

CLIENT ACTION PLAN
Greenwood Pathway House

Last Name: _____ First Name: _____

Date: _____ Case Manager: _____

Greenwood Pathway House offers a safe place to stay for up to 90 days and the support needed to obtain stability and self-sufficiency. Staying at the Pathway House requires you to abide by all guidelines, fully participate in all program activities, and refrain from any inappropriate activity. All clients are expected to gain employment and suitable housing.

GOAL steps to get out of homelessness	TASK what you need to do to achieve the goal	SUCCESS CRITERIA how you know you reached your goal	TIME FRAME date you need to complete the task	RESOURCES what help you need to reach your goal

Exit Date: _____

90 days from the date of enrollment

I understand that Greenwood Pathway House provides a maximum of 90 days of short-term shelter to give me time to accomplish my goals listed above. Failure to show progress toward these goals could result in my discharge from the Pathway House before the end of the 90-day period.

Client Signature: _____

Date: _____