

Housing Plan

Client Name: _____

ARIES ID: _____

Housing Specialist Name: _____

Date: _____

Primary housing barriers:	Plan to increase household income:	Plan to decrease household expenses:
1 _____	1 _____	1 _____
2 _____	2 _____	2 _____
3 _____	3 _____	3 _____
4 _____	4 _____	4 _____

Housing Plan Goal: _____ → → →	Assigned to	Start date	Target date	Check-in date	Status	Status date
Tasks: 1 _____						
2 _____						
3 _____						
4 _____						
5 _____						

Housing Plan Goal: _____ → → →	Assigned to	Start date	Target date	Check-in date	Status	Status date
Tasks: 1 _____						
2 _____						
3 _____						
4 _____						
5 _____						

Housing Plan Goal: _____ → → →	Assigned to	Start date	Target date	Check-in date	Status	Status date
Tasks: 1 _____						
2 _____						
3 _____						
4 _____						
5 _____						

Client Signature: _____

Housing Specialist Signature: _____