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| **HOUSING AND SERVICES PHASE PLAN (CTI-Informed)** |
| Type of Plan: [ ]  Initial Plan [ ]  Update Date of Plan: From to  |
| Phase of Work: [ ]  Pre-CTI/Housing Planning (Pre-Move-in) [ ]  Phase 1: Transition[ ]  Phase 2: Try Out Phase [ ]  3: Transfer/Termination/Step Down |
|  **Previous Plan Goals** | **Status/Achievements and Barriers** |
| **1** |  |
| **2** |  |
| **3** |  |
| **Goals – Establish and Prioritize Goals Based on Current Assessment and Risk Factors**  |
| **Long term Goal or Aspiration (motivating factor):** |  |
| **Goals (for this assistance period) and target date** | **Community Resources Needed** | **Case Manager/ Staff 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: |  |