

Transformations Wellness Center

Client Exit Plan

FORM EXP01

Individual's Name: _____ DOB: _____

Address: _____

Contact #: _____ Referring County: _____

Referring Agency: _____

Direct Contact Person: _____ Phone #: _____

Secondary Contact: _____ Phone #: _____

Emergency Exit Plan: This is a plan for when a client chooses to leave treatment or is discharged from treatment prior to program completion. Plan is to include who to call, client pick-up and transportation back to county, destination address after departure from our agency and discharge plan. Attach additional sheets if necessary.

Discharge/Aftercare Plan: This plan is designated for residents who complete/graduate from our program. The plan is to include who to call, transportation back to referring county, housing options, aftercare plan, coordination of care plan and case management. Attach additional sheets, if necessary.

Mode of Transportation to TWC: _____

Mode of Transportation from TWC: _____

Case Manager: _____ Phone #: _____

Signed Release of Information Attached: Yes: _____ No: _____

Clergy or Religious Leader (Optional): _____

AA or NA Sponsor (Optional): _____

Has individual been convicted of or have pending charges of a crime of murder or extreme violence? Yes: _____ No: _____

If yes, please explain:

Has individual been convicted of or have pending charges of a Sexual Offense? Yes: _____ No: _____

If yes, please explain:

Individual/Client Signature Date

Case Manager/Counselor Signature Date

PLEASE NOTE: THIS FORM MUST BE COMPLETED AND PROVIDED TO TWC PRIOR TO INTAKE DATE BEING GIVEN! INDIVIDUAL WILL NOT BE ADMITTED WITHOUT A COMPLETED EXIT PLAN.