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| **HOUSING AND COMMUNITY STABILIZATION PLAN (CTI-Informed)** |
| Type of Plan: [ ]  Initial Plan [ ]  Update Date of Plan: From to  |
| Phase of Work: [ ]  Pre-CTI/Housing Planning (Pre-Move) [ ]  Phase 1: Transition  [ ]  Phase 2: Try Out [ ]  Phase 3: Transfer/Termination |
| **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** |
| **Goal 1:** |  |  |  |  |
| Check Area:[ ]  Housing Stability [ ]  Financial [ ]  Health/Mental Health [ ]  Substance Use [ ]  Family and Friends [ ]  Life Skills |
| **Goal 2:** |  |  |  |  |
| Check Area:[ ]  Housing Stability [ ]  Financial [ ]  Health/Mental Health [ ]  Substance Use [ ]  Family and Friends [ ]  Life Skills |
| **Goal 3:** |  |  |  |  |
| Check Area:[ ]  Housing Stability [ ]  Financial [ ]  Health/Mental Health [ ]  Substance Use [ ]  Family and Friends [ ]  Life Skills |

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