



# 2016-2017 Coordinated Entry System Monthly Update

PARTICIPANT: \_\_\_\_\_ HMIS ID: \_\_\_\_\_

AGENCY: \_\_\_\_\_ STAFF: \_\_\_\_\_ DATE: \_\_\_\_\_

**MONTHLY MEETING:** Participants are required to meet with agency staff at a minimum of once per month.

Monthly Meeting Date: \_\_\_\_\_ Monthly Meeting Time: \_\_\_\_\_

Monthly Meeting Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GOAL UPDATE:** Reference the Housing and Stability Plan and discussion from monthly meeting to update goals.

**PREVIOUS GOALS:**

**STATUS:**

1.

2.

3.



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**NEW GOAL(S):**

<b>Goal:</b>	<b>Target Completion Date:</b>
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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        |

_____	_____	_____
<b>Participant Name</b>	<b>Participant Signature</b>	<b>Date</b>
_____	_____	_____
<b>Staff Name</b>	<b>Staff Signature</b>	<b>Date</b>
_____	_____	_____
<b>Supervisor Name</b>	<b>Supervisor Signature</b>	<b>Date</b>

**Date of Next Appointment:** \_\_\_\_\_ **Time of Next Appointment:** \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_