**HOME FAMILY HOUSING VOUCHER PROGRAM**

**HOUSING PLAN**

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| --- | --- | --- | --- | --- | --- |
| **Need/Goal** | **Action/Recommendation** | **Responsible** | **Referral** | **Target Date** | **Comments** |
| 1. **Housing support/Case Management**   **Status:** | Meetings:   * Weekly * Monthly * Via phone call |  |  | 90 days |  |
| 1. **Housing**   **Status:** | * Apply to Housing Authorities * Housing Search: research/apply >10 search/week * Apply for GA temp housing * Referral to HP (self-pay) |  |  |  |  |
| 1. **Stable Health/Insurance**   **Status:** | * Apply VHC * Other Health needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 1. **Improve Income/Expense ratio to meet monthly expenses** | * Apply/Reapply for State benefits * Job search: research/apply >10 jobs/week * Pursue SSDI disability * Budgeting: Identify monthly expense reduction |  |  |  |  |
| 1. **Increase literacy (financial, VT Tenants Law etc.)** | * Enroll training/class/conference/orientation * Attend training/class/conference/orientation |  | * Financial Futures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Rent Right: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Other: \_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. **Stable Transportation** | * SSTA * Bus pass |  |  |  |  |
| 1. Other: [Type text] | * - * - * - * - * - |  |  |  |  |

Wraparound Housing support services activities include in depth assessment of a client’s evaluation, defining long-term and short-term goals, developing a detailed individual service plan to achieve those goals, and coordinating applicable services to ensure the client is making progress. The HSW serves as lead in assuming care and service coordination.