

Homelessness Prevention and Stabilization Pilot (HPSP)

Individualized Housing Stability Plan (IHSP)

Participant Name: \_\_\_\_\_

Participant HMIS ID: \_\_\_\_\_

Date IHSP Created: \_\_\_\_\_

Case Manager Name and Agency: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Barriers
Strengths and Resources

***Housing and Financial Wellness Goals***

**Goal 1**

**Goal Category (Select 1):**

Housing and Basic Utilities	Landlord mediation and Tenant Education	Income and Expenses
Employment	Savings	Debt
Credit Score	Health and Wellbeing	Child Stability
Legal	Transportation	

Goal:	Strategies and Steps	Target Date	Achieved Date
Mark Goal as Complete (Y/N) Date:			

**Goal 3**

**Goal Category (Select 1):**

Housing and Basic Utilities	Landlord mediation and Tenant Education	Income and Expenses
Employment	Savings	Debt
Credit Score	Health and Wellbeing	Child Stability
Legal	Transportation	

Goal:	Strategies and Steps	Target Date	Achieved Date
Mark Goal as Complete (Y/N) Date:			

**Goal 3**

**Goal Category (Select 1):**

Housing and Basic Utilities	Landlord mediation and Tenant Education	Income and Expenses
-----------------------------	---	---------------------

Employment	Savings	Debt
Credit Score	Health and Wellbeing	Child Stability
Legal	Transportation	

Goal:	Strategies and Steps	Goal:	Achieved Date

Mark Goal as Complete (Y/N) Date:

**Goal 4**

**Goal Category (Select 1):**

Housing and Basic Utilities	Landlord mediation and Tenant Education	Income and Expenses
Employment	Savings	Debt
Credit Score	Health and Wellbeing	Child Stability
Legal	Transportation	

Goal:	Strategies and Steps	Goal:	Achieved Date

Mark Goal as Complete (Y/N) Date:			

**To be Updated Monthly:**

**Total Monthly Income:** \_\_\_\_\_

**Total Monthly Expenses** \_\_\_\_\_

**Average Credit Score:** \_\_\_\_\_

**Total Savings:** \_\_\_\_\_

**Total Debt:** \_\_\_\_\_

**Is Client from District 2 or 3 and receiving Stabilization Payments?**

- Yes
- No

If yes, how has this payment impacted your household's stability?

Payment has gone toward (check all that apply):

- Housing and Utilities
- Food and Groceries
- Transportation
- Healthcare
- Education
- Entertainment
- Retail Sales and Services
- Savings Contribution
- Retirement Contribution
- Payment of debt
- Childcare
- Legal Services
- Other

- Prefer not to answer

This plan outlines my goals for housing and financial wellness. To achieve these goals, I will follow the strategies and steps agreed upon and will participate in bi-weekly case management meetings. This plan will be reviewed regularly and can be modified and updated as needed.

---

Participant Signature

Date

---

Case Manager Signature

Date