

CT Rapid Rehousing Exit Plan Form

HMIS ID: _____

Date of Exit Plan: _____

Household Composition (# and ages of adults, # and ages of children in the household)

Current Monthly Household Income

- *Employment:* \$ _____
 - *Benefits:* \$ _____
 - *Other Income:* \$ _____
 - *Total Current Income:* \$ _____
 - *Any Debts?* _____
-

Employment Status

If Employed:

- Any upcoming changes? _____
- Number of hours working per week: _____

If Unemployed:

- When did last job end? _____
- What were earnings and hours? _____
- If not full-time, have they ever worked full-time? _____
- How long have they been job searching? _____

Additional Notes:

Income Strategy

Specific plan to increase income and/or reduce expenses:

(If on a fixed income shared housing/roommate is strongly encouraged for affordability)

Expected Monthly Income (based on current income, employment history, and income strategy):

\$ _____

Housing Options & Budget

Compare multiple housing options with the client (get creative!)

Housing Option	Est. monthly rent	Est. monthly utilities	Total mthly housing cost	% of mthly income/housing cost
1.)				
2.)				
3.)				

Which Housing Option is most realistic to become self-sufficient in less than 9 months? Why?

- Which housing option, which fits within budget*, **is selected**? _____
- If shared housing, who will be the roommate(s)? _____

*If anticipated housing cost exceeds 70% of income, complete and attach full estimated budget.

Current / Anticipated Support

List people, agencies, or resources the participant is connected with and the assistance provided:

List other strengths and barriers to obtaining and maintaining housing:

List additional connections/resources needed to obtain and maintain lease:

Target Housed Date (within 30–45 days from today): _____

Participant Signature:		Date:	
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Staff Person Completing the Form:

Print Name: _____

Signature: _____