

Supportive Housing Service Plan

Tenant Name: _____

Plan Type: Initial 6-Month Update Goal Change Start Date: _____ End Date: _____

Acuity Area Addressed (Choose One)

Housing: Rent Payment Utility Bill Payment Rent Arrears Utility Arrears Safe Living Environment Lease

Income and Benefits: Stable/Consistent Source of Cash Income Benefits Employment Debt

Health: Mental Health Care Use Primary/Specialty Health Care Use Medication Adherence Harm Reduction

Support: Connection to Community Supports Crisis Intervention Life Skills Legal Mobility & Transportation

Parenting/Children: Childcare Children's Education Parenting Child Welfare Involvement Children with Special Needs

Non-Acuity Area Addressed (Choose One)

Education Volunteerism Home Improvement Hobbies/Leisure Hopes & Dreams Connecting with Others OTHER: _____

Goal: <i>(Long term, in person's own words):</i>			
Objectives: (a, b, c, etc.) Using action words, describe the specific changes expected in measurable terms, and include target date.			
Objective a.			
Objective b.			
Objective c.			
Interventions/Action Steps: Detailed description of interventions and/or actions.	Person Responsible	Frequency	Duration
OBJ a:			
OBJ b:			
OBJ c:			
Tenant (print name/signature/date)			
Case Manager (print name/signature/date)			
Supervisor (print name/signature/date)			