

HOUSING STABILITY PLAN

Date: _____

HOUSING STABILITY PLANS MUST BE REVIEWED AND UPDATED AT LEAST EVERY 30 DAYS AND REWRITTEN AT LEAST EVERY 90 DAYS.

HSP Type: Initial HSP Rewrite

Next HSP Due: _____

Head of Household (HOH): _____

Other Household members: _____

Assessment Scores:

VI-SPDAT: _____

Prioritization (P number): P _____

Housing Barrier: _____

Navigator: _____ Agency: _____

Thinking about your income, housing, health (physical, mental, social), transportation, educational and legal needs, what resources do you need to achieve permanent housing stability?

Navigator Use Only

3, 6 and 9 Month Review Documentation (attach to HSP):

-DHHS release of info

-Income Verification

Recommendation to continue STEP (every 90 days): YES NO

If no, please provide documentation supporting the discontinuation of STEP

Comments:

Navigator Signature & Date

Documents needed for housing

Proof of Identity: Pick one

- Driver's License
- State issued Photo ID
- Military ID
- Passport

If client has none of the above, the below documents will be needed to obtain a Maine photo ID.

- Social Security Card, OR W-2 with SS # on it.
- Birth Certificate OR naturalization papers
- Proof of Maine residency, which can include:
 - Maine Vehicle Registration or other credential
 - Utility Bill - electric bill, water/sewer bill, cell phone bill, etc.
 - Maine Resident Hunting and or Fishing License
 - Contract in their name - mortgage agreement, lease, insurance policy, insurance ID card, SR22
 - Tax bill
 - Document issued by a government entity
 - Tax return
 - Paycheck stub
 - W-2
 - Conditional order of restoration

If none of those are available, two affidavits confirming Maine residence can be used.

Photo ID needed for every adult in household

Proof of Social Security Number: Pick one

- Social Security Card
- Social Security card application verification with SSN on it.

Proof of SSN needed for every member of household

Proof of Income: All that apply

- Last 4 paystubs, or bank statements showing wages deposited
- TANF and/or SNAP award letter
- Child Support award letter
- SSI benefit letter
- Any other documentation of income (legal settlement, pension, etc)
- Zero Income certification

Proof of income must be provided for every adult in household

Housing Needs

90 Day Goal:

Presenting problem: _____

Long Term Goal (beyond 90 days):

Strengths to achieve goal: _____

Barriers to achieve goal: _____

Navigator Responsibilities (connection to mainstream resources):

Household Responsibilities and Activities:

30 Day Update: Date: _____

60 Day Update: Date: _____

90 Day Update (were goals achieved why or why not, next steps): Date: _____

Date Achieved or Discontinued: _____

Health Needs

90 Day Goal:

Presenting problem: _____

Long Term Goal (beyond 90 days):

Strengths to achieve goal: _____

Barriers to achieve goal: _____

Navigator Responsibilities (connection to mainstream resources):

Household Responsibilities and Activities:

30 Day Update: Date: _____

60 Day Update: Date: _____

90 Day Update (were goals achieved why or why not, next steps): Date: _____

Date Achieved or Discontinued: _____

Educational Needs

Highest level of education _____

90 Day Goal:

Presenting problem: _____

Long Term Goal (beyond 90 days):

Strengths to achieve goal: _____

Barriers to achieve goal: _____

Navigator Responsibilities (connection to mainstream resources):

Household Responsibilities and Activities:

30 Day Update: Date: _____

60 Day Update: Date: _____

90 Day Update (were goals achieved why or why not, next steps): Date: _____

Date Achieved or Discontinued: _____

Social Needs

90 Day Goal:

Presenting problem: _____

Long Term Goal (beyond 90 days):

Strengths to achieve goal: _____

Barriers to achieve goal: _____

Navigator Responsibilities (connection to mainstream resources):

Household Responsibilities and Activities:

30 Day Update: Date: _____

60 Day Update: Date: _____

90 Day Update (were goals achieved why or why not, next steps): Date: _____

Date Achieved or Discontinued: _____

Financial Needs

90 Day Goal

Presenting problem: _____

Long Term Goal (beyond 90 days):

Strengths to achieve goal: _____

Barriers to achieve goal: _____

Navigator Responsibilities (connection to mainstream resources):

Household Responsibilities and Activities:

30 Day Update: Date: _____

60 Day Update: Date: _____

90 Day Update (were goals achieved why or why not, next steps): Date: _____

Date Achieved or Discontinued: _____

Transportation Needs

90 Day Goal:

Presenting problem: _____

Long Term Goal (beyond 90 days):

Strengths to achieve goal: _____

Barriers to achieve goal: _____

Navigator Responsibilities (connection to mainstream resources):

Household Responsibilities and Activities:

30 Day Update: Date: _____

60 Day Update: Date: _____

90 Day Update (were goals achieved why or why not, next steps): Date: _____

Date Achieved or Discontinued: _____

Legal Needs

90 Day Goal:

Presenting problem: _____

Long Term Goal (beyond 90 days):

Strengths to achieve goal: _____

Barriers to achieve goal: _____

Navigator Responsibilities (connection to mainstream resources):

Household Responsibilities and Activities:

30 Day Update: Date: _____

60 Day Update: Date: _____

90 Day Update (were goals achieved why or why not, next steps): Date: _____

Date Achieved or Discontinued: _____

Other _____:

