**Project mHEALTH**

**Yale University School of Medicine AIDS Program**

**Liberty Community Services  
Connecticut Department of Correction**

**Transition Checklist**

See Transition Plan above. The transition checklist used by LCS is below:

Transition Checklist

To be completed 90 days after housing placement and every 30 days thereafter until person is transitioned to long term case management.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Intake \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Housed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Person served has been housed at least 90 days.

Comments/Recommendations:

\_\_\_\_\_Person served has paid his/her portion of rent for 3 consecutive months.

Comments/Recommendations:

\_\_\_\_\_Person served demonstrates engagement with clinical care. This means generally keeps

medical/clinical appointments, generally adheres to medications and treatment plans, has some insight into recovery and is taking steps (at his/her own pace)

Comments/Recommendations:

\_\_\_\_\_Person served is managing budget (check all that apply)

\_\_\_\_\_Has money management or payee in place if necessary

\_\_\_\_\_Uses appropriate community resources for basic needs

\_\_\_\_\_Is not in crisis every month due to spending habits

Comments/Recommendations:

\_\_\_\_\_Person served is engaged in meaningful activity of some type (check all that apply)

\_\_\_\_\_Employment or employment program

\_\_\_\_\_Education or training

\_\_\_\_\_Spirituality

\_\_\_\_\_Fellowship meetings

\_\_\_\_\_Volunteerism

\_\_\_\_\_Reunited with family

\_\_\_\_\_Other

Comments/Recommendations:

Transition Plan:

Planned timeline: \_\_\_\_\_ Immediate \_\_\_\_\_ 30 Days \_\_\_\_\_60 Days \_\_\_\_\_\_90 Days

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rationale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Services to be provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow Up Meeting/Contact Schedule (minimum 30, 60 and 90 days post transition):

Acknowledgments/Signatures:

Person Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Liberty Community Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Receiving Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

*This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative* Building a Medical Home for HIV Homeless Populations*. Learn more at* <http://cahpp.org/project/medheart/models-of-care>