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

|  |  |
| --- | --- |
| **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** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |
| **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?:** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SSVF Participant Signature Staff Signature**

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