Tenant Service Plan
Attachment A

INSTRUCTIONS: Use this form to identify the service plan that will help the Applicant achieve stable housing and increase his or her self-sufficiency and job skills. For all types of services, list both the name of the provider and the frequency with which the Applicant receives or attends the service. Please provide as much detail as possible, even if the service is not in place yet or the goal not yet achieved.

APPLICANT NAME:

_____

*** Denotes REQUIRED field**

☐ **Mental Health Services**
☐ **Doctor, Psychologist or Psychiatrist visits:** _____
☐ **Therapist visits:** _____
☐ **Group therapy:** _____
☐ **Case management:** _____

☐ **Substance Abuse Treatment and Aftercare**
☐ **Treatment services:** _____
☐ **Aftercare:** _____
☐ **Case management:** _____
☐ **AA/NA meetings:** _____
☐ **Relapse plan and sponsor:** _____

☐ **Intellectual/Developmental Disability Services**
☐ **Doctor visits:** _____
☐ **Therapist visits:** _____
☐ **Case management:** _____

☐ **Senior Services and Employment and Training Services**
☐ **Vocational rehabilitation and Supported Employment:** _____
☐ **Skills training and physical or occupational therapy:** _____
☐ **Case management follow-ups:** _____
☐ **Employment and training goals:** _____

☐ **Income and Benefits**
☐ **Applied for benefits:** _____
☐ **Appeals for benefits:** _____
☐ **Benefits goals:** _____
☐ **Case management follow-ups:** _____

☐ **Housing**
☐ ***Other forms of housing assistance applied for:**

Section 8 ☐ Subsidized Project Based Rental Unit ☐
DBHDD Rental Assistance ☐ Other rental assistance or voucher program ☐

☐ **Housing search & moving assistance:** _____

☐ **Furniture & household Items:** _____

☐ ***Schedule of case management home visits:** _____

➢_____ _____
(Signature of Applicant) (Date)

_____ _____

(Case Manager Signature) (Date)