

# CTI Phase Plan



Phase #:

Phase One: Transition

Phase Two: Try-Out

Phase Three: Transfer

Today's Date:

Month

Day

Year

Veteran's Name:

Date Phase Starts:

Month

Day

Year

Due Date for End of Phase:

Month

Day

Year

Check the focus areas for this Phase: (Choose 1 to 3 areas)

- |   |  |
|---|--|
| <input type="checkbox"/> Benefits   | <input type="checkbox"/> Natural Supports                    |
| <input type="checkbox"/> Employment                                       | <input type="checkbox"/> Budget Management                   |
| <input type="checkbox"/> Survival Needs (food, clothing, furniture, etc.) | <input type="checkbox"/> Health and Mental Health            |
| <input type="checkbox"/> Child Care                                       | <input type="checkbox"/> Children's Health and Mental Health |
| <input type="checkbox"/> Transportation                                   | <input type="checkbox"/> House                               |
| <input type="checkbox"/> Education (child/adult)                          | <input type="checkbox"/> Legal Concerns                      |

Area #1 \_\_\_\_\_

Reason for choosing this area:

Overall goal for this area:

Area #2 \_\_\_\_\_

Reason for choosing this area:

Overall goal for this area:

Phase #:

Phase Plan Date:

Veteran's Name:

Area #3 \_\_\_\_\_

Reason for choosing this area:

Overall goal for this area:

## Summary of Achievement in Each Area

Complete this section at the end of **Phase One** and **Phase Two only**. Use this information to plan for the next phase. At the end of **Phase Three**, write the Closing Progress Note instead.

Area #1 \_\_\_\_\_

Area #2 \_\_\_\_\_

Phase #:

Phase Plan Date:

Client's Name:

**Area #3** \_\_\_\_\_

CTI Worker Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_