



Thomas O. Forslund, Director

Governor Matthew H. Mead

**CLIENT HOUSING PLAN**

**HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS**

CLIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Current housing situation: \_\_\_\_\_

Number in household: \_\_\_\_\_ Total monthly income: \_\_\_\_\_ Total monthly expenses: \_\_\_\_\_  
(Attach list)

**EMERGENCY HOUSING PLAN:** \_\_\_\_\_ Dates Completed

Goal: \_\_\_\_\_

Objectives: \_\_\_\_\_

**TRANSITIONAL HOUSING PLAN:** \_\_\_\_\_ Dates Completed

Goal: \_\_\_\_\_

Objectives: \_\_\_\_\_

**PERMANENT HOUSING PLAN:** \_\_\_\_\_ Dates Completed

Goal: \_\_\_\_\_

Objectives: \_\_\_\_\_

**PLAN TO INCREASE INCOME AND REDUCE EXPENSES:** \_\_\_\_\_ Dates Completed  
(Budgeting classes-Life skills training-benefits counseling-housing counseling-credit counseling-employment & training assistance, etc.)

Goal: \_\_\_\_\_

Objectives: \_\_\_\_\_

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager/Housing Advocate: \_\_\_\_\_ Date: \_\_\_\_\_

HOUSING PLAN UPDATE: \_\_\_\_\_

Date: \_\_\_\_\_ Client Initials: \_\_\_\_\_