

## Assessment and Service Plan - SAMPLE

### Part 1: Assessment

|  |   |                       |         |
|--|---|-----------------------|---------|
| <b>Participant Name:</b>   | Jane Doe  |                       |         |
| <b>Plan Start Date:</b>  | 7/1/24  | <b>Plan End Date:</b> | 9/30/24 |
| <b>What is the person's plan to end their homelessness?</b>  | Get a PSH apartment with her dog and maybe her girlfriend.  |                       |         |
| <b>What motivates this person to obtain/maintain housing?</b>  | Having a safe place where she and her dog can sleep.  |                       |         |
| <b>What is the person's long-term goal and how will housing help with that goal?</b>   | Being a volunteer foster parent for an animal rescue organization. Housing is necessary to get approved to foster.  |                       |         |
| <b>When was the last time this person had a permanent place to live?</b>   | About 10 years ago  |                       |         |
| <b>Describe that place:</b>  | Lived with her ex-girlfriend in a home the girlfriend owns in Norwich.  |                       |         |
| <b>Describe how person lives/sleeps now. For example, sleeps in a tent in a camp with other people; bounces between hotels, friends, family; sleeps behind the church.</b> | Usually sleeps with her girlfriend in an abandoned truck behind the shopping center on Third Avenue in Norwich. Sometimes tries to get a shelter bed or sleeps in the Park on Central Ave if they are fighting. |                       |         |
| <b>Factors that led to homelessness:</b>   | Left a relationship due to violence. Has had trouble finding and keeping a job and only has SAGA cash for income.   |                       |         |
| <b>Did the person ever serve in the U.S. military?</b>   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                       |         |
| <b>People who provide support</b> (name, relationship, & contact info):  | Cupcake Doe (dog); Kate Brown (girlfriend, no current #); Mary Smith (pastor at soup kitchen (555)-222-1111); Amanda Jones (friend, private #);   |                       |         |
| <b>Emergency Contact</b> (name, relationship, contact info)  | Mary Smith (pastor at soup kitchen (555)-222-1111) – will try to help arrange for pet care, if needed   |                       |         |

### Strengths and Supports Summary

|  |  |
|--|--|
| <b>Income and Financial:</b> Resourceful, knows how to stretch a dollar  | <b>Mental Health and Substance Use:</b> Uses techniques to help keep her cool. Not currently in care. Drinks to cope.  |
| <b>Employment:</b> Likes working with animals; had a job about 5 years ago at Petco.   | <b>Family and Supports:</b> Amanda (listed above) is a good friend. Would like to reconnect with a niece in Waterbury. |
| <b>Housing:</b> Is a good housekeeper. Wants to try PSH.   | <b>Skills:</b> Good at keeping track of bills and appointments. Very creative  |
| <b>Health:</b> Does not like Doctors or medication.  | <b>Education:</b> Has a H.S. diploma and attended one semester of college. Liked art classes in school.                |
| <b>Other:</b> Cupcake is the most important thing in her life. She is excellent at being a good mom to Cupcake.  |  |
| <b>What strengths/supports will be most helpful in the housing access and stabilization process?</b> Knowing that Cupcake is getting older motivates her to find a place. She is good at keeping appointments. |  |

