

Housing Retention Individualized Service Plan (ISP)

Use this and/or attach a comparable ISP that indicates service providers involved in Housing Retention Service Plan.

Client ID: _____ Date of Intake: _____

Permanent Housing Opportunity (include address if available):

Primary Service Provider:

Name: _____ Agency: _____

Phone: _____ Email: _____

Describe support provided:

Additional Service Provider(s)

Name: _____ Agency: _____

Phone: _____ Email: _____

Describe support provided:

Name: _____ Agency: _____

Phone: _____ Email: _____

Describe support provided:

(attach additional sheet if necessary)

IMMEDIATE GOALS:

LONG TERM GOALS (Up To 24 Months):

A. Obtain and Remain in Permanent Housing	Supportive Services Required for Achievement (Include Providers Involved)	Target Date For Achievement	Date Achieved
Goal A1:			
Goals A2:			
Goal A3:			

B. Achieve Greater Self-Determination	Supportive Services Required for Achievement (Include Providers Involved)	Target Date For Achievement	Date Achieved
Goal B1:			
Goals B2:			
Goal B3:			

C. Increase Skill and/or Income	Supportive Services Required for Achievement (Include Providers Involved)	Target Date For Achievement	Date Achieved
Goal C1:			
Goals C2:			
Goal C3:			