

Last Name:	First Name:
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### HOUSING AND COMMUNITY STABILIZATION PLAN (CTI-Informed)

Type of Plan: Initial Plan    Update	Date of Plan: From _____ to _____
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Phase of Work: Pre-CTI/Housing Planning (Pre-Move) Phase 2: Try Out	Phase 1: Transition Phase 3: Transfer/Termination
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Goals from Previous Plan (If applicable)	Status/Achievements and Barriers
1	
2	
3	

#### Goals – Establish and Prioritize Goals Based on Current Assessment and Risk Factors

Goals (for this assistance period)	Target Completion Date (mo/yr)	Case Manager/ Service Coordinator Tasks	Participant Tasks
<b>Goal 1:</b> Check Area: Housing Stability    Financial    Health/Mental Health Substance Use    Family and Friends    Life Skills			
<b>Goal 2:</b> Check Area: Housing Stability    Financial    Health/Mental Health Substance Use    Family and Friends    Life Skills			
<b>Goal 3:</b> Check Area: Housing Stability    Financial    Health/Mental Health Substance Use    Family and Friends Life Skills			

Staff Name:		Date:	
Staff Signature:		Date:	
Participant Signature:		Date:	
Supervisor Name:		Date:	
Supervisor Signature:		Date:	

