GHOLSTON HOLDING LLC

Resident Move-Out & Transition Checklist

This checklist is intended to help residents and Gholston Holding LLC staff prepare for an organized move-out and successful transition from the program.

Resident Information

Resident Name:	_____	**Property / Location:**	_____
Move-In Date:	_____	**Expected Move-Out Date:**	_____
Actual Move-Out Date:	_____	**Staff Member:**	_____

Housing & Transition Plan

- ■ Permanent, supportive, or other housing has been identified
- ■ New housing address has been provided when available
- ■ Transportation to the next housing location has been arranged
- ■ Forwarding address or contact information has been provided when available
- ■ Resident has reviewed their transition plan with staff

Employment, Education & Financial Stability

- ■ Current employment has been reviewed
- ■ Employment opportunities or job-placement resources have been provided when appropriate
- ■ Education or vocational-training resources have been discussed when appropriate
- ■ Resident has considered a personal budget or financial plan
- ■ Available public benefits or financial-assistance resources have been reviewed when appropriate

Treatment, Recovery & Healthcare

- ■ Treatment or recovery services have been reviewed when applicable
- ■ Upcoming treatment appointments have been identified
- ■ Mental health or counseling services have been reviewed when applicable
- ■ Medical or healthcare needs have been reviewed
- ■ Resident has necessary medications and prescription information
- ■ Community treatment, recovery, or healthcare referrals have been provided when appropriate

Parole, Probation & Supervision

- ■ Parole, probation, or other supervision requirements have been reviewed
- ■ Resident has contact information for their supervising officer or agency
- ■ Resident understands any requirement to report a change of residence

- Required appointments or reporting dates have been identified
- Other reentry requirements have been reviewed when applicable

Identification & Important Documents

Resident should make sure they have all important personal documents.

- State identification card or driver's license
- Social Security card
- Birth certificate
- Insurance or healthcare information
- Employment documents
- Parole, probation, treatment, or supervision documents when applicable
- Other important personal records

Community Resources & Support

- Housing resources or referrals have been provided when appropriate
- Employment resources have been provided when appropriate
- Food-assistance or public-benefit resources have been discussed
- Transportation resources have been discussed
- Treatment or recovery resources have been provided when appropriate
- Mental health or counseling resources have been provided when appropriate
- Medical or healthcare resources have been provided when appropriate
- Community or peer-support resources have been discussed

Personal Property & Room Check

Before leaving the property:

- All clothing and personal belongings have been removed
- Closets, drawers, cabinets, bathrooms, and storage areas have been checked
- Food and other personal items have been removed
- Trash has been removed and disposed of properly
- Bedroom has been left reasonably clean
- Shared areas used by the resident have been left reasonably clean
- Property damage or maintenance concerns have been reported to staff
- Final room/property inspection has been completed when requested

Keys & Gholston Holding LLC Property

- All property keys have been returned
- Access cards or other entry devices have been returned when applicable
- Gholston Holding LLC property has been returned

- Any missing or damaged company property has been documented

Program Responsibilities

- Outstanding program responsibilities have been reviewed
- Applicable program paperwork has been completed
- Resident has received available copies of appropriate transition documents
- Resident has been provided with appropriate referral/contact information
- Departure date has been documented in program records

Final Transition Review

Resident's Next Housing Location, if provided:

_____

_____

Forwarding Phone / Contact Information, if provided:

_____

Important Appointments or Follow-Up Services:

_____

_____

Additional Referrals or Resources Provided:

_____

_____

Additional Notes:

_____

_____

_____

Resident Acknowledgment

I acknowledge that I have reviewed the move-out and transition information applicable to me and have had an opportunity to ask questions.

Resident Name: _____ **Date:** _____

Resident Signature: _____

Staff Verification

I have reviewed the applicable move-out and transition items with the resident and documented completion or outstanding items as appropriate.

Staff Name: _____ **Date:** _____

Staff Signature: _____ **Final Move-Out Date:** _____