



2016-2017 Coordinated Entry System Housing Stability Plan

PARTICIPANT NAME: _____ HMIS ID: _____

AGENCY: _____ STAFF: _____ DATE: _____

<u>GOALS</u>	
Goal I:	Target Completion Date:
Staff Tasks:	
Participant Tasks:	
Goal II:	Target Completion Date:
Staff Tasks:	
Participant Tasks:	



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Goal III:	Target Completion Date:
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Staff Tasks:

Participant Tasks

EXAMPLES OF GOALS

- | | | |
|--|---|---|
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Crisis & Bridge Housing | <input type="checkbox"/> Healthcare Enrollment |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Education | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Credit Counseling Services | <input type="checkbox"/> Employment/Vocational Services | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Family/Friend Reunification | <input type="checkbox"/> Substance Use Services | <input type="checkbox"/> Public Benefits |

_____	_____	_____
Participant Name	Participant Signature	Date
_____	_____	_____
Staff Name	Staff Signature	Date
_____	_____	_____
Supervisor Name	Supervisor Signature	Date

Date of Next Appointment: _____ **Time of Next Appointment:** _____

Notes: _____
