

CLIENT HOUSING PLAN

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

HOPWA

NAME or ID#: _____ DATE: _____

Current housing situation: _____

Number in household: _____

Housing Objective

- Establish or better maintain a stable living environment.
- Improved access to HIV treatment and other healthcare support.
- Reduced the risk of homelessness among people living with HIV/AIDS and their families.

Assessment

This section is designed to be used with the Housing Application and Assessment form to:

- Help keep the focus on immediate needs while assisting in the development of long-term housing plans.
- Help determine the feasibility of independent housing vs. supportive living environments.

Plan

- Please complete all three sections of Plan.

1. List any problems identified in the Housing Assessment and Budget (may include others not listed in assessment): _____

2. Housing Goals:

Emergency Housing Goal:	Date to Complete	Who? C/M-H/A	Who? Client
a) Steps/Objectives:			
b) Steps/Objectives:			
c) Steps/Objectives:			
d) Steps/Objectives:			
Transitional Housing Goal:			
a) Steps/Objectives:			
b) Steps/Objectives:			
c) Steps/Objectives:			
d) Steps/Objectives:			

Permanent Housing Goal:			
a) Steps/Objectives:			
b) Steps/Objectives:			
c) Steps/Objectives:			
d) Steps/Objectives:			

My Signature below indicates my agreement with and commitment to this housing plan. I recognize that with my consent, my Housing Advocate/Case Manager may revise this housing plan over time.

Client Signature: _____ **Date:** _____

Housing Advocate/Case Manager: _____ **Date:** _____

Housing Plan Update: (leave blank if this is the first Individual Housing Plan)

1. Date of this follow-up: ____/____/____

Were goal(s) achieved (Check one):

___ Yes, definitely ___ Yes, generally ___ No, not really ___ No, definitely not

Please describe:

2. Date of this follow-up: ____/____/____

Were goal(s) achieved (Check one):

___ Yes, definitely ___ Yes, generally ___ No, not really ___ No, definitely not

Please describe:

3. Date of this follow-up: ____/____/____

Were goal(s) achieved (Check one):

___ Yes, definitely ___ Yes, generally ___ No, not really ___ No, definitely not

Please describe:

Please describe what other resources besides HOPWA are being used to address the client's housing issues:
