

# Exit Transition Plan

**Email :** [info@thebridgeservices.ca](mailto:info@thebridgeservices.ca) **Phone :** (250) 763-0456 ext. 2503 **Fax :** (250) 717-6395

It is understood that the following plan will be put in place if/when I leave Youth Recovery House, Withdrawal Management program.

I understand that as I continue in the program staff will assist me to develop a more complete transition plan to ensure my continued support and recovery when exiting.

It is understood that if I leave the program early or if I do not arrive for my scheduled intake, my referral liaison and my emergency contact will be notified immediately.

Destination upon exit:			
Address:			City:
Shelter <input type="checkbox"/>	Residence <input type="checkbox"/>	Staffed Residence <input type="checkbox"/>	
Independent <input type="checkbox"/>	Other <input type="checkbox"/> (Please Specify):		
In case of early exit, be aware that it may take several days to obtain a Greyhound Bus ticket from Social Assistance. Please ensure that alternate travel arrangements can be arranged immediately if necessary.			

## Community Contact for Exit Support

Name:	Telephone:	Email:
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The above plan has been read and understood:

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian Name

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Exit Support Name

\_\_\_\_\_  
Community Exit Support Signature

\_\_\_\_\_  
Date