**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**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Worker Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Signature Date**