

Date of Housing Plan: \_\_\_\_/\_\_\_\_/\_\_\_\_

# of Service Units Used YTD: \_\_\_\_\_  
(prior to this housing plan)

**Client Information**

Client Name: \_\_\_\_\_

Client Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Presenting Problem**

Describe the client's circumstances and the reason for the request for assistance.

**Housing Goals** (check all that apply)

**Housing Services:**

- To obtain temporary shelter
- To obtain permanent housing
- To obtain emergency financial assistance to maintain current housing

Action Steps		Target Date	Attainment
Client	Housing Case Manager		
			<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved

**Emergency Financial Assistance:**

- To obtain emergency financial assistance with utility payment
- To obtain emergency financial assistance with application fee
- To obtain emergency financial assistance with moving expenses

Action Steps		Target Date	Attainment
Client	Housing Case Manager		
			<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved

**Housing Goals, continued** (check all that apply)

**Housing Case Management:**

- To enroll into:  housing assistance programs     utility assistance programs  
 To establish and follow a new budget  
 To establish a payment plan with:  landlord     utility company  
 To resolve tenant/landlord issues

Action Steps		Target Date	Attainment
Client	Housing Case Manager		
			<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved

Other: \_\_\_\_\_

Action Steps		Target Date	Attainment
Client	Housing Case Manager		
			<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved

**Referrals**

Agency Name/ Phone Number	Agency Address	Agency Hours of Operation	Service(s) Provided

**Housing Case Manager Information**

Housing Case Manager Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

**Budget Information**

Monthly Income: \$ \_\_\_\_\_

	<b>Current Budget</b>	<b>New Budget</b>
Rent/Mortgage	\$ _____	\$ _____
Home/Rental Insurance	\$ _____	\$ _____
Storage	\$ _____	\$ _____
Electricity	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Phone	\$ _____	\$ _____
Water/Sewer/Trash	\$ _____	\$ _____
Cable/Internet	\$ _____	\$ _____
Medical Insurance	\$ _____	\$ _____
Medical or Rx Copays	\$ _____	\$ _____
Public Transportation	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____
Car Insurance	\$ _____	\$ _____
Auto Fuel/Maintenance	\$ _____	\$ _____
Food	\$ _____	\$ _____
Personal Care/Toiletries	\$ _____	\$ _____
Laundry/Laundromat	\$ _____	\$ _____
Cigarettes	\$ _____	\$ _____
Pet Care	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Credit Card/Debt Payments	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Tuition	\$ _____	\$ _____
Court Fines/Fees	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>

**NEW:** Total Household Income: \$ \_\_\_\_\_ - Total Expenses \$ \_\_\_\_\_ = \$ \_\_\_\_\_

If income is insufficient, how will the household be maintained?

**Client Agreement**

I acknowledge I helped make this plan and understand I am responsible for parts of this plan. My housing case manager has explained this plan to me. I agree to follow this plan and to tell my housing case manager if anything changes. I agree to stay in contact with my housing case manager.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Housing Case Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_