

HOUSING SUPPORT SERVICE
HOUSING PLAN OF CARE
(Goals and Progress Report)

Client name: _____ Date: _____
Current housing situation: _____
Number in household: _____

Housing Objectives

- Establish or better maintain a stable living environment.
- Improved access to HIV treatment and other healthcare support.
- Reduce the risk of homelessness among people living with HIV/AIDS and their families.

Assessment

This section is designed to be used with the *Client Needs Assessment for Assistance (Attachment 2)* and *Client Budget Worksheet (Attachment 3)* to:

- Help keep the focus on immediate needs while assisting in the development of long-term housing plans.
- Help determine the feasibility of independent housing vs. supportive living environments.

Plan

List any problems identified in the *Client Needs Assessment for Assistance (Attachment 2)* and *Client Budget Worksheet (Attachment 3)* [may include other problems not identified]:

Goals:

Target Date:

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

**HOUSING SUPPORT SERVICE
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(continued)**

Progress:

Date:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Accomplished Goals:

Completion Date:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

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(continued)**

I, _____, agree to the above goals; and will make all efforts toward achieving these goals to become independent of housing assistance. ***I understand that I must demonstrate what I have accomplished regarding the above goals before applying for housing assistance again.***

Client Signature

Date

Case Manager Signature

Date

NOTES: Recipients of housing assistance will be required to meet with the Case Manager to develop and agree to a Housing Plan of Care within 15 days of starting the assistance. Also, comprehensive case notes must include detailed information regarding the progress of all goals identified.