

The Housing Search Plan is a collaborative effort between you and your Housing Navigator or Case Manager to locate permanent housing. This involves outlining responsibilities, as well as identifying the support and resources necessary to help you secure permanent housing.

Participant Name: _____ **HMIS or VSP #:** _____ **Date:** _____

Case Manager Name: _____ **DOB:** _____ **Agency:** _____

PURPOSE OF THIS PLAN			
Initial Housing Search Plan (Date): _____		Re-Evaluation of Housing Search Plan (Date): _____	
Where am I looking to live (near work, school, friends, etc.)?		Where can I NOT live (due to concerns about neighborhood, etc.)	
1.		1.	
2.		2.	
3.		3.	
Do you have a Voucher? Yes <input type="checkbox"/> No <input type="checkbox"/> Voucher Type: _____ Voucher Expiration Date: _____	Will you consider living with a roommate? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Reason: _____	Which of these housing options will you consider? SRO <input type="checkbox"/> Studio <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> Shared housing <input type="checkbox"/> Other: _____	Do you have any pet(s)? Yes <input type="checkbox"/> No <input type="checkbox"/> # of pet(s): _____ Is it a service or Emotional Support Animal? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need any special housing accommodations due to a disability or medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, What Type: _____			

HOUSING GOALS				
<i>Please select the boxes that apply to you at this time</i>				
1. <input type="checkbox"/> Obtain documents needed for housing <i>(ID, income, social security, etc.)</i>	2. <input type="checkbox"/> Apply for units weekly	3. <input type="checkbox"/> Meet with Case Manager to review housing progress <i>How often? _____</i>	4. <input type="checkbox"/> Connect with mainstream resources <i>(such as health insurance, food benefits, disability, unemployment, etc.)</i>	
5. <input type="checkbox"/> Other:		6. <input type="checkbox"/> Other:		
Goal Number <i>(see goals selected above)</i>	Action Steps	Person(s) Responsible	Date to Meet Goal	Status of Goal <i>(Completed, in progress, need to change)</i>

Participant Signature _____ Staff Signature _____ Date _____

Copy provided to participant