**3.4 NC ESG: INDIVIDUALIZED HOUSING STABILIZATION PLAN (IHSP)**

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| **Participant Name:**  |
| **HMIS/DV ID:** |
| **Case Manager Name:** |
| **Case Manager Phone number:**  |
| **Case Manager E-mail:**  |

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| **Plan Date:** |  | / |  | / |  |
| **Next** **Scheduled Review:** |  | / |  | / |  |

**This plan is focused on the following general goal (select one based on current situation/needs):**

* **Helping me/my family find safe, stable housing AND/OR immediately stabilize in my current housing**
* **Helping me/my family stabilize in new or current housing once secured**
* **Helping me/my family continue to stay in safe and stable housing after program exit**

Staff and participants should work together to create an **Individualized Housing Stabilization Plan (IHSP)** to meet the above goal based on information summarized in the **3.3 NC ESG: Housing & Critical Needs Assessment Summary.** The Summary form helps to identify key strengths, barriers, and participant preferences, as well as the types of assistance the Rehousing program may provide, as indicated in the *Services and Financial Assistance Matrix* at the end of the Summaryform. Staff should keep the IHSP in the participant case file and provide a copy to participants for reference.

At minimum, the IHSP should be created following initial intake and assessment to support housing search and placement OR immediate stabilization in current housing. Ideally, the IHSP should then be updated once housing is secured (current or new), and again once housing is stable and just prior to exit.

**NOTE**: At minimum, caseworkers should be in contact with participants at least monthly and record a summary of every participant contact in case notes and/or in **3.8A NC ESG Monthly Update** and maintain these notes in the participant case file. The case notes and/or the **3.8A NC ESG Monthly Update** are still required.

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| **WHAT IS YOUR OVERALL GOAL FOR HOUSING?**  |
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# INCOME/EXPENSES/OTHER RESOURCES

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| **WHAT IS YOUR OVERALL MONTHLY INCOME GOAL?****(Net income for all household expenses by target date)** |

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| **INCOME/BENEFITS/OTHER RESOURCES & EXPENSE REDUCTION(S) TO ACHIEVE INCOME GOAL** |

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| **Goals:** | **Actions:** | **Person Responsible:** | **Target Date to Complete:** | **Date Completed:** |
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**NOTES:**

# INITIAL HOUSING SEARCH/STABILIZATION and RETENTION

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| **WHAT ARE YOUR FIRST STEPS FOR HOUSING SEARCH OR IMMEDIATE STABILIZATION WHERE YOU ARE LIVING?**  |

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| **HOUSING SEARCH and/or IMMEDIATE STABILIZATION and RETENTION** |

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| **Goals:** | **Actions:** | **Person Responsible:** | **Target Date to Complete:** | **Date Completed:** |
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# NON-HOUSING CRITICAL SERVICE NEEDS

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| **WHAT OTHER SUPPORTS/RESOURCES DO YOU NEED TO HELP YOU BE SUCCESSFUL IN YOUR HOME OR MEET OTHER IMPORTANT NEEDS?**  |

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| **COMMUNITY RESOURCES AND OTHER SUPPORTS/CRITICAL NEEDS**  |

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| **Goals:** | **Actions:** | **Person Responsible:** | **Target Date to Complete:** | **Date Completed:** |
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**NOTES:**

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**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Case Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**