name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Schedule	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Classes							
Times							

Total # of hours scheduled to be in school each week: \_\_\_\_\_ Total # of hours in school last week: \_\_\_\_\_  
 Current semester/quarter end date: \_\_\_\_\_ Next semester/quarter start date: \_\_\_\_\_  
 Degree or Certificate working on: \_\_\_\_\_ Target graduation date: \_\_\_\_\_  
 School schedule in file? Y or N \_\_\_\_\_ Last Report Card in file? Y or N \_\_\_\_\_

**Financial Aid/Scholarship Information:**

What are your plans on payment for school?  Grant Amount: \$ \_\_\_\_\_  Financial Aid Amount: \$ \_\_\_\_\_  Other Amount: \$ \_\_\_\_\_  
 Loan Amount: \$ \_\_\_\_\_  Scholarship Amount: \$ \_\_\_\_\_

**EMPLOYMENT/CAREER GOAL: What is your plan for working while in the Program and Program Completion?**

**Long-term employment/career goal:**

What is the rate of pay for your career interest? \_\_\_\_\_  
 Does your educational goal match your career interest? Y or N \_\_\_\_\_

**CLIENT IS EMPLOYED:** Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_ hourly rate: \$ \_\_\_\_\_

Schedule this week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times							

Total # of hours scheduled to work this week: \_\_\_\_\_ Total # of hours worked last week: \_\_\_\_\_  
 Work verification received this week? Y or N \_\_\_\_\_ Date last verification received: \_\_\_\_\_  
 Paystub  Time Sheet  Other: \_\_\_\_\_ Last pay date: \_\_\_\_\_ Next pay date: \_\_\_\_\_

**CLIENT IS UNEMPLOYED:** Date Employment Contract ends (30 days):

Date Employment Contract ends (60 days):

What type of job opportunities are you looking for?

What is the rate of pay for the opportunities you are looking for?

Schedule this week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times on Computer							
Times in Community							

Total # of hours looking for work this week:

Total # of hours looked for work last week:

Employment Search verification received this week?

Verification received last week?

Did client meet with WFDS last week?

Dates:

Did client attend Employment class last week?

Did client make up Employment class individually?

Goal for this week:

What is client's activity to meet goal this week?

What is WFD's activity to assist in meeting goal?

Goal completed? Y, N, or Pending due by

If no, has weekly goal changed in the past 30 days?

Date goal completed:

What verification is attached indicating goal was met?

Has the client completed the following employment life skills classes?

Resume Creation Y or N   Resume Building Y or N   Job Applications Y or N   Job Interviewing Y or N

Is the certificate on file showing completion of employment life skills classes? Y or N

Module Name:	Date client completed Employment pre-test:	Score:
Module Name:	Date client completed Employment post-test:	Score:
Module Name:	Date client completed Employment pre-test:	Score:
Module Name:	Date client completed Employment post-test:	Score:
Module Name:	Date client completed Employment pre-test:	Score:
Module Name:	Date client completed Employment post-test:	Score:
Module Name:	Date client completed Employment pre-test:	Score:
Module Name:	Date client completed Employment post-test:	Score:

**Notes:** Written documentation (date, time, contact person, and a summary of the conversation) of conversation regarding the client's progress and/or special circumstances such as contact with mentor, social worker, law enforcement, and non-routine contact with the school or employer.

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 Apartment Number: \_\_\_\_\_

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**Time of Home Visit:** \_\_\_\_\_  
**Initials of Client:** \_\_\_\_\_

- Client was late for appointment
- Client missed appointment
- Client refused to meet with Family Advocate
- Client re-scheduled appointment to \_\_\_\_\_
- Other, please explain: \_\_\_\_\_

**Date of 2nd Home Visit:** \_\_\_\_\_  
**Time of Home Visit:** \_\_\_\_\_  
**Initials of Client:** \_\_\_\_\_

- Client was late for appointment
- Client missed appointment
- Client refused to meet with Family Advocate
- Client re-scheduled appointment to \_\_\_\_\_
- Other, please explain: \_\_\_\_\_

**Date of Next Week's Home Visit:** \_\_\_\_\_  
**Time of Next Week's Home Visit:** \_\_\_\_\_  
**Initials of Client:** \_\_\_\_\_

Date of Next Quarterly Self-Sufficiency Meeting: \_\_\_\_\_  
 Name of Caring Adult who will attend: \_\_\_\_\_

Date of Self-Sufficiency meeting due to concerning behavior: \_\_\_\_\_  
 Name of Caring Adult who will attend: \_\_\_\_\_

**PERMANENT HOUSING GOAL: What is your plan to establish permanent housing after Program Completion?**

**Long-term Permanent Housing Goal** affordable housing low income housing market rate rent other, please explain: \_\_\_\_\_

Move out date: \_\_\_\_\_  
 Goal for this week: \_\_\_\_\_  
 What is client's activity to meet goal this week? \_\_\_\_\_  
 \_\_\_\_\_  
 What is FA's activity to assist in meeting goal? \_\_\_\_\_  
 \_\_\_\_\_  
 Goal completed? Y, N, or Pending due by \_\_\_\_\_ If no, has weekly goal changed in the past 30 days? Y or N \_\_\_\_\_  
 Date goal completed: \_\_\_\_\_ What verification is attached indicating goal was met? \_\_\_\_\_

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High School Graduated from: \_\_\_\_\_ School obtained GED from: \_\_\_\_\_  
 Date Graduated: \_\_\_\_\_ Date obtained: \_\_\_\_\_  
 Diploma/GED+10 in file? Y or N \_\_\_\_\_ GED in file: Y or N \_\_\_\_\_  
 If High School Diploma/GED not earned, completion target date: \_\_\_\_\_  
 Credits earned: \_\_\_\_\_ Transcripts in file? Y or N \_\_\_\_\_

**Long-term Educational Goal:** \_\_\_\_\_  
 Goal for this week: \_\_\_\_\_  
 What is client's activity to meet goal this week? \_\_\_\_\_  
 \_\_\_\_\_  
 What is FA's activity to assist in meeting goal? \_\_\_\_\_  
 \_\_\_\_\_  
 Goal completed? Y, N, or Pending due by \_\_\_\_\_ If no, has weekly goal changed in the past 30 days? Y or N \_\_\_\_\_  
 Date goal completed: \_\_\_\_\_ What verification is attached indicating goal was met? \_\_\_\_\_

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Times							

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 Current semester/quarter end date: \_\_\_\_\_ Next semester/quarter start date: \_\_\_\_\_  
 Degree or Certificate working on: \_\_\_\_\_ Target graduation date: \_\_\_\_\_  
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**EMPLOYMENT/CAREER GOAL: What is your plan for working while in the Program and Program Completion?**

**Long-term employment/career goal:** \_\_\_\_\_

What is the rate of pay for your career interest?  
 Does your educational goal match your career interest? Y or N

**CLIENT IS EMPLOYED:** Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_ hourly rate: \$ \_\_\_\_\_

Schedule this week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times							

Total # of hours scheduled to work this week: \_\_\_\_\_ Total # of hours worked last week: \_\_\_\_\_  
 Work verification received this week?  Y or N  Date last verification received: \_\_\_\_\_  
 Paystub  Time Sheet  Other: \_\_\_\_\_ Last pay date: \_\_\_\_\_ Next pay date: \_\_\_\_\_

**CLIENT IS UNEMPLOYED:** Date Employment Contract ends (30 days): \_\_\_\_\_ Date Employment Contract ends (60 days): \_\_\_\_\_  
 What type of job opportunities are you looking for?  
 What is the rate of pay for the opportunities you are looking for?

Schedule this week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times on Computer							
Times in Community							

Total # of hours looking for work this week: \_\_\_\_\_ Total # of hours looked for work last week: \_\_\_\_\_  
 Employment Search verification received this week?  Y or N  Verification received last week?  Y or N   
 Did client meet with WFDS last week?  Y or N  Dates: \_\_\_\_\_  
 Did client attend Employment class last week?  Y or N  Did client make up Employment class individually?  Y or N

Goal for this week: \_\_\_\_\_  
 What is client's activity to meet goal this week? \_\_\_\_\_  
 \_\_\_\_\_  
 What is FA's activity to assist in meeting goal? \_\_\_\_\_  
 \_\_\_\_\_  
 Goal completed? Y, N, or Pending due by \_\_\_\_\_ If no, has weekly goal changed in the past 30 days?  Y or N   
 Date goal completed: \_\_\_\_\_ What verification is attached indicating goal was met? \_\_\_\_\_

Has the client completed the following employment life skills classes?  
 Resume Creation Y or N Resume Building Y or N Job Applications Y or N Job Interviewing Y or N  
 Is the certificate on file showing completion of employment life skills classes? Y or N

Module Name:	Date client completed Employment pre-test:	Score:
	Date client completed Employment post-test:	Score:
Module Name:	Date client completed Employment pre-test:	Score:
	Date client completed Employment post-test:	Score:
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	Date client completed Employment post-test:	Score:
Module Name:	Date client completed Employment pre-test:	Score:
	Date client completed Employment post-test:	Score:

**SELF SUFFICIENCY GOAL:**

Goal for this week: **Attend Life Skills Class**  
 Did client attend Life Skills class last week?  Y or N  Did client make up Life Skills class individually?  Y or N   
 Module Name: \_\_\_\_\_ Date client completed Life Skills pre-test: \_\_\_\_\_ Score: \_\_\_\_\_  
 \_\_\_\_\_ Date client completed Life Skills post-test: \_\_\_\_\_ Score: \_\_\_\_\_  
 Module Name: \_\_\_\_\_ Date client completed Life Skills pre-test: \_\_\_\_\_ Score: \_\_\_\_\_  
 \_\_\_\_\_ Date client completed Life Skills post-test: \_\_\_\_\_ Score: \_\_\_\_\_  
 Module Name: \_\_\_\_\_ Date client completed Life Skills pre-test: \_\_\_\_\_ Score: \_\_\_\_\_  
 \_\_\_\_\_ Date client completed Life Skills post-test: \_\_\_\_\_ Score: \_\_\_\_\_  
 Module Name: \_\_\_\_\_ Date client completed Life Skills pre-test: \_\_\_\_\_ Score: \_\_\_\_\_  
 \_\_\_\_\_ Date client completed Life Skills post-test: \_\_\_\_\_ Score: \_\_\_\_\_

**SELF SUFFICIENCY GOAL:**

Goal for this week: **Nutrition/Meal Planning**  
 Client has sufficient food for the week?  Y or N   
 Client has sufficient money for groceries this week?  Y or N  If No, what community resources will be used: \_\_\_\_\_  
 Client has a plan for planning and preparing meals?  Y or N

What is client's activity to meet goal this week? \_\_\_\_\_

What is FA's activity to assist in meeting goal? \_\_\_\_\_

Goal completed? Y, N, or Pending due by \_\_\_\_\_ Date goal completed: \_\_\_\_\_

**SELF SUFFICIENCY GOAL:**

Goal for this week: **Maintain a Safe Home**

What is client's activity to meet goal this week? \_\_\_\_\_

What is FA's activity to assist in meeting goal? \_\_\_\_\_

Goal completed? Y, N, or Pending due by \_\_\_\_\_ Date goal completed: \_\_\_\_\_

**PARENTING/CHILDCARE GOAL: What is your plan for affordable childcare after Program Completion?**

**Long-term Permanent Child-Care Goal:**

Does the area where you plan on obtaining permanent housing have affordable childcare spaces for you?

What do you think will be your budgeted amount for childcare after program completion?

