Community Supports- Housing Services
Individualized Housing Support Plan

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This form is required for Housing and Transition Navigation Services

Section 1: Member Information

Last Name: [   ]   First Name: [   ]   Middle Name: [   ]

Medi-Cal # CIN: (9 digits/letter) [   ]   Date of Birth: [   ]

Phone Number: [   ]   Email: [   ]

Preferred Language: [   ]   Approved Authorization Number: [   ]

Section 2: Housing Transition Navigation Services Provider Information

HTNS Provider: [   ]

Name of person submitting request: [   ]

Phone Number: [   ]   Fax Number: [   ]

Referrer Signature: [   ]

Date: [   ]

Section 3: Individualized Housing Support Plan (IHSP)

An Individualized Housing Support Plan (IHSP): is created in partnership with the program participant and assigned Housing Transition Navigation Services Provider.

The Individualized Housing Support Plan (IHSP): is a standardized case management plan designed to assist the participant to identify and achieve attainable housing focused goals. IHSP addresses barrier to obtaining and retaining housing by developing goals, actions steps, and targeted completion dates.

Section 3: Individualized Housing Support Plan (IHSP) (cont.)

Category 1: Documentation: Obtain documentation needed for housing (ex. Identification card, birth certificate, legal residence card, proof of income)

Category	Identified Barriers	Goals	Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date
1 (example)	Participant does not have California Identification Card or Social Security card.	Client will obtain the necessary documentation needed for permanent housing.	1. Housing Navigation Provider (HNP) will provide client with a DMV free voucher to obtain ID. 2. Client will go to the DMV and apply for a California ID. 3. Client will go to the _____ (Name of Social Security office) Social Security office to obtain a Social Security Card.	1. HNP 2. Client 3. Client	1. 10/01/2022 2. 10/30/2022 3. 10/30/2022

Community Supports-Housing Transition Navigation Services Individualized Housing Support Plan

Category 2: Income/Benefits: Obtain benefits to assist with increasing income (ex. public benefits, SSI, SSDI, VA Benefits, etc.)

Category	Identified Barriers	Goals	Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date
2 (example)	Participant currently does not have income.	Client to obtain General Relief Benefits.	1. Client to apply for General Relief benefits at the _____ DPSS Office (Name of GR office).	1. Client	1. 10/01/2022

Category 3: Crisis/Bridge Housing: Enroll or maintain temporary housing to assist with stabilization.

Category	Identified Barriers	Goals	Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date
3 (example)	Participant is currently residing on the street.	Client to enroll in Crisis/ Bridge housing	1. Housing Navigation Provider (HNP) to send referral to _____ (Name of Shelter) shelter to obtain a Crisis/bridge bed. 2. Client to obtain a TB test at _____ (Name of Public Health Center) Public health center. 3. Client to secure a Crisis/ Bridge bed.	1. HNP 2. Client 3. Client	1. 10/01/2022 2. 10/30/2022 3. 10/30/2022

Category 4: Physical Health/ Behavioral Health: Enroll or continue to participate in services that provide stabilization

Category	Identified Barriers	Goals	Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date
4 (example)	Participant reports having chronic health conditions that affect daily living and requires him/her to take medication.	Client to continue to participate in health care services as a means of stabilizing health conditions	1. Client to continue to attend primary care appointments _____ (frequency of visits) at _____ (Name of Health Clinic) 2. Client to continue to take all prescribed medication as prescribed by doctor.	1. HNP 2. Client 3. Client	1. Client 2. Client

Category 5: Education: Enroll or participate in educational services.

Category	Identified Barriers	Goals	Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date
5 (example)	Client reported not having a high school diploma and requires a diploma for employment.	Client to obtain a High School diploma.	1. Housing Navigation Provider (HNP) to provide client with listing of high school diploma programs 2. Client to enroll in a _____ high school diploma program. (Include Name of School)	1. HNP 2. Client	1. 10/01/2022 2. 10/30/2022

Category 6: Employment/Vocational Training: Enroll or participate in Employment/Vocational Training.

Category	Identified Barriers	Goals	Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date
6 (example)	Participant reported a history of employment and currently having difficulty obtaining a job.	Client to obtain employ-ment.	1. Housing Navigation Provider (HNP) to assist participant in creating a resume. 2. Client to enroll in the Work Source Center. (Include Name of Employment Center). 3. Client to attend Employment/life skill groups _____ (frequency) at _____ (Include agency) until securing employment. 4. Client to meet with Employment Specialist _____ (frequency) until securing employment. 5. Client to put in _____ (# amount) job applications a _____ (frequency).	1. HNP 2. Client 3. Client 4. Client 5. Client	1. 10/15/2017 2. 12/01/2017 3. 12/01/2017 4. 12/01/2017 5. 12/01/2017

Category 7: Legal: Enroll or participate in legal services to assist with removing barriers .

Category	Identified Barriers	Goals	Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date

Category 8: Permanent Housing: To refer, enroll or assist a participant in a permanent housing program.

Category	Identified Barriers	Goals	Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date

Category 9: Other (Transportation, Life Skills, etc.)

Category	Identified Barriers	Goals	Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date

Please fax this form to (805) 681-3039 or contact the Community Supports unit to obtain the secure link option at (805) 562-1698.