Housing Stability Plan
Ohio BoSCoC Homeless Assistance Projects

# Instructions

This Housing Stability Plan is used to create and track progress on client housing plans. Program staff only need to complete goals and action steps for those areas where a goal is identified. Progress on each identified goal should be reviewed at least monthly. Updates or revisions to goals and/or action steps should be made as needed and signed-off on by both clients and staff. If no updates are needed, clients and staff should sign that they have completed the monthly review of the housing plan, no changes were needed, and progress continues. If the goal is not achieved and recertification is needed for ongoing assistance, amend target dates and add additional objectives or action steps, as needed.

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| Client Name | HMIS Client ID | Date |
|  |  | / / |
| Service Need | Housing |
| Recommendation from Assessment |  |
| Client StrengthsHow will they be used to achieve the goal? |  |
| Goal | **Obtain Permanent Housing** |
| **Date Developed** | / / | **Date Achieved** | / / |
| Objective | Action Steps to Achieve Objective | Frequency | Person Responsible | Target Date | Date Achieved |
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| Client Signature and Date | Staff Name and Date |
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| Client Name | HMIS Client ID | Date |
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| Service Need | Income |
| Recommendation from Assessment |  |
| Client StrengthsHow will they be used to achieve the goal? |  |
| Goal | **Stabilize or Increase Income** |
| **Date Developed** | / / | **Date Achieved** | / / |
| Objective | Action Steps to Achieve Objective | Frequency | Person Responsible | Target Date | Date Achieved |
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| Client Name | HMIS Client ID | Date |
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| Service Need | Housing |
| Recommendation from Assessment |  |
| Client StrengthsHow will they be used to achieve the goal? |  |
| Goal | **Maintain Permanent Housing** |
| **Date Developed** | / / | **Date Achieved** | / / |
| Objective | Action Steps to Achieve Objective | Frequency | Person Responsible | Target Date | Date Achieved |
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| Client Name | HMIS Client ID | Date |
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| Service Need | Address Housing Barriers (Legal issues, AOD, Family, MH, etc.) |
| Recommendation from Assessment |  |
| Client StrengthsHow will they be used to achieve the goal? |  |
| Goal |  |
| **Date Developed** | / / | **Date Achieved** | / / |
| Objective | Action Steps to Achieve Objective | Frequency | Person Responsible | Target Date | Date Achieved |
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| Client Name | HMIS Client ID | Date |
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| Service Need |  |
| Recommendation from Assessment |  |
| Client StrengthsHow will they be used to achieve the goal? |  |
| Goal |  |
| **Date Developed** | / / | **Date Achieved** | / / |
| Objective | Action Steps to Achieve Objective | Frequency | Person Responsible | Target Date | Date Achieved |
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