

Exit & Transition Policy

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Print-ready and fillable: complete on paper or type directly into this document. Controlling revision: October 22, 2026.

Types of Exit

1. **Completion / graduation** — planned transition to independent living, celebrated by the community.
2. **Voluntary exit** — a resident may leave at any time; we assist with a safe transition plan regardless of circumstances.

Program-initiated removal and discharge

3. When a program-rule violation or conduct that threatens another resident's life, safety, or recovery results in immediate termination of program participation, Grace House will explain the decision verbally and give the resident two hours from that notice to leave the property, subject to any longer notice or other process required by applicable law. Staff will document the reason and notice time and provide written confirmation. During an active emergency, staff may take lawful protective action immediately. Grace House will make reasonable efforts to assist with next steps. Belongings that cannot accompany the resident will be documented, securely stored and made available for later retrieval under the belongings policy. Any required legal process will be followed.

Removal remains reviewable through the grievance process and is carried out with dignity.

Transition Planning (all exits)

- Housing destination identified and, where possible, verified.
- Medication transfer plan (nothing left behind, prescriptions bridged).
- Warm handoff to treatment/coaching supports; ROI-covered notifications.
- Personal property inventory and return: belongings that cannot accompany the resident will be documented, securely stored and made available for arranged later retrieval. The existing 30-day storage provision for property left behind remains unchanged, subject to applicable law.
- Fee account settled or plan documented.
- Door-stays-open statement: eligibility for future readmission is preserved except where safety prohibits.

Exit Record

Resident: _____ Exit date: _____ Type: ☐ Completion ☐ Voluntary ☐
Administrative

Destination: _____ Verified: ☐ Yes ☐ No

Medications transferred: ☐ Yes ☐ N/A Property returned: ☐ Yes ☐ Stored (date: _____)

Supports notified (with ROI): _____

Follow-up contact scheduled (30 days): _____ Staff: _____ ED review: _____