Office of AIDS—Housing Plus Project

California Department of Public Health

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

$\rightarrow \rightarrow \rightarrow$						
	Assigned to	Start date	Target date	Check-in date	Status	Status date
	$\rightarrow \rightarrow \rightarrow$	$\rightarrow \rightarrow \rightarrow$ Assigned to	→ → → Assigned to Start date	→ → → Assigned to Start date Target date	→ → → Assigned to Start date Target date Check-in date 	Assigned to Start date Target date Check-in date Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status Image: Status

Housing Plan Goal: $\rightarrow \rightarrow \rightarrow$

Tasks:	Assigned to	Start date	Target date	Check-in date	Status	Status date
1						
2						
3						
4						
5						

Housing Plan Goal:	$\rightarrow \rightarrow \rightarrow$						
Tasks:		Assigned to	Start date	Target date	Check-in date	Status	Status date
1							
2							
3							
4							
5							
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Client Signature:

Housing Specialist Signature: