

Date of Housing Plan: ____/____/____

of Service Units Used YTD: ____
(prior to this housing plan)

Client Information

Client Name: _____

Client Date of Birth: ____/____/____

Presenting Problem

Describe the client's circumstances and the reason for the request for assistance.

Housing Goals (check all that apply)

Housing Services:

- ☐ To obtain temporary shelter
☐ To obtain permanent housing
☐ To obtain emergency financial assistance to maintain current housing

Action Steps		Target Date	Attainment
Client	Housing Case Manager		
			<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved

Emergency Financial Assistance:

- ☐ To obtain emergency financial assistance with utility payment
☐ To obtain emergency financial assistance with application fee
☐ To obtain emergency financial assistance with moving expenses

Action Steps		Target Date	Attainment
Client	Housing Case Manager		
			<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved

Housing Goals, continued (check all that apply)**Housing Case Management:**

- ☐ To enroll into: ☐ housing assistance programs ☐ utility assistance programs
- ☐ To establish and follow a new budget
- ☐ To establish a payment plan with: ☐ landlord ☐ utility company
- ☐ To resolve tenant/landlord issues

Action Steps		Target Date	Attainment
Client	Housing Case Manager		
			<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved

☐ Other: _____

Action Steps		Target Date	Attainment
Client	Housing Case Manager		
			<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved

Referrals

Agency Name/ Phone Number	Agency Address	Agency Hours of Operation	Service(s) Provided

Housing Case Manager Information

Housing Case Manager Name: _____

Phone Number: (____) _____

Fax Number: (____) _____

E-mail Address: _____

Address: _____

Budget Information

Monthly Income: \$ _____

	Current Budget	New Budget
Rent/Mortgage	\$ _____	\$ _____
Home/Rental Insurance	\$ _____	\$ _____
Storage	\$ _____	\$ _____
Electricity	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Phone	\$ _____	\$ _____
Water/Sewer/Trash	\$ _____	\$ _____
Cable/Internet	\$ _____	\$ _____
Medical Insurance	\$ _____	\$ _____
Medical or Rx Copays	\$ _____	\$ _____
Public Transportation	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____
Car Insurance	\$ _____	\$ _____
Auto Fuel/Maintenance	\$ _____	\$ _____
Food	\$ _____	\$ _____
Personal Care/Toiletries	\$ _____	\$ _____
Laundry/Laundromat	\$ _____	\$ _____
Cigarettes	\$ _____	\$ _____
Pet Care	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Credit Card/Debt Payments	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Tuition	\$ _____	\$ _____
Court Fines/Fees	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

NEW: Total Household Income: \$ _____ - Total Expenses \$ _____ = \$ _____

If income is insufficient, how will the household be maintained?

Client Agreement

I acknowledge I helped make this plan and understand I am responsible for parts of this plan. My housing case manager has explained this plan to me. I agree to follow this plan and to tell my housing case manager if anything changes. I agree to stay in contact with my housing case manager.

Client Signature: _____

Date: _____

Housing Case Manager Signature: _____

Date: _____