

My Early Exit Transition Plan

The following plan will be put in place if I leave early from _____.
It is understood that if I leave the program on short notice or if I do not arrive for my scheduled intake, my referral liaison and/or my emergency contact will be notified. My plan includes a safe place to go and how I will get there.

My Name:	Date of Birth:
Destination upon early exit:	Address:
Transportation Plan and cost:	

Community Contact for Early Exit Support:

Who I can contact:	Who staff can contact:
Telephone # _____	Telephone # _____
Email address: _____	Email address: _____
My medical reminders:	Special considerations:

I agree that I am responsible for all transportation costs and that I am responsible for knowing the fees associated with bus, cab and/or ferry for safe travel. I will have these funds available to me upon intake.

My Signature:	Date:
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