**HOME FAMILY HOUSING VOUCHER PROGRAM**

 **HOUSING PLAN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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.