**Name:**  **Date of Housing Plan:**

**Veteran ID#:**  **Re-Certification Date:**

**Primary Housing Goal:**

 Obtain permanent housing and address factors that threaten housing stability

 Prevent homelessness and address factors that threaten housing stability

**Safe, affordable housing options available to household:** (i.e. 1 BR apartment, studio apartment, etc.)

**Factors that threaten housing stability:** (i.e. drug & alcohol abuse, underemployment, etc.)

**Family needs related to housing:** (i.e. first floor due to physical limitations, specialized school/education, childcare, etc.)

**Veteran/Family Strengths & Current Resources:**

**Financial resources available to household:** (i.e. Service Connected Disability Compensation, T.R.A., etc.)

|  |  |
| --- | --- |
|  | OBJECTIVE 1: Obtain/Maintain Permanent Housing |
| WHAT | ACTION STEPS | WHO | INTENSITY (How often) | TARGET DATE |
|  |  |  |  |  |
|  |  |  |  |  |
|  | OBJECTIVE 2: Address Income/Benefit concerns that threaten housing stability |
| WHAT | ACTION STEPS | WHO | INTENSITY (How often) | TARGET DATE |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | OBJECTIVE 3: Linkages Needed to create/maintain housing stability |
| WHAT | ACTION STEPS | WHO | INTENSITY (How often) | TARGET DATE |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | OBJECTIVE 4:  |
| WHAT | ACTION STEPS | WHO | INTENSITY (How often) | TARGET DATE |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***I agree with this Housing Stability Plan, have received a copy and will do what is required of me as stated above.***

Veteran’s Signature Date

***I assisted the Veteran in creating this housing stability plan.***

Case Manager’s Signature Date

Supervisor’s Signature Date