

# 4B\_ Individualized Housing Stabilization Plan

**To Be Completed By:** Navigator

**When Completed:** At Intake

<b>Client Name</b> (First, MI, Last)			<b>Client CSP No.</b>	<b>Date Plan Initiated</b>
<b>Start Date</b>	<b>Target Completion Date</b>	<b>Adjusted Target Date</b>	<b>Reason for Adjustment</b>	
<b>Desired Results in Client's Words</b>			Client has reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Client agrees? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Client Initials	

<b>Goal: Obtain Housing within 30 days</b>				<input type="checkbox"/> Not Applicable		<b>Start Date</b>	
<b>Interventions: Steps to Obtaining Goal</b>		<b>Specify Frequency</b>	<b>Person Responsible</b>	<b>Target Date</b>	<b>Client Initials</b>	<b>Goal Achieved</b>	
<input type="checkbox"/> Client will connect with potential landlords. <input type="checkbox"/>		Weekly	<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both				
<input type="checkbox"/> Contact your Navigator as soon as you find housing to see if you qualify for assistance with rent and deposit. <input type="checkbox"/> Meet with your Navigator as agreed upon appointment times.		Weekly	<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both				
<input type="checkbox"/> *If Qualified: Complete Direct Client Assistance Application with your Navigator. This includes meeting to fill application out and submitting all necessary documentation required by the navigator.		1x	<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both				
<input type="checkbox"/> Client will save 50% of Net Income (After Taxes). This will be for First Month Rent, Deposit, Rental Applications, and Furniture.			<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both				
<input type="checkbox"/>			<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both				

<b>Goal: Obtain Identification/ Income Verification</b>				<input type="checkbox"/> Not Applicable		<b>Start Date</b>	
<b>Interventions: Steps to Obtaining Goal</b>		<b>Specify Frequency</b>	<b>Person Responsible</b>	<b>Target Date</b>	<b>Client Initials</b>	<b>Goal Achieved</b>	
<input type="checkbox"/> Client will obtain Birth Certificate. Client will be given Voucher to JOIN to obtain Birth Certificate. <input type="checkbox"/> If Clients Birth Certificate is out of state, client will bring back verification that Birth Certificate was ordered.		1x	<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both				
<input type="checkbox"/> Client will obtain State ID with Franklin County Residence. Client will take Identity Verification to BMV to obtain State ID.		1x	<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both				
Should client not have Social Security Card Client will: <input type="checkbox"/> Obtain Criminal Record from Clerk of Courts and ask that the Social Security Number not be blacked out. <input type="checkbox"/> Obtain medical records from a local hospital and ask that the Social Security Number not be blacked out.		1x	<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both				
<input type="checkbox"/> With Original Birth Certificate and State ID, Client will obtain Social Security Card from Local Social Security Administration. <input type="checkbox"/> Client will bring back verification that Social Security Card was ordered.		1x	<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both				
<input type="checkbox"/> Client will submit income verification. This includes paystubs or a signed income verification form. <input type="checkbox"/> Paystubs must be submitted weekly <input type="checkbox"/> Client will obtain an updated SSDI Award Letter from Social Security Administration.			<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both				
<input type="checkbox"/>			<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both				

# 4B\_ Individualized Housing Stabilization Plan

**To Be Completed By:** Navigator

**When Completed:** At Intake

Goal: Obtain Employment	<input type="checkbox"/> Not Applicable			Start Date	
Interventions: Steps to Obtaining Goal	Specify Frequency	Person Responsible	Target Date	Client Initials	Goal Achieved
<input type="checkbox"/> Client will meet with Lorin Ford, with Goodwill Columbus and complete Program that Lorin Ford Sets with the client.	Weekly	<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both			
<input type="checkbox"/> Client connect with potential employers <input type="checkbox"/>	Weekly	<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both			
<input type="checkbox"/> Client will apply to 2 Temporary Agencies per week. While this is not stable income, it is still income.	Weekly	<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both			
<input type="checkbox"/>		<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both			
Goal: Complete United Supportive Housing System Application	<input type="checkbox"/> Not Applicable			Start Date	
Interventions: Steps to Obtaining Goal	Specify Frequency	Person Responsible	Target Date	Client Initials	Goal Achieved
<input type="checkbox"/> Client will obtain Certificate of Disability From Physician or Mental Health Provider. Navigator will assist by connecting with Case Manager.	1x	<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both			
<input type="checkbox"/> Client will provide original documentation of State ID, Birth Certificate, and Social Security Card.	1x	<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both			
<input type="checkbox"/> Client will maintain Mental Health Appointments in order to obtain Certificate of Disability.	1x	<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both			
<input type="checkbox"/> Client will Complete USHS application on agreed upon date and time.	1x	<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both			
<input type="checkbox"/>		<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both			
Goal:	<input type="checkbox"/> Not Applicable			Start Date	
Interventions: Steps to Obtaining Goal	Specify Frequency	Person Responsible	Target Date	Client Initials	Goal Achieved
<input type="checkbox"/>		<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both			
<input type="checkbox"/>		<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both			
<input type="checkbox"/>		<input type="checkbox"/> Client <input type="checkbox"/> Navigator <input type="checkbox"/> Both			

## Signature Section

<b>Client Signature</b>	<b>Date</b>
<b>Was client provided copy of Individualized Service Plan?</b> <input type="checkbox"/> Yes, client received copy <input type="checkbox"/> No, Client did not want a copy	<b>Client Initials to Confirm</b>
<b>Provider Signature/Credentials</b>	<b>Date</b>