

CTI Closing Note



Veteran's Name:

Last Name

First Name

CTI Worker Initials:

Initials

Today's Date:

Month

Day

Year

Date Closed:

Month

Day

Year

Final Meeting with Veteran

Final Meeting Date:

Month

Day

Year

What was discussed at this meeting? Check all items that apply.

- | | |
|---|--|
| <input type="checkbox"/> Ongoing challenges to housing stability | <input type="checkbox"/> Review of linkages to resources |
| <input type="checkbox"/> Review of Veteran's progress since beginning of CTI intervention | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Veteran feedback about CTI intervention | |

Notes:

Long-Term Plan

What are potential threats to long-term housing stability, and community adjustment?

(These are barriers that existed during CTI and continued throughout. Check all items that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Not enough income to pay rent | <input type="checkbox"/> Dissatisfaction with apartment unit |
| <input type="checkbox"/> Conflict with family members | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Conflict with friends | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Unstable child care/lack of child care | |

Notes:

What resources are available to help support long-term housing stability?

Family

Name Relationship Contact

Name Relationship Contact

Friends

Name Relationship Contact

Name Relationship Contact

Community Organization For example: Employment, Child Care, Public Assistance

Name Relationship Contact

Name Relationship Contact

Providers For example: Primary Care Providers and/or Mental Health Care Provider

Name Relationship Contact

Name Relationship Contact

What is the CTI Worker's Role after closing date?

Role:

Worker's Contact Info:

Is the CTI Worker available for follow-up visit?

No

Yes

CTI Worker Signature: _____

Today's Date: _____

Veteran Signature: _____

Today's Date: _____

Supervisor Signature: _____

Today's Date: _____