**Individualized Housing Service Plan**

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| **Client Name:** | **Clarity #:** |
| **Date:** | **Project Start Date:** |
| **Strengths:** | |
| **Needs:** | |
| **Abilities:** | |
| **Preferences:** | |

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| **Problem Statement:** | **Intervention:** | **Implementation:** | **Projected Completion**  **Date:** | **Actual**  **Completion**  **Date:** | **Client Initial**  **and Date:** |
| “I need housing” | Obtain housing in the next 50 days | 1x RRH referral  1x USHS application |  |  |  |
| “I need employment” | Obtain employment in 50 days | 1x link to ERC |  |  |  |
| “I need daycare” | Obtain child care in 10 days. | 1x link to Safe and Sound daycare |  |  |  |
| “I need Mental Health Services” | Obtain MH services in 10 days. | 1x link to Eastway |  |  |  |
| “I need an ID/birth certificates” | Obtain ID/birth certificates in 14 days. | 1x link to SSA |  |  |  |

Head of Household: Date: \_\_\_\_\_\_\_\_\_\_

Significant Other Signature: Date: 7/11/2022

Family Advocate: Date: \_\_\_\_\_\_\_\_\_\_