

## HOUSING ACTION PLAN

Using the information from the Housing Readiness Assessment, individuals and support coordinators can develop a housing action plan to guide the transition to independent housing. This template is divided into significant milestones in the housing planning process. Individuals may choose to focus on one milestone at a time or multiple milestones at the same time. However, a comprehensive plan will eventually address all of the milestones. Within each milestone, identify tasks the individual and his/her person-centered planning team must accomplish and “who will do what by when.” Review the plan at least quarterly to track progress on outstanding tasks, celebrate milestones that are achieved, decide on new milestones and create new tasks. Housing planning is a living process that may involve revisiting milestones and adjusting your plans based on new information and changes in resources or opportunities.

ESSENTIAL INFORMATION			
<b>Contact Information</b>			
Last Name		Home Phone	
First Name		Cell Phone	
Social Security Number		Support Coordinator (SC)	
Medicaid Number		SC Phone	
Date of Birth		SC Email	
Gender		Action Plan Date	
<b>Representation</b>			
<i>Who is authorized to make this individual's housing decisions? (self, legal guardian, authorized representative, power of attorney)</i>			
Name of substitute decision-maker (if applicable)			
Address			
Phone			
Email			
<i>Who should DBHDS contact if the individual has a housing emergency?</i>			
Name of emergency contact			
Address			
Phone			
Email			

MILESTONE 1: REDUCING HOUSING BARRIERS	
<i>Describe the actions the individual and his/her person-centered planning team will take to address the barriers identified in the Housing Readiness Assessment. Identify the services, supports and community resources that may assist.</i>	
Housing Barrier #1	Describe Housing Barrier:

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Name \_\_\_\_\_

	Who Will Do What to Minimize/Remove This Barrier? By When?	Date Task Completed
	What Services/Supports/Community Resources Can Assist?	
Housing Barrier #2	Describe Housing Barrier:	
	Who Will Do What to Minimize/Remove This Barrier? By When?	Date Task Completed
	What Services/Supports/Community Resources Can Assist?	
Housing Barrier #3	Describe Housing Barrier:	
	Who Will Do What to Minimize/Remove This Barrier? By When?	Date Task Completed

	What Services/Supports/Community Resources Can Assist?	
Housing Barrier #4	Describe Housing Barrier:	
	Who Will Do What to Minimize/Remove This Barrier? By When?	Date Task Completed
	What Services/Supports/Community Resources Can Assist?	
Housing Barrier #5	Describe Housing Barrier:	
	Who Will Do What to Minimize/Remove This Barrier? By When?	Date Task Completed
	What Services/Supports/Community Resources Can Assist?	

MILESTONE 2: PUTTING TOGETHER THE HOUSEHOLD	
<i>If the individual identified other persons who will be part of his/her household when he/she applies for rental housing (e.g., roommates, live-in aides, etc.), describe plans for interviewing these other persons, getting references (if applicable), securing commitments to live together, ensuring all household members have required housing documents to apply for housing assistance and rental housing, and developing written agreements (e.g., for cost sharing, chore duties, supports, etc.).</i>	
Who Will Do What Task to Help Form the Household? By When?	Date Task Completed
What Services/Supports/Community Resources Can Assist?	
Who Will Do What Task to Help Form the Household? By When?	Date Task Completed
What Services/Supports/Community Resources Can Assist?	
Who Will Do What Task to Help Form the Household? By When?	Date Task Completed
What Services/Supports/Community Resources Can Assist?	

MILESTONE 3: CREATING A LIVABLE BUDGET IN RENTAL HOUSING	
<p><i>If the budget in the Housing Readiness Assessment indicates the individual's monthly expenses exceed income, describe plans for: increasing income, reducing expenses, or offsetting expenses with other benefits or resources for which the individual is eligible but has not yet applied. Then, once these tasks are accomplished, revisit the budget to see whether income now exceeds expenses. Ideally, the individual should save at least \$15-20 per month in an "emergency fund" to cover unexpected expenses.</i></p>	
Who Will Do What to Create a Livable Budget? By When?	Date Task Completed
What Services/Supports/Community Resources Can Assist?	
Who Will Do What to Create a Livable Budget? By When?	Date Task Completed
What Services/Supports/Community Resources Can Assist?	
Who Will Do What to Create a Livable Budget? By When?	Date Task Completed
What Services/Supports/Community Resources Can Assist?	

