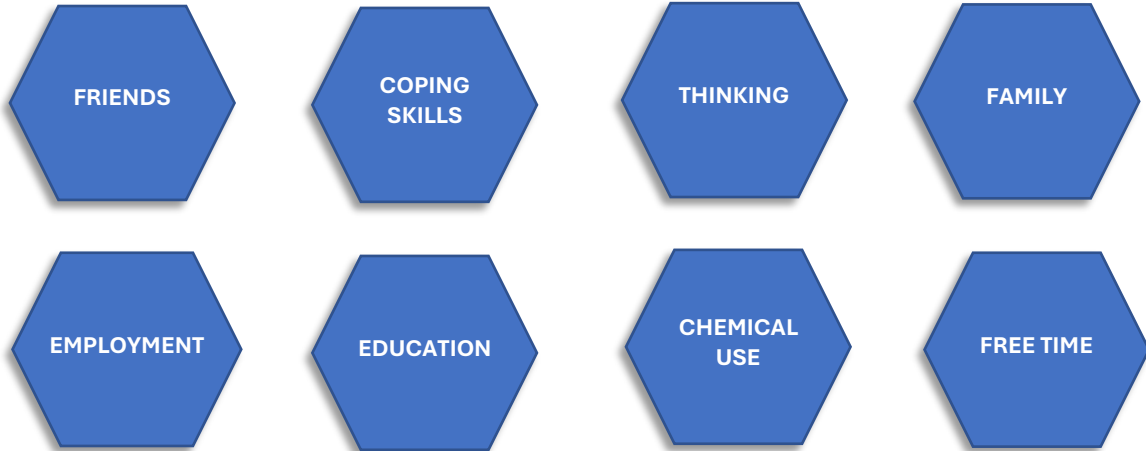


TRANSITION PLAN

I will be transitioning or being discharged on: [Click or tap here to enter text.](#)

I have worked to improve the following areas of my life:



WHAT ARE THE SKILLS AND GOALS THAT YOU ACHIEVED:

[Click or tap here to enter text.](#)

FUTURE GOALS & PLANS:

[Click or tap here to enter text.](#)

SKILLS I WILL USE TO ACCOMPLISH THE GOALS AND PLANS:

[Click or tap here to enter text.](#)

WAYS I CAN SUCCESSFULLY AVOID OR RESPOND TO CHALLENGES:

[Click or tap here to enter text.](#)

STRENGTHS THAT WILL HELP ME:

[Click or tap here to enter text.](#)

SUPPORTIVE PEOPLE IN MY LIFE:

Name	Phone Number
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.