Housing Plan

Client Name: _____ **CSP Number:** _____ **Date:** _____

Part 1: Barriers to Independent Housing

Please complete this table by discussing with the client how significant each of the following barriers is in preventing the client from obtaining and maintaining independent housing.

Barrier	How significant is this barrier?				Notes
	Not a barrier	Minor barrier	Moderate barrier	Significant barrier	
Physical health	☐	☐	☐	☐	
Mental health	☐	☐	☐	☐	
Maintaining sobriety	☐	☐	☐	☐	
Economic stability	☐	☐	☐	☐	
Legal record or evictions	☐	☐	☐	☐	
Life skills: keeping living area clean, preparing food, etc.	☐	☐	☐	☐	
Transportation	☐	☐	☐	☐	
Other – please specify: _____ _____	☐	☐	☐	☐	

Part 2: Goal, Objectives, and Actions

GOAL: ☐ Maintain current housing ☐ Move into new housing

OBJECTIVE 1:

ACTIONS *(List below)*	Date Begun	Target Completion Date	Person Responsible
1.			
2.			
3.			
What services will CHN staff provide? How often (daily, weekly, monthly, etc.)?			

OBJECTIVE 2:

ACTIONS *(List below)*	Date Begun	Target Completion Date	Person Responsible
1.			
2.			
3.			
What services will CHN staff provide? How often (daily, weekly, monthly, etc.)?			

Person Responsible *(Write corresponding number in "Person Responsible" category above.)*

1. Client	3. Primary Case Manager	5. Southeast engagement	7. CSB
2. Primary Counselor	4. CHN property manager	6. CMHA	8. Other: _____

OBJECTIVE 3:			
ACTIONS *(List below)*	Date Begun	Target Completion Date	Person Responsible
1.			
2.			
3.			
What services will CHN staff provide? How often (daily, weekly, monthly, etc.)?			

Person Responsible *(Write corresponding number in "Person Responsible" category above.)*

1. Client	3. Primary Case Manager	5. Southeast engagement	7. CSB
2. Primary Counselor	4. CHN property manager	6. CMHA	8. Other: _____

Client Signature Date

Staff Signature Date