MILESTONE 4: APPLYING FOR HOUSING OPTIONS			
<i>Identify the available housing resources for which the individual is eligible based on Section J of the Housing Readiness Assessment. Describe the plan to assist the individual with accessing these resources, depending upon whether the resource has a waitlist and whether the waitlist is open or closed.</i>			
Available Housing Resource #1:			
Waitlist? (Yes/No)		Status? (Open/Closed)	
Who Will Do What to Help the Individual Access This Resource? By When?			Date Task Completed
Available Housing Resource #2:			
Waitlist? (Yes/No)		Status? (Open/Closed)	
Who Will Do What to Help the Individual Access This Resource? By When?			Date Task Completed
Available Housing Resource #3:			
Waitlist? (Yes/No)		Status? (Open/Closed)	
Who Will Do What to Help the Individual Access This Resource? By When?			Date Task Completed
<i>Describe reasonable accommodations that may be needed to access these housing resources. Reasonable accommodations are changes or exceptions to rules, policies, practices or services necessary for a person with a disability to have equal opportunity to use and enjoy a dwelling.</i>			
Who will help the individual access the reasonable accommodations? How?			Date Task Completed
MILESTONE 5: OBTAINING HOUSING			
<i>Describe the plan to secure any supports that must be in place to ensure the individual can move into and maintain rental housing. These supports must be available in the locality where he/she wants to live and must agree to serve the individual. Supports may be funded by a waiver, or may be privately paid or natural supports.</i>			
Support #1:			

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Name \_\_\_\_\_

Who Will Do What to Secure This Support? By When?	Date Task Completed
Support #2:	
Who Will Do What to Secure This Support? By When?	Date Task Completed
Support #3:	
Who Will Do What to Secure This Support? By When?	Date Task Completed
Support #4:	
Who Will Do What to Secure This Support? By When?	Date Task Completed
Support #5:	
Who Will Do What to Secure This Support? By When?	Date Task Completed
Describe the plan to assist the individual with the following tasks to transition from his/her current living arrangement to independent housing. Who will assist with each task? What will they do?	
Who will help the individual search for housing? How?	Date Task Completed

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Name \_\_\_\_\_

Who will help the individual apply for housing? How?	Date Task Completed
Who will help coordinate inspections? How?	Date Task Completed
Who will help the individual review lease terms? How?	Date Task Completed
Who will help the individual obtain furniture & household supplies? How?	Date Task Completed
Who will help the individual set up utilities & renter's insurance (if needed)? How?	Date Task Completed
Who will help the individual pack and move? How?	Date Task Completed
Who will help the individual change his/her address? How?	Date Task Completed



Other:	Date Task Completed
Other:	Date Task Completed
<p><i>Describe reasonable accommodations that may be needed to access rental housing. Reasonable accommodations are changes or exceptions to rules, policies, practices or services necessary for a person with a disability to have equal opportunity to use and enjoy a dwelling. Who will assist the individual with accessing these reasonable accommodations? What will they do?</i></p>	
Who will help the individual access the reasonable accommodations? How?	Date Task Completed
<p><i>Describe reasonable modifications that may be needed to access rental housing. Reasonable modifications are physical alterations to the existing premises to afford a person with a disability full enjoyment of the premises. Who will assist the individual with accessing these reasonable modifications? What will they do?</i></p>	
Who will help the individual access the reasonable modifications? How?	Date Task Completed

**MILESTONE 6: MAINTAINING HOUSING**

What is the plan to help the individual understand the lease and his/her responsibilities as a tenant?

What is the plan to ensure rent and utilities are paid on time and in full each month?

What is the plan to maintain contact with the landlord around rent payment, lease compliance, repairs, lease renewal and income certifications (if applicable)?

How will potential lease violations be monitored? Who will be notified?

Who will provide assistance with resolving tenant issues?

**MILESTONE 7: HANDLING HOUSING EMERGENCIES**

What is the plan if the individual does not have enough money to pay rent or utilities?

What is the plan if the individual does not have enough money to pay for other household needs (e.g., food, transportation, phone, laundry)?

What is the plan if the apartment is damaged and the individual must move temporarily until it is fixed?

What is the plan if the individual receives a notice from the landlord stating the individual has broken the rules of the lease and must fix the problem or move out in 30 days?

What is the plan if the individual receives a notice stating the landlord will not renew the lease?

See page 12 for Housing Action Plan Agreements and Signatures

**I agree to complete the tasks assigned to me in my Housing Action Plan.**

_____	_____	_____
Name	Signature	Date

**The team members below each agree to complete the tasks assigned to them in the Housing Action Plan for the individual above.**

_____	_____	_____	_____
Name	Role	Signature	Date
_____	_____	_____	_____
Name	Role	Signature	Date
_____	_____	_____	_____
Name	Role	Signature	Date
_____	_____	_____	_____
Name	Role	Signature	Date
_____	_____	_____	_____
Name	Role	Signature	Date