

# CTI RRH Closing Note



SILBERMAN SCHOOL of SOCIAL WORK  
HUNTER COLLEGE | CUNY

Client Name:

Last Name

First Name

CTI Worker Initials:

Initials

Today's Date:

Month

Day

Year

Date Closed:

Month

Day

Year

## Final Meeting with Client

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 client's progress since beginning of CTI intervention | <input type="checkbox"/> Other, please specify:          |
| <input type="checkbox"/> Client 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 RRH Worker's Role after closing date?**

Role:

**Worker's Contact Info:**

**Is the CTI RRH Worker available for follow-up visit?**

No

Yes

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

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

Client Signature: \_\_\_\_\_

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

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

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