**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 referral1x 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: \_\_\_\_\_\_\_\_\_\_