**Housing Stabilization Plan:**

**Maintaining Housing**

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| **Version** |  | **Date** |  | **Review Date** |  |

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| **Family Name** | **Head(s) of Household** |
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What are my household’s barriers to maintaining housing (food, income, mental health/AODA issues, safety, etc )?

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For each barrier, what is the plan and steps to try and offset it? Who will do it and by when? What resources does my household need to be referred to?

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| **Barrier:** |  |
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| **Steps** |  | **Who** |  | **By When?** |
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| **Barrier:** |  |
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| **Steps** |  | **Who** |  | **By When?** |
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| **Barrier:** |  |
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| **Steps** |  | **Who** |  | **By When?** |
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| **Barrier:** |  |
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| **Steps** |  | **Who** |  | **By When?** |
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How much assistance do you want from the case manager in order to maintain the housing you have? What will that assistance look like? How often and in what capacity?

**\*Note: Monthly face to face meetings are required. This plan will be reviewed often and adjusted as necessary\***

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How long does your household think it will take to implement the above action steps?

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What strengths/resources/supports/skills/etc. does your household already have that will help you stay in your housing (steady income, child care, sobriety, support network, etc.)? What is the plan to use these strengths to maintain housing?

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**By signing this document all parties are agreeing to do their part-to do the action steps and to meet as a team as often as indicated in agreement above- with the goal always being to keep my household stably housed.**

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| Participant Signature |  | Date |

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| Participant Signature |  | Date |

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| Case Manager Signature |  | Date |