

Housing Stability plan for EFH

NAME: ADDRESS:	Program entry date- 3 month review date 6 month review date Program exit	Start date: Review Date
CASE MANAGER-		
BARRIERS TO OBTAIN OR MAINTANING HOUSING		
STRENGTHS THAT WILL HELP MAINTAIN HOUSING		
BARRIER 1	STEPS TO ADDRESS	BY WHEN
BARRIER 2	STEPS TO ADDRESS	BY WHEN

BARRIER 3	STEPS TO ADDRESS	BY WHEN
BARRIER 4	STEPS TO ADDRESS	BY WHEN

CLIENT SIGNATURE/DATE

CASE MANAGER SIGNATURE/DATE