Child #1 Name:	Child #2 Name:
Is child enrolled in ELC? Y or N	Y or N
If no, name of alternate childcare:	Name:
Date child's physical exam was completed:	Date:
Immunizations are up to date? Y or N	Y or N
Date child's dental exam was completed (only for 3 yrs old and up):	Date:

Goal for this week: \_\_\_\_\_

What is client's activity to meet goal this week? \_\_\_\_\_

What is FA's activity to assist in meeting goal? \_\_\_\_\_

Goal completed? Y, N, or Pending due by \_\_\_\_\_ If no, has weekly goal changed in the past 30 days? Y or N

Date goal completed: \_\_\_\_\_ What verification is attached indicating goal was met? \_\_\_\_\_

**HEALTH CARE GOAL: What is your plan for Health Insurance after Program Completion?**

**Long-term Health Care Goal (after ILP Medical expires):**

What do you think will be your budgeted amount for health care?

Goal for this week: \_\_\_\_\_

What is client's activity to meet goal this week? \_\_\_\_\_

What is FA's activity to assist in meeting goal? \_\_\_\_\_

Goal completed? Y, N, or Pending due by \_\_\_\_\_ If no, has weekly goal changed in the past 30 days? Y or N

Date goal completed: \_\_\_\_\_ What verification is attached indicating goal was met? \_\_\_\_\_

Date mom referred to MHS:	Therapist Name:	Date of last appt:	Date of next appt:
Date child referred to MHS:	Therapist Name:	Date of last appt:	Date of next appt:
Date referred to FBS:	IHOC Name:	Date of last appt:	Date of next appt:

**SELF SUFFICIENCY GOAL: Being a good Tenant**

**Long-term goal:**

Goal for this week: \_\_\_\_\_

What is FA's activity to assist in meeting goal? \_\_\_\_\_

Goal completed? Y, N, or Pending due by \_\_\_\_\_ If no, has weekly goal changed in the past 30 days? Y or N

Date goal completed: \_\_\_\_\_ What verification is attached indicating goal was met? \_\_\_\_\_

**SELF SUFFICIENCY GOAL:**

**Long-term goal:**

Goal for this week: \_\_\_\_\_

What is client's activity to meet goal this week? \_\_\_\_\_

\_\_\_\_\_

What is FA's activity to assist in meeting goal? \_\_\_\_\_

\_\_\_\_\_

Goal completed? Y, N, or Pending due by \_\_\_\_\_ If no, has weekly goal changed in the past 30 days? Y or N \_\_\_\_\_

Date goal completed: \_\_\_\_\_ What verification is attached indicating goal was met? \_\_\_\_\_

**SELF SUFFICIENCY GOAL:**

**Long-term goal:**

Goal for this week: \_\_\_\_\_

What is client's activity to meet goal this week? \_\_\_\_\_

\_\_\_\_\_

What is FA's activity to assist in meeting goal? \_\_\_\_\_

\_\_\_\_\_

Goal completed? Y, N, or Pending due by \_\_\_\_\_ If no, has weekly goal changed in the past 30 days? Y or N \_\_\_\_\_

Date goal completed: \_\_\_\_\_ What verification is attached indicating goal was met? \_\_\_\_\_

**SELF SUFFICIENCY GOAL:**

**Long-term goal:**

Goal for this week: \_\_\_\_\_

What is client's activity to meet goal this week? \_\_\_\_\_

\_\_\_\_\_

What is FA's activity to assist in meeting goal? \_\_\_\_\_

\_\_\_\_\_

Goal completed? Y, N, or Pending due by \_\_\_\_\_ If no, has weekly goal changed in the past 30 days? Y or N \_\_\_\_\_

Date goal completed: \_\_\_\_\_ What verification is attached indicating goal was met? \_\_\_\_\_

**Notes:** Written documentation (date, time, contact person, and a summary of the conversation) of conversation regarding the client's progress and/or special circumstances such as contact with mentor, social worker, law enforcement, and non-routine contact with the school or employer.