CITY OF LONG BEACH

Transition Plan

When the time comes for you to transition out of this program, it's important for us to ensure that you have a comprehensive plan in place to support your continued safety and well-being in your housing. This plan will include detailed steps outlining who to contact for various types of assistance if any issues arise. The goal is to continually refine this plan to guarantee that no aspect is overlooked as we move forward.

Participant Name: _____ **HMIS or VSP #:_____** **Date:_____**

Case Manager Name: _____ **DOB: _____** **Agency:_____**

PURPOSE OF PLAN	
☐ Initial Transition Plan ☐ Re-Evaluation of Transition Plan Projected Transition Date: _____	
TRANSITION PLAN GOALS	
What accomplishments have I made in this program?	**What tools and resources will help me stay housed?**
1.	1.
2.	2.
3.	3.
What Resources do I need before I leave the program?	**Resource information and contact details for resources**
1.	1.
2.	2.
3.	3.

What steps have we taken to secure a backup/alternative permanent housing placement, if necessary? *(e.g. Applied for the Shallow Subsidy, Housing Voucher application, discussed the possibility of getting a housemate, seeking support from family and friends, applied for affordable housing)*

Participant Signature_____ Staff Signature _____ Date _____

☐ Copy provided to participant