

5_Standardized Case Review and Aftercare Plan for Navigator Program

Purpose:

To ensure case reviews occur in a standardized process and to determine the anticipated duration of aftercare services and the connection needed to stay stably housed.

To Be Completed By:

Navigator Program Staff

When Completed:

First case review to occur no later than 15 days after housing is obtained or at 30 days after individual is enrolled with the Navigator Program, whichever is sooner.

- < 30 day: Navigator and Immediate supervisor
 - < 15 days after housing is obtained (whenever it occurs)
 - < 60 day: Navigator, Immediate Supervisor, and Program Manager (also include Shelter Manager if client is still in shelter)
 - < 90 day: Navigator, Immediate Supervisor, and Program Manager and Program Director (also include Shelter Director if client is still in shelter)
 - < 120 days: Navigator, Immediate Supervisor, and Program Manager and Program Director (also include Shelter Director if client is still in shelter)
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Client/Resident Name: _____

CSP #: _____

Date Enrolled in Navigator Program: _____

Current Shelter, if Applicable: _____

Client Address: _____

Today's Date: _____

Time: _____

Check Appropriate Box Below:

- ☐ 30 day: Navigator and Immediate supervisor
- ☐ 15 days after housing is obtained (whenever it occurs)
- ☐ 60 day: Navigator, Immediate Supervisor, and Program Manager (also include Shelter Manager if client is still in shelter)
- ☐ 90 day: Navigator, Immediate Supervisor, and Program Manager and Program Director (also include Shelter Director if client is still in shelter)
- ☐ 120 days: Navigator, Immediate Supervisor, and Program Manager and Program Director (also include Shelter Director if client is still in shelter)

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List all Individuals present at meeting today and agency affiliation, include client if present at the meeting:

1. Utilizing to the Individualized Housing Stabilization Plan and provide a brief progress summary including current barriers and who will assist the client in remedying the situation.

2. If individual remains in shelter provide a target move-out date, if client no longer in shelter use N/A for response. _____

3. Current concerns with other residents in shelter or neighbors, building, landlord if in housing:

4. Verify current income/changes to income.

5. Verifying plan for paying rent next month.

6. Current contact or referral needed for community mental health provider, if not applicable use N/A for response. _____

7. Current contact or referral needed for AOD provider, if not applicable use N/A for response. _____

8. Identify Release(s) of Information needed and completed today, if not applicable use N/A for response.

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9. Visual inspection of Housing: List areas that are well maintained and areas for improvement.

10. Items to be worked on during the next 30-days or before next navigator appointment. _____

11. Date for next home visit, if applicable. _____

12. Anticipated date Navigator Program Closure: _____