

CLIENT HOUSING PLAN

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

CLIENT NAME: _____ **DATE:** _____

Current housing situation: _____

Number in household: _____

Total monthly income: _____ **Total monthly expenses:** _____

EMERGENCY HOUSING PLAN: _____ **Date to be Complete by**
Goal: _____

Objectives: _____

TRANSITIONAL HOUSING PLAN: _____ **Date to be Completed by**
Goal: _____

Objectives: _____

PERMANENT HOUSING PLAN: _____ **Date to be Completed by**
Goal: _____

Objectives: _____

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 (respond to each listed objective):

Date: _____ **Client Initials:** _____