**Catholic Charities Hawaii**

**Supportive Services for Veteran Families Program**

**Housing Placement Case Close Out Summary**

**Client:**

**Intake date:**

**Intake Specialist:**

**Service Plan Goals and Objectives**

**1. Obtain Affordable Housing:**

* *Include brief summary of any issues related to obtaining housing. Also indicate whter or not client was able to find an affordable unit to move into.*

**2***.* **Transition into housing:**

* *Include move in date and any help with household goods.*

1. **Maintain housing:**

* *Describe any financial issues positive or negative.*
* *Include landlord statement.*
* *(Must include a statement similar to this) Client was able to maintain housing for six consecutive months and agreed to close their case after a discussion on possible needs after closure. No needs were identified.*

**Reason for File Close Out:**

No client response

Goals and objectives attained

Program unable to meet the needs of the client

Other:

Voluntary Closure

Involuntary Closure/Notification sent

**After Care Planning**:

1. Does the client have continuing other needs that require aftercare support?  Yes  No

If yes, has an aftercare plan been developed?  Yes  No

**Comments:**

**Date of Official File Closure**:

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**Worker Signature Date**

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**Supervisor Signature Date**