

# Housing Supports Plan

**Highlighted** – required data elements needed in agency custom Housing Supports Plan

<b>1. HMIS ID #</b>	<b>2. Member Name (First, Middle, Last)</b>
<b>3. MediCal Member ID #</b> (if applicable)	<b>4. HSP START DATE</b> ___/___/___ <input type="checkbox"/> Housing Transition & Navigation <input type="checkbox"/> Tenancy & Sustaining Services <input type="checkbox"/> Housing Deposit <b>HSP END DATE</b> ___/___/___ <input type="checkbox"/> Housing Transition & Navigation <input type="checkbox"/> Tenancy & Sustaining Services <input type="checkbox"/> Housing Deposit

**NOTE: Any revision dates must occur within the overall HSP authorized START DATE & END DATE from Section 4.**  
 If changes are after this HSP end date, create a new HSP for authorization.

**5. HSP Revision Date** \_\_\_/\_\_\_/\_\_\_ includes  Housing Transition & Navigation  Tenancy & Sustaining Services  Housing Deposit

Added Service Activities \_\_\_\_\_

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Added Service Activities \_\_\_\_\_

**Developing a Housing Support Plan (HSP):** Developing an individualized HSP must be based upon the housing assessment that addresses identified barriers, includes short- and long-term measurable goals for each issue, establishes the member's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medi-Cal, may be required to meet the goal. An HSP should help the participant and provider identify strengths and attainable housing focused goals. **It should be updated at least every 180 days.** The HSP should also be revised as a person's situation changes, and steps are completed, or goals updated. If revised, add the revision date to Box 5.

<p><b>6. Housing Navigation (HN) Service Activities:</b> (Check all that apply and add details to sections 10-14 for each)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Searching for housing and presenting options</li> <li><input type="checkbox"/> 2. Assisting in completing housing applications</li> <li><input type="checkbox"/> 3. Assisting in obtaining ID and documentation for SSI</li> <li><input type="checkbox"/> 4. Supporting SSI application process</li> <li><input type="checkbox"/> 5. Identifying and securing housing resources to assist with rent, matching available rental subsidy/voucher</li> <li><input type="checkbox"/> 6. Identifying and securing resources to cover security deposit, moving costs, adaptive aids, environmental modifications, and other one-time expenses</li> <li><input type="checkbox"/> 7. Assisting with requests for reasonable accommodations</li> <li><input type="checkbox"/> 8. Engaging and educating landlord/property management</li> <li><input type="checkbox"/> 9. Ensuring living environment in prospective unit is safe and ready for move in</li> <li><input type="checkbox"/> 10. Communicating and advocating on behalf of member to landlord/property management</li> <li><input type="checkbox"/> 11. Assisting in arranging for and supporting details of the move</li> <li><input type="checkbox"/> 12. Establishing procedures and contacts to retain housing, including developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardy</li> <li><input type="checkbox"/> 13. Identifying, coordinating, securing or funding non-emergency, non-medical transportation to assist Members' mobility to ensure reasonable accommodations and access to housing options prior to transition and on move in day</li> <li><input type="checkbox"/> 14. Identifying, coordinating, securing, or funding environmental modifications to install necessary accommodations for accessibility.</li> </ul>	<p><b>7. Housing Tenancy &amp; Sustaining Service (TSS) Activities:</b>                  (Check all that apply and add details to sections 10-14 for each)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment, hoarding, substance use, and other lease violations.</li> <li><input type="checkbox"/> 2. Education and training on the role, rights, and responsibilities of the tenant and landlord.</li> <li><input type="checkbox"/> 3. Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.</li> <li><input type="checkbox"/> 4. Coordination with the landlord and case management provider to address identified issues that could impact housing stability.</li> <li><input type="checkbox"/> 5. Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action including developing a repayment plan or identifying funding in situations in which the Member owes back rent or payment for damage to the unit.</li> <li><input type="checkbox"/> 6. Advocacy and linkage with community resources to prevent eviction when housing is or may potentially become jeopardized.</li> <li><input type="checkbox"/> 7. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process.</li> <li><input type="checkbox"/> 8. Assistance with the annual housing recertification process.</li> <li><input type="checkbox"/> 9. Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.</li> <li><input type="checkbox"/> 10. Continuing assistance with lease compliance, including ongoing support with activities related to household management.</li> <li><input type="checkbox"/> 11. Health and safety visits, including unit habitability inspections</li> <li><input type="checkbox"/> 12. Other prevention and early intervention services identified in the crisis plan that are activated when housing is jeopardized (e.g., assisting with reasonable accommodation requests that were not initially required upon move-in).</li> <li><input type="checkbox"/> 13. Providing independent living and life skills including assistance with and training on budgeting, including financial literacy and connection to community resources.</li> </ul>
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## Housing Supports Plan

### 8. Housing Deposit

Is housing deposit assistance authorized for this member?  Yes or  No

Deposit start date \_\_/\_\_/\_\_\_\_ Deposit End Date \_\_/\_\_/\_\_\_\_

### 9. Member Strengths identified to assist with goals:

10. Activity Number	11. Identified Barriers	12. Goal (short & long term)	13. Action Steps	14. Person(s) Responsible (Member/Staff)
<i>Example: 6.3 (Assisting in obtaining ID and documentation for SSI)</i>	<i>No transportation to SSI office; no phone number to get in touch with client to arrange ride to SSI</i>	<i>Short term: get SSI set up for member  Long term: use ID and SSI for rental applications</i>		
<i>Example: 7.10 (Continuing assistance with lease compliance, including ongoing support with activities related to household</i>	<i>I need help remembering to pay my rent on the day that it is due, sometimes I forget what day it is.</i>	<i>Short term: set up a calendar to track when rent is due and hang on fridge  Long term: Pay rent on time each month for 12</i>	<i>Case manager to meet with client on the 1<sup>st</sup> of each month in person to remind and assist in paying rent.</i>	

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**15. Member's housing preferences:**

**HMIS Data Entry:** Enter the contact information below within the client "contact" fields in HMIS.

**16. My Emergency Contact Person is**

Name  
 Phone Number  
 Agency (if applicable)  
 Email address

**17. My Primary Care Provider is**

Name  
 Phone Number  
 Agency (if applicable)  
 Email address

**18. My Enhanced Care Management (ECM) Provider is**

Name  
 Phone Number  
 Agency (if applicable)  
 Email address

**19. SIGNATURES**

Member Name

Staff Name

Staff Phone

Supervisor Name

Member Signature

Staff Signature

Staff email

Supervisor Signature

Date

Date

Date