

Housing Plan Form N

Client Name and/or ID Number: _____
 Housing Case Manager Name: _____

Housing Plan Date: _____
 Program: HOPWA

Primary housing barriers:	Plan to increase household income:	Plan to decrease household expenses:
1 _____	1 _____	1 _____
2 _____	2 _____	2 _____
3 _____	3 _____	3 _____
4 _____	4 _____	4 _____
5 _____	5 _____	5 _____

1 Needs Assessment Date: _____	Need: _____	Subneed: _____					
Housing Plan Goal: → → →	_____						
Tasks:	Priority	Assigned to	Start date	Target date	Check-in date	Status	Status date
1 _____							
2 _____							
3 _____							
4 _____							
5 _____							

2 Needs Assessment Date: _____	Need: _____	Subneed: _____					
Housing Plan Goal: → → →	_____						
Tasks:	Priority	Assigned to	Start date	Target date	Check-in date	Status	Status date
1 _____							
2 _____							
3 _____							
4 _____							
5 _____							

3 Needs Assessment Date: _____	Need: _____	Subneed: _____					
Housing Plan Goal: → → →	_____						
Tasks:	Priority	Assigned to	Start date	Target date	Check-in date	Status	Status date
1 _____							
2 _____							
3 _____							

Housing Plan

Form N

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