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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: |  |