**Part 1: Assessment (Cont) - Barriers Summary** *(check all that apply)*

|   |  |
|---|--|
| <p><b>Income</b></p> <p><input type="checkbox"/> No income</p> <p>X Insufficient income to afford housing</p> <p><input type="checkbox"/> Recent decrease in income</p> <p><input type="checkbox"/> Receiving unemployment or other income that is time-limited</p> <p><input type="checkbox"/> Sanctioned or timed out on benefits</p>   | <p><b>Debts/Expenses</b></p> <p>X Monthly obligations exceed monthly income</p> <p>X Poor credit history</p> <p><input type="checkbox"/> Currently in bankruptcy</p> <p><input type="checkbox"/> Subject to Child Support Enforcement – e.g., “garnish wages”</p>  |
| <p><b>Education and Employment</b></p> <p><input type="checkbox"/> No High School Diploma or GED</p> <p>X Unemployed</p> <p><input type="checkbox"/> Currently in temporary or seasonal job</p> <p>X Inconsistent work history – gaps in employment or frequent changes in jobs</p>   | <p><b>Legal Issues</b></p> <p><input type="checkbox"/> On parole</p> <p><input type="checkbox"/> On probation</p> <p><input type="checkbox"/> Felony in last 5 years</p> <p>X History of violence</p> <p><input type="checkbox"/> Current legal involvement</p> <p><input type="checkbox"/> Needs immigration status advice</p>  |
| <p><b>Housing History</b></p> <p>X Multiple episodes of homelessness</p> <p><input type="checkbox"/> One or two legal evictions</p> <p><input type="checkbox"/> More than 2 evictions</p> <p>X Never had own lease</p> <p><input type="checkbox"/> Evicted from subsidized housing</p> <p>X History of institutional care – e.g., state hospital, foster care, prison</p>   | <p><b>Family Status</b></p> <p><input type="checkbox"/> Current or past involvement with foster care system</p> <p><input type="checkbox"/> Has children in foster care</p> <p>X Domestic violence survivor</p> <p>X Current involvement in abusive relationship</p> <p><input type="checkbox"/> Subject to Order of Protection</p>  |
| <p><b>Health/Disability</b></p> <p><input type="checkbox"/> Chronic physical illness</p> <p>X Serious mental illness</p> <p>X Substance use disorder</p> <p><input type="checkbox"/> Health or mental health crisis, detox or hospitalization in the past year</p> <p><input type="checkbox"/> Multiple hospitalizations in past year. #: ____</p> <p><input type="checkbox"/> No health insurance</p> <p>X Multiple disabling conditions</p> <p>X Disabling condition has negatively affected community stability</p> <p>X Not in treatment for ongoing issues</p> | <p><b>Supports/Independent Living Skills</b></p> <p><input type="checkbox"/> No ID</p> <p>X No or limited support networks</p> <p>X History of being unable or unwilling to seek help</p> <p><input type="checkbox"/> Limited English proficiency</p> <p><input type="checkbox"/> Literacy problems</p> <p><input type="checkbox"/> History of problem visitors</p> <p><input type="checkbox"/> Hoarding problems</p> <p><input type="checkbox"/> Inadequate financial management skills</p> <p>X Other Gaps in Independent Living Skills (specify: <u>medication adherence</u>)</p> |
| <p><b>What are the most significant barriers to housing access/stability?</b></p> <p>Needs an apartment that will accept pets; Unsure of whether to get a place with her girlfriend who is sometimes mean and has done time; only income is SAGA cash.</p>  |  |
| <p><b>What are the most significant issues that interfere with this person’s safety/wellbeing?</b></p> <p>Doesn’t like doctors or to share her personal business; has been in several violent relationships.</p>  |  |
| <p><b>Other Comments:</b></p> <p>Might want to get a job working with animals once she has a place to live. Would like help finding a phone number for her niece in Waterbury.</p>  |  |

**Part 2: Service/Housing Stabilization Plan**

Type of Plan:  Initial Plan    Update      Date of Plan: From 7/1/24 to 9/30/24

| Goals from Previous Plan (If applicable) | Status/Achievements and Barriers |
|--|----------------------------------|
| 1 N/A                                    |                                  |
| 2  |                                  |
| 3  |                                  |

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

| Goals (for this assistance period)   | Outreach Staff Tasks                                     | Target Date | Participant Tasks                                     | Target Date |
|--|--|-------------|---|-------------|
| <b>Goal 1:</b> To live in an apartment with my dog   | Introduce to 2 people who could verify disability.       | 7/15/24     | Decide if she is comfortable talking to these people. | 7/21/24     |
| Check Area:<br><input checked="" type="checkbox"/> <b>Housing Stability</b> <input type="checkbox"/> Financial<br><input type="checkbox"/> Health/Mental Health <input type="checkbox"/> Substance Use<br><input type="checkbox"/> Family and Friends <input type="checkbox"/> Life Skills | Accompany to appointment to get disability verification. |             | Attend appointment w/person she selects               | 7/31/24     |
|  | Complete homelessness verification                       | 7/31/24     | Provide information for HV.                           | 7/31/24     |
|  | Work with CAN to obtain PSH match                        | 8/15/24     | Go to hub to get on BNL                               | 7/15/24     |
| <b>Goal 2:</b> Get SSI   | Refer to SOAR  | 7/15/24     | Attend SOAR appointments                              | 9/30/24     |
| Check Area:<br><input type="checkbox"/> Housing Stability <input checked="" type="checkbox"/> <b>Financial</b><br><input type="checkbox"/> Health/Mental Health <input type="checkbox"/> Substance Use<br><input type="checkbox"/> Family and Friends <input type="checkbox"/> Life Skills | Provide transportation to SOAR appointments              | 9/30/24     | Complete tasks determined with SOAR Worker            | 9/30/24     |
|  | Assist with tasks determined with SOAR worker            | 9/30/24     |   |             |
| <b>Goal 3:</b> Reconnect with my niece.  | Help with internet search to find phone number.          | 9/1/24      | Participate in internet search to get number.         | 9/1/24      |
| Check Area:<br><input type="checkbox"/> Housing Stability <input type="checkbox"/> Financial<br><input type="checkbox"/> Health/Mental Health <input type="checkbox"/> Substance Use<br><input checked="" type="checkbox"/> <b>Family and Friends</b> <input type="checkbox"/> Life Skills | Provide support to make the first call.                  | 9/30/24     | Call her.   | 9/30/24     |

|                        |                   |       |        |
|------------------------|-------------------|-------|--------|
| Participant Signature: | Jane Doe          | Date: | 7/1/24 |
| Staff Signature:       | <i>Mary Smith</i> | Date: | 7/1/24 |
| Supervisor Signature:  | <i>Sue Jones</i>  | Date: | 7/1/24 |