CLIENT HOUSING PLAN
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
HOPWA

NAME or ID#: ___________________________ DATE: ____________________
Current housing situation: _____________________________________________
Number in household: _________________________________________________

**Housing Objective**
- Establish or better maintain a stable living environment.
- Improved access to HIV treatment and other healthcare support.
- Reduced the risk of homelessness among people living with HIV/AIDS and their families.

**Assessment**
This section is designed to be used with the Housing Application and Assessment form to:
- Help keep the focus on immediate needs while assisting in the development of long-term housing plans.
- Help determine the feasibility of independent housing vs. supportive living environments.

**Plan**
- Please complete all three sections of Plan.

1. List any problems identified in the Housing Assessment and Budget (may include others not listed in assessment):
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

2. Housing Goals:
   **Emergency Housing Goal:**
   a) Steps/Objectives:
   b) Steps/Objectives:
   c) Steps/Objectives:
   d) Steps/Objectives:
   **Transitional Housing Goal:**
   a) Steps/Objectives:
   b) Steps/Objectives:
   c) Steps/Objectives:
   d) Steps/Objectives:

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My Signature below indicates my agreement with and commitment to this housing plan. I recognize that with my consent, my Housing Advocate/Case Manager may revise this housing plan over time.

| Client Signature: ____________________________ Date: ____________ |
| Housing Advocate/Case Manager: ________________ Date: ____________ |

**Housing Plan Update:** (leave blank if this is the first Individual Housing Plan)

1. **Date of this follow-up:** _____/_____/_____

   Were goal(s) achieved (Check one):
   - [ ] Yes, definitely
   - [ ] Yes, generally
   - [ ] No, not really
   - [ ] No, definitely not

   Please describe:

2. **Date of this follow-up:** _____/_____/_____

   Were goal(s) achieved (Check one):
   - [ ] Yes, definitely
   - [ ] Yes, generally
   - [ ] No, not really
   - [ ] No, definitely not

   Please describe:

3. **Date of this follow-up:** _____/_____/_____

   Were goal(s) achieved (Check one):
   - [ ] Yes, definitely
   - [ ] Yes, generally
   - [ ] No, not really
   - [ ] No, definitely not

   Please describe:

Please describe what other resources besides HOPWA are being used to address the client’s housing issues: