

ESG HOUSING STABILITY PLAN

Client Name:
HMIS/DV ID:
Case Manager Name:
Case Manager Phone number:
Case Manager E-mail:

Plan Date:		/		/	
Next Scheduled Review:		/		/	

This plan is focused on the following general goal (select one based on current situation/needs):

- Helping me/my family find safe, stable housing AND/OR immediately stabilize in my current housing
- Helping me/my family stabilize in new or current housing once secured
- Helping me/my family continue to stay in safe and stable housing after program exit

Staff and participants should work together to create a Housing Stability Plan to meet the above goal. Staff should keep this plan in the participant case file and provide a copy to participants for reference.

At minimum, the Housing Stability Plan should be created following initial intake and assessment to support housing search and placement OR immediate stabilization in current housing. Ideally, the Housing Stability Plan should then be updated once housing is secured (current or new), and again once housing is stable and just prior to exit to ensure that the client is able to remain in stable housing on their own. *ESG Housing and Critical Needs Assessment Summary can be used as an aide in creation of the Housing Stability Plan.*

NOTE: At minimum, caseworkers should be in contact with participants at least monthly and record a summary of every participant contact in case notes and maintain these notes in the participant case file. Case notes should be kept separate from this Housing Stability Plan.

WHAT IS YOUR OVERALL GOAL FOR HOUSING?

INCOME/EXPENSES/OTHER RESOURCES

WHAT IS YOUR OVERALL MONTHLY INCOME GOAL?
 (Net income for all household expenses by target date)

INCOME/BENEFITS/OTHER RESOURCES & EXPENSE REDUCTION(S) TO ACHIEVE INCOME GOAL

Goals:	Actions:	Person Responsible:	Target Date to Complete:	Date Completed:

NOTES:

INITIAL HOUSING SEARCH/STABILIZATION and RETENTION

WHAT ARE YOUR FIRST STEPS FOR HOUSING SEARCH OR IMMEDIATE STABILIZATION WHERE YOU ARE LIVING?

HOUSING SEARCH and/or IMMEDIATE STABILIZATION and RETENTION				
Goals:	Actions:	Person Responsible:	Target Date to Complete:	Date Completed:

NOTES:

[Empty rectangular box for notes]

Client Signature: _____

Date: _____

Case Manager Signature: _____

Date: _____