

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: | | | |
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|--------------------------------|--|--|--|
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| 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:
