



# HOUSING STABILITY PLAN (HSP)

Plan Start Date: \_\_\_\_\_

Veteran: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Household Size: \_\_\_\_\_ HMIS#: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail \_\_\_\_\_

New Plan

Quarterly Review \_\_\_\_\_

Intermediate Plan Update

### SUPPORT TEAM MEMBERS:

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Veteran Acknowledgement (Initial Boxes):

- I agree with this Housing Stability Plan
- I participated in creating this plan.
- I have been offered a copy of this Housing Stability Plan.  
I  accepted, or  declined my own copy of the plan.

### TEAM MEMBER SIGNATURES:

Veteran: \_\_\_\_\_ Date: \_\_\_\_\_  
 Adult Household Member: \_\_\_\_\_ Date: \_\_\_\_\_  
 Adult Household Member: \_\_\_\_\_ Date: \_\_\_\_\_  
 Case Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Other: \_\_\_\_\_ Date: \_\_\_\_\_  
 Other: \_\_\_\_\_ Date: \_\_\_\_\_  
 Other: \_\_\_\_\_ Date: \_\_\_\_\_  
 Other: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Current Review: \_\_\_\_\_ Next Review Date: \_\_\_\_\_ Type of Review: \_\_\_\_\_

**HOUSING STABILITY PLAN (HSP) FOR:**

\_\_\_\_\_  
Veteran's Name

Plan Start Date: \_\_\_\_\_

**LIKES**

Empty box for recording likes.

**DISLIKES**

Empty box for recording dislikes.

**STRENGTHS**

Empty box for recording strengths.

**NEEDS**

Empty box for recording needs.

**CULTURAL NEEDS**

Empty box for recording cultural needs.

**HOPES/DREAMS**

Empty box for recording hopes/dreams.

**FEARS**

Empty box for recording fears.

**HEALTH/SAFETY RISKS**

Empty box for recording health/safety risks.