

**ART of Conversation – Community Transition Planning Forms (CTP)**

*Community transition change plan*

<b>Goal #1: HIV Medications</b> <b>(Note: A CTP form is completed for each area identified by participant)</b>	
<i>The change I want to make (or continue making) is:</i>	
<i>Some barriers or difficulties that may get in the way are:</i>	
<i>The steps I plan to take in making this change are:</i>	
<i>The person/agency/organization that can support me in making this change is:</i> <i>Name:</i> <i>Contact info:</i> <i>How can they help:</i>	
<i>How important is it to you to make this change?</i> <i>(1-10 scale)</i>	<i>How confident are you that you can make this change?</i> <i>(1-10 scale)</i>

*Support people/agency/organization*

<b>Name</b>	<b>Role</b>	<b>Contact info.</b>
<b>i.e. Chris Smith</b>	<b>A friend who helps walk my cat.</b>	<b>(416) 962-7600</b>
<b>(Names the person puts forward while in the mind set of discharge transition)</b>		

*Significant dates/appointments/events following discharge*

<b>Date</b>	<b>Details</b>
<b>i.e. Jan 1<sup>st</sup></b>	<b>My partners birthday</b>
	<b>(Some significant dates will be in the chart/discharge summary but this completed box can venture beyond medical appts./referrals)</b>

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<b>Goal #2: Substance Use</b> <b>(Note: A CTP form is completed for each area identified by participant)</b>	
<i>The change I want to make (or continue making) is:</i>	
<i>Some barriers or difficulties that may get in the way are:</i>	
<i>The steps I plan to take in making this change are:</i>	
<i>The person/agency/organization that can support me in making this change is:</i> <i>Name:</i> <i>Contact info:</i> <i>How can they help:</i>	
<i>How important is it to you to make this change?</i> <i>(1-10 scale)</i>	<i>How confident are you that you can make this change?</i> <i>(1-10 scale)</i>

*Support people/agency/organization*

<b>Name</b>	<b>Role</b>	<b>Contact info.</b>
<i>i.e. Chris Smith</i>	<i>A friend who helps walk my cat.</i>	<i>(416) 962-7600</i>
<b>(Names the person puts forward while in the mind set of discharge transition)</b>		

*Significant dates/appointments/events following discharge*

<b>Date</b>	<b>Details</b>
<i>i.e. Jan 1<sup>st</sup></i>	<i>My partners birthday</i>
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<b>Goal #3: Open - client-identified</b> <b>(Note: A CTP form is completed for each area identified by participant)</b>	
<i>The change I want to make (or continue making) is:</i>	
<i>Some barriers or difficulties that may get in the way are:</i>	
<i>The steps I plan to take in making this change are:</i>	
<i>The person/agency/organization that can support me in making this change is:</i> <i>Name:</i> <i>Contact info:</i> <i>How can they help:</i>	
<i>How important is it to you to make this change?</i> <i>(1-10 scale)</i>	<i>How confident are you that you can make this change?</i> <i>(1-10 scale)</i>

*Support people/agency/organization*

<b>Name</b>	<b>Role</b>	<b>Contact info.</b>
<i>i.e. Chris Smith</i>	<i>A friend who helps walk my cat.</i>	<i>(416) 962-7600</i>
<b>(Names the person puts forward while in the mind set of discharge transition)</b>		

*Significant dates/appointments/events following discharge*

<b>Date</b>	<b>Details</b>
<i>i.e. Jan 1<sup>st</sup></i>	<i>My partners birthday</i>
	<b>(Some significant dates will be in the chart/discharge summary but this completed box can venture beyond medical appts./referrals)</b>