

# Housing Stability Plan

Client Name: \_\_\_\_\_ Date of Housing Plan: \_\_\_\_\_

HMIS ID#: \_\_\_\_\_ Next Review Date: \_\_\_\_\_

**Purpose of This Plan:**  Initial Housing Plan  Re-evaluation of goals

## 1. Barriers to Housing Stability:

1. TENANT SCREENING BARRIERS TO GETTING HOUSING	
<b>TENANT SCREENING BARRIERS (Check one)</b> <input type="checkbox"/> Barriers (Complete below) <input type="checkbox"/> No Barriers (Skip to next section) <input type="checkbox"/> Barriers not assessed/NA (Skip to next section)	
<b>1A. RENTAL HISTORY</b>	<input type="checkbox"/> Prior Eviction within last 5 years
<b>1B. CREDIT HISTORY</b>	<input type="checkbox"/> Unpaid rent or utility bills <input type="checkbox"/> Lack of or poor credit history
<b>1C. CRIMINAL HISTORY</b>	<input type="checkbox"/> One or more misdemeanors <input type="checkbox"/> Critical felony (sex crime, arson, drugs) <input type="checkbox"/> Other felony
2. PERSONAL BARRIERS TO GETTING OR KEEPING HOUSING	
<b>PERSONAL BARRIERS (Check one)</b> <input type="checkbox"/> Barriers (Complete below) <input type="checkbox"/> No Barriers (Skip to next section) <input type="checkbox"/> Barriers not assessed (Skip to next section)	
<b>2A. CHEMICAL HEALTH</b>	<input type="checkbox"/> Past drug use has resulted in housing loss <input type="checkbox"/> Drug use currently affecting housing
<b>2B. MENTAL HEALTH</b>	<input type="checkbox"/> Mental health in the past has resulted in housing loss <input type="checkbox"/> Mental health currently affecting housing
<b>2C. DOMESTIC VIOLENCE/ABUSE</b>	<input type="checkbox"/> Domestic violence/abuse in the past resulted in housing loss <input type="checkbox"/> Domestic violence/abuse currently affects housing
<b>2D. PHYSICAL/MEDICAL CONDITION</b>	<input type="checkbox"/> Medical/physical condition has resulted in housing loss in the past <input type="checkbox"/> Medical/physical condition currently affects housing
3. INCOME BARRIERS TO GETTING OR KEEPING HOUSING	
<b>INCOME BARRIERS (Check one)</b> <input type="checkbox"/> Barriers (Complete below) <input type="checkbox"/> No Barriers (Skip to next section) <input type="checkbox"/> Barriers not assessed (Skip to next section)	
<b>3A. INCOME</b>	<input type="checkbox"/> Needs temporary assistance to get or keep housing <input type="checkbox"/> If housed: percent of income spent on housing: _____% <input type="checkbox"/> If not housed, amount able to spend on housing: _____
<b>3B. OTHER INCOME</b>	<input type="checkbox"/> Lacks steady, full-time employment <input type="checkbox"/> Lacks high school diploma or GED <input type="checkbox"/> Job barrier: limited English proficiency <input type="checkbox"/> Job Barrier: lack of reliable transportation <input type="checkbox"/> Job barrier: lack of reliable/affordable childcare

**2. Needs related to housing:** (i.e. first floor due to physical limitations, specialized school/education, childcare, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**3. Household Strengths & Current Resources:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Housing Stability Plan

**4. Financial resources available to household:** (i.e. SSI/SSDI, TANF, WIC, etc.)

	Goal	Action Step	Person Responsible (Client/Staff)	Target Completion Date	✓
1					
2					
3					
4					
5					

The above barriers, goals, and action steps were developed in partnership with my case manager. I understand that each barrier, goal, objective and action step listed above will support my efforts in securing and/or maintaining permanent housing. I agree to work on these goals in partnership with my case manager. I will update my case manager as I complete the above goals and will communicate any challenges I experience and understand my case manager can offer me support as needed. Failure to work toward achievement of these goals could result in termination from the program.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date