Strengths to achieve goal: _____

Barriers to achieve goal: _____

Presenting problem: _____

Long Term Goal (beyond 90 days):

Navigator Responsibilities (connection to mainstream resources):

Household Responsibilities and Activities:

30 Day Update: Date: _____

60 Day Update: Date: _____

90 Day Update (were goals achieved why or why not, next steps): Date: _____

Date Achieved or Discontinued: _____

EXIT PLANNING: Maintaining Permanent Housing

Long-Term resources that will be helpful and/or necessary to maintaining housing:

If my housing becomes unstable, I will contact:

The above Housing Plan was developed in partnership with my Navigator. I understand that each action item listed above will support my efforts in securing permanent housing. I agree to work on this plan in partnership with my Navigator. I will update my Navigator as I complete the above goals. I will also communicate with any challenges I experience and understand my navigator can offer me support as need.

Initial Housing Stability Plan:

Head of Household Signature _____ Date _____

Navigator Signature _____ Date _____

30 Day Review:

Navigator Signature _____ Date _____

60 Day Review:

Navigator Signature _____ Date _____

90 Day Review:

Head of Household Signature _____ Date _____

Navigator Signature _____ Date _____

Appendix A- Housing Barrier Assessment

Instructions: There are only three primary questions to this assessment: what they need to live independently, barriers to obtaining housing, barriers to maintaining housing. Within those questions there are key categories to address: income, rental history, criminal history, homeless history, mental health or alcohol/substance abuse history. These questions are to be used as a guide and can be paraphrased, as long as the appropriate information is collected. Some of this information has already been collected through HMIS and during program entry. Review the Data Entry portion of the Coordinated Entry Tools or the data entered into HMIS prior to administering this assessment and fill in as much information prior to engaging the client. Do not repeat questions that have already been asked and answered. If additional information is needed, please refer to the information the client has already provided and ask them to elaborate.

Script: I would like to help you find housing and work towards living independently. I have a few questions I would like to ask you to help me understand your situation. To do this I need you to tell me what you need. I will also need you to share with me any information about you or your family members that may prevent you from obtaining housing. By identifying these items now, we can begin to work on them together.

36. What do you need to be living independently?

37. What is preventing you from obtaining housing right now?

- Availability of housing.*
 - I can't find housing where I want to live.
 - I can't afford housing where I want to live.
 - Other, please explain.
- Income.*
 - Are you currently working or receiving income from any source?
(Question 31)
 - Yes. → Where do you work?
What is your weekly income?
 - No. → Where did you last work?
When did you stop working there?
 - Are you receiving Income from any source? (Question 31)
 - Yes. → From where?
How much do you receive weekly/ monthly?
 - No.
 - Receiving Non-Cash Benefit from any source? (Question 32)
 - Yes. → From where?
How much do you receive weekly/ monthly?
 - No.
- Rental History.*

- Do you have any landlords that would be willing to give you a housing reference?
 - Yes. → Can you tell me how to contact them?
- Do you have an evictions- where the landlord used the legal system to ask you to leave?
 - No.
 - Yes. → How many?
 - 3+ evictions
 - 2 evictions
 - 1 eviction
- Does your credit history include a judgment for debt to a landlord?
 - No.
 - Yes.
- Criminal History.*
 - Have you ever been in jail, arrested or accused of a crime or criminal activity (even if it wasn't true)?
 - No (0)
 - Yes → Does your criminal history include:
 - Criminal offenses that make it exceedingly difficult to find housing: Arson, Placement on Sex Offender Registry, Production of Crystal Meth (VI-SPDAT question #10)
 - Drug offenses or crimes against persons or property?
 - Just a few minor offenses such as moving violations, a DUI, or a misdemeanor?
- Other.* Please explain.

38. Is there anything that would prevent you from maintaining housing once you are housed?

- Homeless History*
 - How many times have you been Homeless in the Past Three Years? (Question 25)
 - (If 4 or more) What is the Total Number of Months Homeless in the Past Three Years? (Question 26)
 - How many times have you been housed, and then lost that housing in the last 3 years?
- Mental health or alcohol/substance abuse.*
 - Do you have a disability of long duration that could interfere with your ability to maintain lease requirements? (Question 34) Physical, Developmental, Chronic Health Condition, HIV/AIDS, Mental Health Problems, Alcohol Abuse, Substance Abuse, Alcohol and Substance Abuse, other.
- Other.* Please explain.

Housing Barrier Evaluation

Income

- Extremely low income (Less than 15% AMI) (3)
- Very Low income (16-30%AMI) (2)
- Low income (Over 30% AMI) (1)

Rental History

- 3+ evictions (3)
- 2 evictions (2)
- 1 eviction (1)
- 0 eviction (0)
- 1 Debt to a landlord (+1)

Criminal History

- Serious criminal history (3)
- Minor criminal history, no felonies (1-2)
- No criminal history (0)

Homeless History

- 4 or more episodes of homelessness (3)
- 2 -4 times homeless (2)
- First time homeless (1)

Mental health or alcohol/substance abuse (staff evaluation)

- Serious substance abuse, mental illness (3)
- Substance abuse, mental illness that somewhat impacts lease requirements (1-2)
- No substance abuse or mental illness that would impact lease requirements (0)

HBA Final Score: _____