

## Action Plan

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_

### PURPOSE OF THIS PLAN:

\_\_\_ Crisis Plan \_\_\_ Pre-Housing Plan \_\_\_ Housing Stabilization \_\_\_ Action Plan Review \_\_\_ Exit Plan

<b>Goal 1</b>				
<b>Action Steps</b>	<b>Person Responsible</b>	<b>Target Date</b>	<b>Date Completed</b>	<b>Progress</b>
<b>Goal 2</b>				
<b>Action Steps</b>	<b>Person Responsible</b>	<b>Target Date</b>	<b>Date Completed</b>	<b>Progress</b>

Goal 3				
Action Steps	Person Responsible	Target Date	Date Completed	Progress

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CM Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## HOUSING STABILITY PLAN – RRH Example

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b><i>My Goals for the next 30 days are:</i></b>	<b><i>Objectives(tasks) I will complete to meet my goals:</i></b>	<b><i>Due Date of objective/task:</i></b>	<b><i>How RRH Team will help:</i></b>	<b><i>Due Date:</i></b>	<b><i>Progress on my objectives/tasks (Date &amp; Initial)</i></b>
<b>Housing:</b> Maintain stable housing.	Abide by lease terms. Communicate any problems with CM as soon as possible. Pay my portion of the rent (\$250) by Sept. 1 <sup>st</sup> .	Ongoing. Ongoing.  9/1/17  9/1/17	XYZ Agency will pay \$750 by Sept. 1 <sup>st</sup> . XYZ Agency will visit home 2x/month.	9/1/17  Every 2 weeks.	
<b>Employment:</b> Obtain full time employment.	Fill out 5 applications. Visit Career Source to meet with employment specialist.	8/15/17 9/1/17	CM – Assist with online applications. CM – Complete referral to Job Connect.	As needed. 8/15/17	
<b>Goal 3:</b>					
<b>Goal 4:</b>					
<b>Rent Assistance Plan:</b>					

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

## Action Plan – PSH Example

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b><i>My Goals for the next 30 days are:</i></b>	<b><i>Objectives(tasks) I will complete to meet my goals:</i></b>	<b><i>Due Date of objective/task:</i></b>	<b><i>How PSH Team will help:</i></b>	<b><i>Due Date:</i></b>	<b><i>Progress on my objectives/tasks during last 7 days: (Date &amp; Initial)</i></b>
<b>Housing:</b> Maintain stable, permanent housing.	Comply with lease terms. Weekly home visits.	Monthly. Weekly.	ICM & PS-Weekly home visits.	Weekly.	
<b>Physical Health:</b> Maintain good physical health.	Schedule and keep a medical appointment at Free Clinic. Start exercising on a regular basis.	01/15/16  Weekly.	ICM-Assist with completing referral and new patient paperwork.	01/15/16	
<b>Mental Health:</b> Take care of my mental health.	Continue to meet with therapist and doctor as recommended. Take medications as prescribed.	Weekly.  Daily.	ICM-Coordinate care with Providers.  PS-Weekly visits.	As needed.	
<b>Benefits:</b> Obtain SSD benefits.  Maintain SNAP benefits.	Complete paperwork to apply for benefits. Complete SNAP recertifications.	As requested.  Every 6 months.	ICM-Refer to SOAR specialist. ICM-Assist with paperwork.	1/25/16  As needed.	
<b>Comments:</b>					
<b>Provide monthly bus pass and \$25 gift card to ensure housing and transportation needs are met.</b>					

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intensive Case Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date