



Housing Transition Discharge Form

Name of client: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Table with 3 columns: Family members (First and Last Name), DOB, Age. Contains 6 empty rows.

Currently residing at: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Exit Date: \_\_\_\_\_
(name of shelter facility)

Discharge Plan Details

Check only one:

- \_\_\_ Resident successfully completed the program.
\_\_\_ It was the resident's decision to exit the program.
\_\_\_ It was the program's decision to exit the resident.

Brief explanation of circumstances leading to exit:

Three horizontal lines for writing a brief explanation of circumstances leading to exit.

Employment

Name of Employment: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Wage \_\_\_\_\_

Other Employment: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Wage \_\_\_\_\_

Other sources of income: (Please indicate amount)

Foodshare: \_\_\_\_\_ Social security: \_\_\_\_\_ SSI/SSDI: \_\_\_\_\_ Unemployment: \_\_\_\_\_ W2: \_\_\_\_\_

Vet Benefits: \_\_\_\_\_ Child Support: \_\_\_\_\_ Other: \_\_\_\_\_ None:



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**Has all documentation?** (BC, SS cards, ID, etc.) If no, status?

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**Support Systems after exit:**

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**List of referrals given at exit:**

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**List of upcoming appointments:**

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Accomplishments during shelter stay:**

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**Areas that still need to be addressed:**

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**Case workers & programming that client is currently involved with:** (FS/MA worker, W2 worker, FSET worker, CPS worker, counselors, MA provider, etc.)

1. \_\_\_\_\_ Phone Number \_\_\_\_\_

2. \_\_\_\_\_ Phone Number \_\_\_\_\_

3. \_\_\_\_\_ Phone Number \_\_\_\_\_

**Was a McKinney Referral made?** \_\_\_ yes \_\_\_ no

**Housing Programs applied for & when:**

1. \_\_\_\_\_ Date: \_\_\_\_\_ Verified on waiting list? \_\_\_\_\_

2. \_\_\_\_\_ Date: \_\_\_\_\_ Verified on waiting list? \_\_\_\_\_

3. \_\_\_\_\_ Date: \_\_\_\_\_ Verified on waiting list? \_\_\_\_\_

4. \_\_\_\_\_ Date: \_\_\_\_\_ Verified on waiting list? \_\_\_\_\_

I hereby authorize the release of my case information to \_\_\_\_\_ for  
the purpose of assistance and case management. (Agency referring to)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Referring agency representative signature