HOUSING STABILITY PLAN EXAMPLES

A **Housing Stability Plan (HSP)** is created in partnership with the program participant and the assigned staff. HSPs are client centered and must be agreed upon by the participant. The examples below may not be applicable to the participant nor should the examples be considered hard requirements in completing HSPs.

Housing Stability Plan (HSP): A standardized case management plan designed to assist the participant to identify and achieve attainable housing focused goals. HSP addresses barriers to obtaining and retaining housing by developing goals, actions steps and targeted completion dates.

Listing of Categories: 1. Documentation **2.** Income/Benefits **3.** Crisis Bridge Housing **4.** Physical Health/ Behavioral Health **5.** Education **6.** Employment/Vocational Training **7.** Legal **8.** Permanent Housing **9:** Other (ex. Transportation, Life skills)

***Insert a number on the Category column. Not all categories are required to complete a HSP. Categories may have additional goals. Each HSP is tailored to the individual and is used to support the participant. Use additional sheets if necessary.**

Category 1: Documentation: Obtain documentation needed for housing (ex. Identification card, birth certificate, legal resident card, proof of income)

Category	Examples of Identified Barriers	Example of Goal	Example of Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date
1	Participant does not have California Identification Card or Social Security card.	Client will obtain the necessary documentation needed for permanent housing.	1. CM will provide client with a DMV free voucher to obtain ID. 2. Client will go to the DMV and apply for a California ID. 3. Client will go to the _____ (Name of Social Security office) Social Security office to obtain a Social Security Card.	1. CM 2. Client 3. Client	1. 10/01/2017 2. 10/30/2017 3. 10/30/2017

Category 2: Income/Benefits: Obtain benefits to assist with increasing income (ex. Public benefits, SSI, SSDI, VA Benefits, etc.)

Category	Examples of Identified Barriers	Example of Goal	Example of Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date
2	Participant currently does not have income.	Client to obtain General Relief Benefits.	1. Client to apply for General Relief benefits at the _____ DPSS Office (Name of GR office).	1. Client	1. 10/30/2017
2	Participant is currently disabled and not receiving disability benefits.	Client to apply for Social Security benefits.	1. CM to send in referral to the CBEST (Countywide Benefits Entitlement Services Team) program. (Include Agency) 2. Client to enroll in the CBEST program to obtain assistance in applying for benefits.	1. CM 2. Client	1. 10/15/2017 2. 12/30/2017

Category 3: Crisis/Bridge Housing: Enroll or maintain temporary housing to assist with stabilization.					
Category	**Examples of Identified Barriers**	**Example of Goal**	**Example of Action Steps**	**Person Responsible (Client/Staff)**	**Action Step Completion Date**
3	Participant is currently residing on the street.	Client to enroll in Crisis/ Bridge housing.	1. CM to send referral to _____ (Name of Shelter) shelter to obtain a Crisis/bridge bed. 2. Client to obtain a TB test at _____ (Name of Public Health Center) Public health center. 3. Client to secure a Crisis/Bridge bed.	1. CM 2. Client 3. Client	1. 10/15/2017 2. 10/30/2017 3. 10/30/2017
3	Participant has a history of homelessness and has a difficult time remaining in contact.	Client to maintain Crisis/ Bridge housing.	1. Client to abide by the rules and regulations of _____ (Name of Shelter) Shelter. 2. Client to meet with shelter Case Manager _____ (frequency depending on shelter) for scheduled case management meetings.	1. Client 2. Client	1. Daily 2. 12/30/2017

Category 4: Physical Health/ Behavioral Health: Enroll or continue to participate in services that provide stabilization					
Category	**Examples of Identified Barriers**	**Example of Goal**	**Example of Action Steps**	**Person Responsible (Client/Staff)**	**Action Step Completion Date**
4	Participant reports having chronic health conditions that affect daily living and requires him/her to take medication.	Client to continue to participate in health care services as a means of stabilizing health conditions	1. Client to continue to attend primary care appointments _____ (frequency of visits) at _____ (Name of Health Clinic) 2. Client to continue to take all prescribed medication as prescribed by doctor.	1. Client 2. Client	1. Ongoing 2. Ongoing
4	Participant reports having a mental health disability that affects his/ her stabilization. Participant not in treatment.	Client to obtain mental health services as a means of stabilizing all mental health symptoms.	1. Client to obtain emergency medication at _____MH urgent care. (Name of MH Urgent Care). 2. Client to enroll at _____ (Name of Mental Health Clinic). 3. Client to participate in support groups _____ (frequency) at _____ (Name of Support group provider).	1. Client 2. Client 3. Client	1. 10/15/2017 2. 10/30/2017 3. 12/20/2017

Category 5: Education: Enroll or participate in Educational services.					
Category	**Examples of Identified Barriers**	**Example of Goal**	**Example of Action Steps**	**Person Responsible (Client/Staff)**	**Action Step Completion Date**
5	Client reported not having a high school diploma and requires a diploma for employment.	Client to obtain a High School diploma.	1. CM to provide client with listing of high school diploma programs 2. Client to enroll in a _____high school diploma program. (Include Name of School)	1. CM 2. Client	1. 10/01/2017 2. 12/31/2017

