



Housing Transition Navigation Services and Housing Deposit

Housing Support Plan

The Housing Support Plan (HSP) should help the member and provider identify strengths and attainable housing-focused goals. A HSP should be updated at least every 180 days and be revised as a member's situation changes and steps are completed, or goals are updated. Please ensure that the form is filled out in its entirety, complete and accurate.

Prepared by: **Organization Name:** _____ **Staff Member Name:** _____

Email/Phone: _____ **Referral Date:** _____ **Intake Date:** _____ **Intake Type:** Phone In-Person

MEMBER INFORMATION

Member Name: _____ Partnership CIN#: _____ HMIS Client ID (if available): _____

Date of Birth: _____ Gender: _____ Phone Number: _____ Email: _____

Primary Language: _____ Preferred form of communication: Phone Email Other: _____

ADDRESS INFORMATION

Street: _____ City: _____ State: _____ Zip Code: _____ County: _____

IDENTIFY BARRIERS

Barriers to Housing: Review the list of barriers with the client and complete the action plan to address barriers below. Must identify at least one or more barriers to housing.

- | | | |
|--|---|---|
| <input type="checkbox"/> No rental history | <input type="checkbox"/> Sporadic employment history | <input type="checkbox"/> Repeated or chronic homelessness |
| <input type="checkbox"/> Past eviction(s) | <input type="checkbox"/> No high school diploma / GED | <input type="checkbox"/> Recent history of substance abuse or actively using drugs or alcohol |
| <input type="checkbox"/> Doesn't have state / Social Security ID | <input type="checkbox"/> Insufficient / no income | <input type="checkbox"/> Recent criminal history |
| <input type="checkbox"/> Large family (3+ children) | <input type="checkbox"/> Insufficient savings | <input type="checkbox"/> Adult or child with mild to severe behavioral problems |
| <input type="checkbox"/> Single parent household | <input type="checkbox"/> No or poor credit history | <input type="checkbox"/> History of abuse and/or battery but abuser not in the unit |
| <input type="checkbox"/> Head of household under 18 | <input type="checkbox"/> Debts | <input type="checkbox"/> Recent or current abuse and/or battering (client fleeing abuser) |

Goal I:		
Target Date:		<input type="checkbox"/> Member Goal <input type="checkbox"/> Staff Goal
Intervention:		
Barriers:		
Outcomes:	<input type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met <input type="checkbox"/> Goal Partially Met	
Next Steps	Person Responsible	Target Dates
1.		
2.		
3.		

Goal II:		
Target Date:	<input type="checkbox"/> Member Goal <input type="checkbox"/> Staff Goal	
Intervention:		
Barriers:		
Outcomes:	<input type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met <input type="checkbox"/> Goal Partially Met	
Next Steps	Person Responsible	Target Dates
1.		
2.		
3.		

Goal III:		
Target Date:	<input type="checkbox"/> Member Goal <input type="checkbox"/> Staff Goal	
Intervention:		
Barriers:		
Outcomes:	<input type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met <input type="checkbox"/> Goal Partially Met	
Next Steps	Person Responsible	Target Dates
1.		
2.		
3.		

Goal IV:		
Target Date:	<input type="checkbox"/> Member Goal <input type="checkbox"/> Staff Goal	
Intervention:		
Barriers:		
Outcomes:	<input type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met <input type="checkbox"/> Goal Partially Met	
Next Steps	Person Responsible	Target Dates
1.		
2.		
3.		

Goal V:		
Target Date:	<input type="checkbox"/> Member Goal <input type="checkbox"/> Staff Goal	
Intervention:		
Barriers:		
Outcomes:	<input type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met <input type="checkbox"/> Goal Partially Met	
Next Steps	Person Responsible	Target Dates
1.		
2.		
3.		

Other Services: *Please check all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Food Security (SNAP/CalFresh, WIC, Food Pantries) | <input type="checkbox"/> Utility Support |
| <input type="checkbox"/> Employment Services (Job training, Resume building) | <input type="checkbox"/> Transportation Assistance |
| <input type="checkbox"/> Peer Support (Mentorship) | <input type="checkbox"/> In-Home Supportive Services |
| <input type="checkbox"/> Assistance to Access Benefits | <input type="checkbox"/> Behavioral or other health care needs |
| <input type="checkbox"/> Financial Literacy / Budgeting Assistance | <input type="checkbox"/> Other (please describe): _____ |

For any of the above-selected supports that the member is not already receiving, please describe any anticipated barriers to securing them and how the member plans to overcome those barriers.

SUSTAINABILITY

Employment:

Is the member currently employed? Yes No

(If yes, ask the following questions):

How many hours did the member work last week? _____ hours

Type of employment: Permanent Part-time Temporary Seasonal

Current Employer Name: _____ Job Title: _____ Address: _____

Previous employment (type and duration): _____

(If no, ask the following questions):

Is the member currently looking for work? Yes No

Is the member currently unable to work? Yes No

(If unable to work, please briefly explain why and how they plan to consistently meet rental obligations.)

Budgeting:

Monthly Income	Amount
SSI	
SDI	
Salary	
Rent Subsidy Provided By: _____ Duration: _____	
Pending CalWORKs	
General Assistance	
Other (<i>please specify</i>):	
Total	
Monthly Expenses	Amount
Rent	
Utilities	
Other costs (<i>groceries, transportation, school, etc.</i>):	
Total	

Sustainability Plan:

Please provide a detailed sustainability plan on how the member plans to pay rent and maintain housed.

HOUSING INFORMATION

Provide the confirmed date the member will be occupying the unit and enter the exact monthly rent amount and the required security deposit below.

Note: Security deposit should not exceed one month of rent (please refer to Housing Deposit form for full landlord deposit attestation).

Move-in Date:	Security Deposit \$	Monthly rent \$