**Housing Stabilization Plan:**

**Obtaining Housing**

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

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| **Family Name** | **Head(s) of Household** |
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What are my household’s barriers to obtaining 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?

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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? What will that assistance look like? How often and in what capacity? **\*Note: Weekly contact is required\***

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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 get into housing (good landlord references, steady income, good people skills, etc.)? What is the plan to use these strengths to get into 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 |