Category 6: Employment/Vocational Training: Enroll or participate in Employment/Vocational Training.					
Category	**Examples of Identified Barriers**	**Example of Goal**	**Example of Action Steps**	**Person Responsible (Client/Staff)**	**Action Step Completion Date**
5	Participant reported a history of employment and currently having difficulty obtaining a job.	Client to obtain employment.	1. CM to assist participant in creating a resume. 2. Client to enroll in the Work Source Center. (Include Name of Employment Center). 3. Client to attend Employment/life skill groups _____(frequency) at_____ (Include agency) until securing employment. 4. Client to meet with Employment Specialist _____(frequency) until securing employment. 5. Client to put in ____ (# amount) job applications a _____(frequency).	1. CM 2. Client 3. Client 4. Client 5. Client	1. 10/15/2017 2. 12/01/2017 3. 12/01/2017 4. 12/01/2017 5. 12/01/2017
5	Participant reports having difficulty securing employment as a Security Guard due to not having a Security/Guard Card.	Client to complete Security training to obtain Security Training Certificate and Guard Card.	1. Client to enroll in Security Training program. 2. Client to complete Security Training program.	1. Client 2. Client	1. 10/01/2017 2. 12/01/2017
5	Participant recently was employed and has not had a long history of employment. Client reports needing clothes for work.	Client to maintain employment as a means of working on self-sufficiency.	1. CM to provide client with clothing resources for free clothing. 2. Client to attend work as scheduled. 3. CM to follow up with participant on the progress of his employment _____(frequency).	1. CM 2. Client 3. CM	1. 10/10/2017 2. Ongoing 3. 12/30/2017

Category 7: Legal: Enroll or participate in legal services to assist with removing barriers.					
Category	**Examples of Identified Barriers**	**Example of Goal**	**Example of Action Steps**	**Person Responsible (Client/Staff)**	**Action Step Completion Date**
6	Client reported has a criminal record and needs assistance with expungement.	Client to secure legal services to assist with expungement of record.	1. CM to refer client to _____legal services. (Include Name of Legal provider) 3. Client to enroll in _____legal services (Include Name of Legal provider)	3. HN 4. Client	3. 10/15/2017 4. 10/31/2017

Category 8: Permanent Housing: To refer, enroll or assist a participant in a permanent housing program.					
Category	**Examples of Identified Barriers**	**Example of Goal**	**Example of Action Steps**	**Person Responsible (Client/Staff)**	**Action Step Completion Date**
7	Participant has a history of being homeless and reported he/she can maintain housing due to employment status.	Client to secure a program that provides permanent housing.	1. Housing Navigator to send a referral to_____ (Name of Service Provider) Rapid Rehousing program. 2. Client to enroll in a Rapid Rehousing program.	1. CM 2. Client	1. 07/15/2017 2. 10/01/2017
7	Participant is currently homeless and reported he is originally from South Carolina and would like to return home with a family member.	Client to secure Rapid Rehousing program that provide Reunification assistance.	1. Housing Navigator to contact _____ (Name of Service Provider) Rapid Rehousing program. 2. Client to enroll in the Rapid Rehousing program to obtain reunification assistance. 3. Client to successfully reunify with family member in permanent housing.	1. CM 2. Client 3. Client	1. 10/01/2017 2. 10/30/2017 3. 11/30/2017
7	Participant is currently homeless and reported he/she is an honorable veteran and needs assistance obtaining housing.	Client to secure a Veteran Housing Program.	1. Housing Navigator to send a referral to a Veteran Permanent Housing program. 2. Client to enroll in Veteran Permanent Housing program.	1. HN 2. Client	1. 07/15/2015 2. 08/31/2017

7	Participant is currently homeless and reported has special needs.	Client to secure permanent housing through the HOPWA program.	1. Housing Navigator to send a referral to the HOPWA Permanent Housing program. 2. Client to enroll in the HOPWA Permanent Housing Program.	1. HN 2. Client	1. 10/15/2017 2. 11/31/2017
7	Participant is currently homeless and has a Homeless Section 8 voucher.	Client to secure permanent housing with Section 8 Voucher.	1. Housing Navigator to locate rentals that take Section 8 vouchers. 2. Housing Navigator to provide the client support in attending all scheduled housing interview appointments. 3. Client to attend all scheduled housing interviews with landlords. 4. Client to lease into apartment.	1. HN 2. HN 3. Client 4. Client	1. 10/15/2017 2. 10/15/2017 3. 10/15/2017 4. 12/01/2017
7	Client has a history of being homeless.	Client to maintain permanent housing. (Rapid Rehousing)	1. Client to pay _____ (amount) on the ___ (day rent is due) of every month. 2. Client to abide by the rules and regulations of his/her lease agreement 3. Client to meet with Rapid Rehousing Specialist 1-2xs (include frequency) a month for scheduled case management meetings.	1. Client 2. Client 3. Client	1. Monthly 2. Daily 3. 10/15/2017