



**Department of Housing and Community Development
100 Cambridge Street, Boston, MA 02114**

HomeBASE Stabilization Service Plan

(To be filled out with Head of Household and HomeBASE Administering Agency Staff)

Date of Service (date this plan updated/or completed): _____

Head of Household: Individual:
Address:
HomeBASE Eligibility Date:
Type of Assistance:

As part of the HomeBASE program, you will be expected to identify your goals in five areas – including housing and finance, employment and education, and health – and to create a plan that outlines specific activities to help achieve these goals for yourself and your family. Together with your stabilization case manager, you will track your progress using the plan as a way to meet the program requirements and measure your success.

You will receive a copy of the plan, which is attached to this form and incorporated as a part of it. Your case manager will contact you regularly, approximately once a month, by telephone, or by letter and at least twice a year in person to update and track progress toward your stabilization plan. When you sign this plan, you are agreeing to engage in the services and activities listed in it and failure to follow through may make you ineligible for continued HomeBASE benefits. If you need to adjust your plan given a change in your circumstances or if you need immediate help with a housing, or other type of situation, you can always contact your case manager.

Important: If a member of your family has a mental or physical disability that may prevent you from doing an activity, we may be able to modify the activities in your plan to help you participate successfully. Please request an ADA Accommodation.

Health Issue: Yes No if yes, please explain and verify _____

If you cannot fulfill the terms of your Stabilization Service Plan, or if you have issues regarding your tenancy (inability to pay rent on time and in the full amount, conflict with your landlord, damage to the housing unit, etc.), you agree to immediately notify your stabilization case manager. Your case manager will help you address any issues you might have and help preserve your tenancy and housing support.

I understand that I may request a modification of this Stabilization Plan to accommodate disabilities pursuant to Americans with Disabilities Act, 42 U.S.C. §§ 12101 *et seq.*, and parallel provisions of Massachusetts General Laws Chapter 151B.

I agree to check in with my stabilization case manager as requested, and in person, at least every six months and take an active role in my stabilization plan. I understand that the stabilization plan is a work in progress and that I am responsible for completing the agreed upon activities and cooperating in the development of new activities.

I agree to accept any modifications to my Stabilization Plan that are required by the Department of Housing and Community Development as part of any amendment to the standard HomeBASE Stabilization Plan. I further agree that changes in family circumstances will require review and appropriate modification to my Stabilization Plan.

I promise to make a good faith effort to secure long-term stable housing by actively pursuing housing search and placement activities.

I understand that I and the members of my family over the age of 18 will be undertaking significant activities towards economic self-sufficiency and a combination of efforts at housing retention and location of safe permanent housing, job training, education, job search, employment, childcare opportunities, and life skills pursuant to my Stabilization Plan and the goals outlined in it.

I understand that I must meet all the goals set forth in the Stabilization Plan, including the minimum requirements, unless granted a waiver by my stabilization case manager.

Adult Household Member Signature

Date

Stabilization Case Manager

Date