Friendship Place – Veterans First

90-Day Housing Stability Plan

**Participant Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Case Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PURPOSE OF THIS PLAN:

☐Initial Housing Plan ☐Re-evaluation of goals ☐Crisis Plan to assure safety ☐Re-Certification Plan

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| --- | --- | --- | --- | --- | --- |
| **Barriers to Entering Housing** | | **Barriers to Maintaining Housing** | | | |
| ☐Prior Eviction ☐Criminal History  When/Amt. Owed?: Type of Charge:\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | | |
| ☐Poor or No Credit ☐Low or No Income  Credit score? \_\_\_\_ Documented (Y/N)? \_\_ | |  | | | |
| Others?: | |  | | | |
|  |  | | |  |  |
| **Goal** | **Action Steps** | | **Person Responsible** | **Date to be**  **Completed** |  |
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| **What areas of strength will you draw on to minimize barriers and meet your goals (ex: Family/Friend support, Degrees/Certifications, Skills, Interests, Religion, Past Experiences, Etc.)? What are you good at?:** | | | | | |

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**SSVF Participant Signature Staff Signature**

☐Copy Provided to Participant (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_