CITY OF LONG BEACH

Housing and Services Plan

The Housing and Services Plan (HSP) is a collaborative effort between the participant and Case Manager to identify possible permanent housing solutions. This involves outlining responsibilities, as well as identifying the support and resources necessary to help the participant secure permanent housing.

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

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

PURPOSE OF THIS PLAN			
Initial Housing and Services Plan (Date): _____ Re-Evaluation of Housing and Services Plan (Date): _____			
What are some areas you'd like to work on? Housing ☐ Physical & Mental Health ☐ Legal Issues ☐ Substance Use & Recovery ☐ Social & Support Systems ☐ Financial Stability ☐ Other_____			
HOUSING			
Do you have a Voucher? Yes ☐ No ☐ **Voucher Type:** _____ **Voucher Expiration Date:** _____	**Will you consider living with a roommate?** Yes ☐ No ☐ Not Sure ☐ **Reason:** _____ _____	**Which of these housing options will you consider?** SRO ☐ Studio ☐ 1 Bedroom ☐ Shared housing ☐ Other: _____	**Do you have any pet(s)?** Yes ☐ No ☐ **# of pet(s):** _____ **Is it a service or Emotional Support Animal?** Yes ☐ No ☐
When was the last time you were in permanent housing? _____ **What led to losing it?** _____		**Do you have any family or friends who can help with your housing search?** Yes ☐ No ☐ If Yes, who:_____	
Where can I NOT live (due to concerns about neighborhood, etc.) 1. _____ 2. _____ 3. _____ 4. _____			
Do you need any special housing accommodations due to a disability or medical condition? Yes ☐ No ☐ If Yes, what type: _____			

INCOME AND FINANCIAL STABILITY	
Do you receive or earn any income? *(include non-traditional sources)* Yes ☐ No ☐ Type of Income: _____ Amount:_____ Frequency: _____ *(Employment, Disability, GR)* *(weekly, biweekly, monthly)*	**Have you had jobs in the past?** Yes ☐ No ☐ How long ago?_____ What Type?_____
Are there any physical or mental health challenges that could affect your ability to work? Yes ☐ No ☐	**Do you need assistance getting connected to employment or education resources?** Yes ☐ No ☐
Are there any tasks or things you enjoy doing? Yes ☐ No ☐ What type of things? _____	
Anything else you'd like to share with your case manager?	

GOALS *Please select the boxes that apply to you at this time*			
1. ☐ **Obtain documents needed for housing** (ID, income, social security, etc.)	2. ☐ **Apply for units weekly**	3. ☐ **Meet with Case Manager to review housing progress** How often? _____	4. ☐ **Connect with mainstream resources** (health insurance, food benefits, disability, unemployment, SSI/SSDI or GR)
5. **Other:** _____		6. **Other:** _____	

Goal Number (see goals selected above)	**Action Steps**	**Person(s) Responsible**	**Date to Meet Goal**	**Status of Goal** *(Completed, in progress, need to change)*

Participant Signature_____Staff Signature_____Date _____

☐ Copy provided to participant