INDIVIDUALIZED HOUSING STABILIZATION PLAN

DATE:		PARTICIPANT NAME:	

Individualized Housing Stabilization Plan	
Primary Housing Goal	☐ Secure permanent housing within **90 days** of program enrollment

Housing Pathways

Based on today's conversation, which permanent housing options would you like to explore?

(Check all that apply. Selection does not guarantee eligibility or assistance.)

- ❑ Market Rate Housing
- ❑ Subsidized Housing (CMHA or Other Affordable Housing Programs)
- ❑ Permanent Supportive Housing (PSH)
- ❑ Shared Housing
- ❑ Tiny Home Community
- ❑ Home Ownership (Homeport or Other Homeownership Programs)
- ❑ Family Reunification (Permanent)
- ❑ Hotel/Motel Exit (Self-Pay)
- ❑ Senior Subsidized Housing
- ❑ Nursing Home
- ❑ Assisted Living
- ❑ Residential Care Facility
- ❑ Group Home
- ❑ Alcohol or Drug Inpatient Treatment
- ❑ Sober Living / Recovery Housing

- ❑ Other:_____

My Housing Goal (Participant's Words):		**Target Housing Move-In Date:** _____

Reason this pathway is being pursued first:

- ❑ Participant preference
- ❑ Most appropriate based on housing assessment
- ❑ Available housing opportunity
- ❑ Income affordability
- ❑ Accessibility needs

- ❑ Family composition
- ❑ Supportive service needs
- ❑ Safety concerns
- ❑ Other:_____

Housing Barriers

Current barriers identified during assessment:

- ❑ No income
- ❑ Limited income
- ❑ No identification
- ❑ Criminal history
- ❑ Eviction history
- ❑ Poor credit
- ❑ No available landlord
- ❑ Transportation
- ❑ Childcare
- ❑ Domestic violence
- ❑ Behavioral health needs
- ❑ Substance use recovery
- ❑ Physical disability
- ❑ Need for accessibility accommodations
- ❑ Other:_____

Income Pathways

Income and Employment Plan

Current Monthly Income: $_____

Income Source:_____

Goals

- ❑ Obtain employment
- ❑ Increase employment hours
- ❑ Apply for benefits
- ❑ SSI/SSDI
- ❑ SNAP
- ❑ Ohio Works First
- ❑ Child Support
- ❑ Workforce Development
- ❑ Vocational Rehabilitation
- ❑ Education/Training
- ❑ Other_____

Documentation Plan

Complete as applicable.

- ❑ Birth Certificate
- ❑ State Identification
- ❑ Social Security Card
- ❑ Income Verification
- ❑ Disability Documentation
- ❑ Veteran Documentation
- ❑ Immigration Documentation (if applicable)

Individualized Housing Stabilization Plan			
❑ Child Custody Documentation ❑ Other:_____			
Housing Action Plan Example			
Responsible Party	**Action Step**	**How Action will be Completed**	**Target Completion**
Example: *Client / Staff*	*Obtain or verify all required identification and documentation*	• *Go to Social Security Administration and complete 1 application for a new Social Security card.* • *Will ask case manager for assistance with accessibility if needed as in a timely manner.*	*10/28/2026*
Housing Action Plan			
Responsible Party	**Action Step**	**How Action will be Completed**	**Target Completion**
Case Manager Certification			
I certify that this plan was developed collaboratively with the participant.			
Case Manager Name:			
Agency:			
Signature:		**Date:**	
Participant Acknowledgement			
I participated in the development of this plan, and I understand this plan may be updated as my needs change.			
Participant Signature:		**Date:**	
☐ I received a copy of this Housing Stabilization Plan.			

Eligibility and Referral Status (Optional)			
Housing Pathway	**Potentially Eligible**	**Referral Completed**	**Date**
Permanent Supportive Housing	☐	☐	
Subsidized Housing	☐	☐	
Senior Subsidized Housing	☐	☐	
Market Rate Housing	☐	☐	
Shared Housing	☐	☐	
Tiny Home	☐	☐	
Home Ownership	☐	☐	
Family Reunification	☐	☐	
Hotel/Motel Exit	☐	☐	
Nursing Home	☐	☐	
Assisted Living	☐	☐	
Residential Care Facility	☐	☐	
Group Home	☐	☐	
Alcohol or Drug Inpatient Treatment	☐	☐	
Sober Living / Recovery Housing	☐	☐	
Other	☐	☐	