

Individual Housing & Service Plan

Participant Name: _____ Entry Date: _____

Case Manager: _____

1) Client-Centered Goal: _____

Estimated Target Date:

Completion Date:

Action Step 1: _____

Action Step 2: _____

Action Step 3: _____

What will I do to accomplish this? _____

Who are my supports? _____

How will they support me? _____

Goal Updates: _____

2) Client-Centered Goal: _____

Estimated Target Date:

Completion Date:

Action Step 1: _____

Action Step 2: _____

Action Step 3: _____

What will I do to accomplish this? _____

Who are my supports? _____

How will they support me? _____

Goal Updates: _____

3) Client-Centered Goal: _____

Estimated Target Date:

Completion Date:

Action Step 1: _____

Action Step 2: _____

Action Step 3: _____

What will I do to accomplish this? _____

Who are my supports? _____

How will they support me? _____

Goal Updates: _____

I acknowledge that I set these goals during my participation in case management services. I agree to work toward these goals in a timely manner, and to make changes as necessary to ensure that this plan reflects my progress and aligns with my goals for housing stability.

Opt Out: *I choose not to participate in case management at this time. I understand that my case manager will continue to offer services throughout my tenancy, and I may change my mind at any time.*

Participant Signature: _____

Date: _____

Case Manager Signature: _____

Date: _____

*Note: If the participant is unable to sign this goal sheet, please include that information in your case notes. 9/29/20