



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

Head of Household:
Family Member:

Re-housing and Stabilization Plan

Part 2

(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:
Home Address:	Unit:	Contact Number:
Stabilization Case Manager:	Shelter Program:	Contact Number:
DTA Case Manager	TAO:	Contact Number:

Your Stabilization Plan outlines specific activities and responsibilities intended to bring you closer to economic stability and maintaining sustainable housing. Your goals, strengths and resources will be the basis for developing a strategy to overcome homelessness as you, stabilization staff and DHCD staff develops the Stabilization Plan. You are encouraged to take on as much independent responsibility as you can to maximize the benefits of your plan.

Your case manager and/or stabilization manager will help connect you with appropriate community resources in your region, including child care, transportation, medical and other supportive services, as needed. In addition to your own stabilization obligations, your stabilization worker will:

- Initiate primary contact with your landlord in person, by telephone, or letter and follow up with your landlord at a minimum of every 3 months.
- Obtain 6 and 12 month lease compliance verification letters from your landlord.
- Contact you at least once a month in person (individually or in groups), by telephone, or by letter in order to verify lease compliance, refer you to relevant community services, and educate you about tenant rights and responsibilities.
- Tailor stabilization services as necessary in response to your personal needs.

Head of Household:
Family Member:

The following activities are part of your plan to maintain housing and move towards economic and housing self-sufficiency. 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 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>Comments</u>
1. <u>Lease Compliance and Ongoing Housing Search:</u>		
• Meet with or contact stabilization worker at least once a month regarding lease status	<input type="checkbox"/> Y <input type="checkbox"/> N _____	_____ _____ _____
• Change addresses with housing authorities and management companies	<input type="checkbox"/> Y <input type="checkbox"/> N _____	_____ _____ _____
• Track housing authority and management company waitlists at least every 6 months	<input type="checkbox"/> Y <input type="checkbox"/> N _____	_____ _____ _____
• Address barriers to permanent housing (ex.: CORIs, bad credit)	<input type="checkbox"/> Y <input type="checkbox"/> N _____	_____ _____ _____
• Strengthen and update housing resume, including landlord history and references	<input type="checkbox"/> Y <input type="checkbox"/> N _____	_____ _____ _____

Head of Household:
Family Member:

Activity Status

Progress

Comments

2. Economic Stability and Development

- Follow your budget and repayment plan (rental/utility arrearages, credit) (See Attachment B) Y N _____

- Maximize and increase income through benefits, employment and financial education Y N _____

- Develop a plan for savings and accessing basic banking programs Y N _____

- Continue education through GED & college Y N _____

- Participate in work training or professional certification programs Y N _____

- Access DTA CIES program if TAFDC recipient (job placement assistance, childcare, transportation) Y N _____

3. Health, Safety, and Well-Being

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

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

Head of Household:
Family Member:

- Ensure well being of children through after school programs, recreation and study time

Y N _____

- Access any relevant services offered by our community based private and public partners

Y N _____

- Work with stabilization manager to secure specialized services such as mental health, substance abuse, or domestic violence counseling.

Y N _____

- Schedule and keep all necessary appointments with stabilization worker and other service providers

Y N _____

Schedule next appointment with stabilization staff to update stabilization plan

Date: _____

Additional notes:

Head of Household:
Family Member:

Stabilization Plan Agreement

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 understand that consistently participating in and completing the stabilization plan activities is a requirement for continuing eligibility for temporary housing assistance. I agree to accept any modifications to my Re-housing and Stabilization Plan that are required by DHS as part of any amendment to the DHS standard form, Re-housing and Stabilization Plan. I also understand that failure to cooperate with housing assistance program services that results in subsequent homelessness will make me ineligible for temporary emergency shelter benefits as specified in 106 CMR 309.040 (B)(7).

Adult Household Member Signature

Date

Stabilization Case Manager

Date

Amendments

Date _____
Initial _____