



**Department of Housing and Community Development
Division of Housing Stabilization**

Head of Household:
Family Member:
EA Six months:

Re-housing Plan and Stabilization Plan

Part 1

(for each family member 18 and older)

Today's Date: _____

Date Placed: _____

Head of Household: Individual:	SSN (last 4 digits):	Contact Number:
Family Size:	Males:	Females:
Shelter Name:	Address:	Contact Number:
Re-housing Case Manager:		Contact Number:
DHCD Homeless Coordinator:	TAO:	Contact Number:
DTA Case Manager	TAO:	Contact Number:

Your Re-housing Plan outlines specific activities intended to bring you closer to economic stability and sustainable housing. Your goals, strengths and resources will be the basis for developing a strategy to overcome homelessness as you, shelter staff and DHCD staff develops the re-housing plan.

While you are in shelter, you will be expected to:

- take part in activities leading to increased economic stability for 30 hours a week, such as: job search or job training, and addressing any barriers to obtaining employment;
- attend shelter meetings and workshops as a requirement of your re-housing plan;
- meet with and cooperate with re-housing placement staff;
- save 30% of your net income; and
- accept an offer of housing unless you have good cause.

Our case manager and/or re-housing case manager will help connect you with appropriate community resources, including child care, transportation, medical and other supportive services, as needed.

Head of Household:
Family Member:

Re-housing Plan

The following activities are part of your plan to secure housing and move towards economic and housing stability. The assessment tool may be used to identify appropriate areas of concentration. Your and your case manager will review your participation and completion of these activities on a monthly basis.

Important: If a member of your EA 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 _____

Activities

Today's Date: _____

	<u>Activity Status</u>	
	<u>Progress</u>	<u>Hours/wk</u> <u>Comments</u>
1. <u>Secure Housing:</u>		
<ul style="list-style-type: none">• Explore all housing options <i>Appointments & Activities:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

<ul style="list-style-type: none">• Collect necessary documentation (See Attachment A) <i>Appointments & Activities</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

<ul style="list-style-type: none">• Address barriers (CORI, credit issues) <i>Appointments & Activities</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

<ul style="list-style-type: none">• Devise a strategy to increase income (benefits, education, job search, employment) <i>Appointments & Activities</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

<ul style="list-style-type: none">• Review and discuss housing offers <i>Appointments & Activities</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Head of Household:
Family Member:

Progress Activity Status
Hours/wk Comments

2. Economic Stability

- Create a budget and repayment plan (rental/utility arrearages, credit) (See Attachment B)
Appointments & Activities Y N _____

- Work with DTA to enroll in ESP programs and access child care and transportation
Appointments & Activities Y N _____

- Save 30% of household's net monthly income and provide documentation
Appointments & Activities Y N _____

- Attend financial education workshops
Appointments & Activities Y N _____

3. Health and Safety

- Attend required workshops
Appointments & Activities Y N _____

- Access any services identified in the assessment process
Appointments & Activities Y N _____

- Schedule and keep all necessary appointments Y N _____

Head of Household:
Family Member:

<u>Progress</u>	<u>Activity Status</u>	
	<u>Hours/wk</u>	<u>Comments</u>

4. Children's Stability

- Register children for Head Start, preschool, elementary and high school; access transportation and ensure attendance
Appointments & Activities
 Y N _____

- Attend parent/teacher conferences and other school functions
Appointments & Activities
 Y N _____

- Ensure well being of children through after school programs, recreation and study time
Appointments & Activities
 Y N _____

- Schedule and keep medical appointments
Appointments & Activities
 Y N _____

- List appointments:

Schedule next appointment with shelter staff to update re-housing plan

Date: _____

Total Hours

Weekly hours in the above activities add up to 30, unless good cause is determined

Y N _____

If request for good cause is approved, provide details _____

Head of Household:
Family Member:

I understand that the re-housing 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 understand that consistently participating in and completing the re-housing plan activities is a requirement for continuing eligibility for temporary emergency shelter.

Adult Household Member Signature

Date

Case Manager Signature

Date

Re-housing Case Manager

Date

Amendments

Date
Initial ____ _

Checklist of Documents Required for Re-housing

<u>Documents</u>		<u>On File:</u>	
Birth Certificates (copies)	yes <input type="checkbox"/>	no <input type="checkbox"/>	
Social Security Cards (copies)	yes <input type="checkbox"/>	no <input type="checkbox"/>	
Income Verification*	yes <input type="checkbox"/>	no <input type="checkbox"/>	
Credit Report	yes <input type="checkbox"/>	no <input type="checkbox"/>	
CORI Report	yes <input type="checkbox"/>	no <input type="checkbox"/>	
Five Year Housing History	yes <input type="checkbox"/>	no <input type="checkbox"/>	
Landlord References	yes <input type="checkbox"/>	no <input type="checkbox"/>	
Homeless Verification	yes <input type="checkbox"/>	no <input type="checkbox"/>	
Veteran's Status	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Warrants	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Immigration Documents	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Domestic Violence Documentation (Restraining Orders, Police Reports)	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Fire Documentation (Inspectional Services)	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Natural Disaster Documentation (Inspectional Services)	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Condemned Dwelling Documentation (Inspectional Services)	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Foreclosure Documentation	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
ADA Accommodation Verification	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Court Documents	yes <input type="checkbox"/>	no <input type="checkbox"/>	n/a <input type="checkbox"/>
Other _____	yes <input type="checkbox"/>	no <input type="checkbox"/>	
Other _____	yes <input type="checkbox"/>	no <input type="checkbox"/>	

*Verification of income includes: Wages, SSI, SSDI, Unemployment Compensation, Worker's Compensation, Veteran's Benefits, TAFDC, SNAP benefits, Child Support, EAEDC, Pension, Retirement

Checklist of Documents Required for Housing Placement

Copy or Lease	yes <input type="checkbox"/>	no <input type="checkbox"/>
Furniture Referral	yes <input type="checkbox"/>	no <input type="checkbox"/>
Budget Sheet, with expenses & funding sources	yes <input type="checkbox"/>	no <input type="checkbox"/>
Recent Income Verification	yes <input type="checkbox"/>	no <input type="checkbox"/>
Stabilization Plan	yes <input type="checkbox"/>	no <input type="checkbox"/>
Change of Address, voter registration	yes <input type="checkbox"/>	no <input type="checkbox"/>
List of Community Resources	yes <input type="checkbox"/>	no <input type="checkbox"/>
Lead Paint Certificate for child under 6	yes <input type="checkbox"/>	no <input type="checkbox"/>

Monthly Budget Worksheet Summary

The budget worksheet lists your current income sources and your current debts. You are expected to save 30% of your net monthly income minus a repayment plan for debts. If extraordinary circumstances prevent you from saving this amount, you must speak to the director of the shelter or his/her designee. This worksheet will be updated monthly or as necessary.

<i>Income Source for Family</i>	<i>Net Income</i>
Net Earned Income	
TAFDC	
SSI	
SSDI	
Child Support	
Unemployment	
Other sources of income	
Total Net Monthly Income	
30% Calculation of Net Monthly Income	
Minus debt payment (utilities, rental arrearage)	
Other extraordinary circumstances (as determined by the director or his/her designee)	
Total Debt Repayment	
<u><i>Family's Monthly Savings Amount</i></u>	
Verification of savings and date	

<i>Re-housing Budget</i>	<i>Anticipated Costs</i>	<i>Funding Sources (savings, Flexible Funds, etc.)</i>
First month's rent		
Last month's rent		
Security Deposit		
Utility Deposits		
Necessary Appliances		
Other (moving costs, furniture)		

Head of Household:
Family Member:

Housing Application Tracking Form

Client Name: _____

Date: _____

SSN (last 4 digits): _____

Shelter: _____

Subsidized Housing Search

Complete the fields below entering type of subsidy application, date applied, if the family has priority status and type, if the family will accept the unit, their number on the list, the wait time, if the family is waiting for an eligibility decision, and if their address has been updated.

Type of Subsidized Housing	Date Applied	Priority Status If yes, specify*	# on Wait List	Estimated Wait Time	Agree to Accept Unit	Eligibility Decision	Family Address Updated

* May include DV, homeless, fire

Monthly Action Plan for _____

Month: _____

Activities	Appointments	Hours/week	Actions
Secure Housing			
Explore all housing options			
Collect documentation			
Address barriers (CORI, credit)			
Increase income			
Follow up on housing offers			
Economic Stability			
Create budget/repayment plan			
Enroll in DTA ESP programs, if eligible			
Access child care & transp.			
Save 30% of net monthly income			
Attend financial education workshops			
Health and Safety			
Attend required workshops			
Access assessed services			
Schedule & keep all necessary appointments			
Children's Stability			
Register children for Head Start, preschool, elem. or HS., get transportation, ensure attendance			
Attend parent/teacher conferences			
Schedule after school programs, recreation, study time			
Medical appointments			List:
Other			
TOTAL Hours			Weekly hours add up to 30, unless there is good cause