

PLAN FOR MEETING HOUSING EXPECTATIONS

Resident Name: _____

Date: _____

Primary worker: _____

Other supports: _____

Primary Psych. provider: _____

Is this plan being developed as part of the annual re-certification? Yes ___ No ___

If No was there an event or behavior that has made this planning necessary? Describe:

I have identified some behaviors which may be problematic for successfully maintaining my housing. These are the areas that I agree to work on:

Some things I can do to help myself meet these expectations are:

Some things staff can do to help me meet these expectations are:

Some things my other supports can do to help me meet these expectations are:

Some things my psychiatric provider (if applicable) can do to help me meet these expectations are:

Recommendations for follow-up and additional interventions to address the concerns identified by the resident and staff completing this plan:

- Money management planning
- Aggression management planning
- Substance use management planning
- Other:

Review date: _____

Review date: _____

Review date: _____

Review date: _____

Review date: _____

Review date: _____

Resident: _____ Date: _____

Staff: _____ Date: _____