

**TouchPoint:** EA Family Shelter Re-housing Plan 2017

**Subject:** [REDACTED]

**Response Date:** 7/8/2021

**Completed By:** [REDACTED]

Re-housing Plan

**Re-housing Plan (Section 1)** (for each family member 18 and older)

Today's Date: 7/8/2021

Date Placed: 12/5/2019

Your Re-housing Plan outlines specific activities intended to bring you closer to economic stability and sustainable housing. Your goals, strengths and resources will be the basis for developing a strategy to overcome homelessness as you, shelter staff and DHCD staff develops the re-housing plan.

While you are in shelter, you will be expected to:

1. Take part in activities leading to increased economic stability for 30 hours/week; such as job search or job training, and addressing barriers to obtaining employment;
2. Attend shelter meetings and workshops as a requirement of your re-housing plan;
3. Meet with and cooperate with re-housing placement staff;
4. Save 30% of your net income; and
5. Accept an offer of housing unless you have good cause.

**Re-housing Plan (Section 2)**

The following activities are part of your plan to secure housing and move towards economic and housing stability. The assessment tool may be used to identify appropriate areas of concentration. You and your case manager will review your participation and completion of these activities on a monthly basis.

**IMPORTANT:** If a member of your EA family has a disabling condition that may prevent you from doing an activity, we may be able to modify the activities in your plan to help you fully participate. Please request an ADA Accommodation.

Are there any health issues? No

Do you have an approved ADA? N/A

Secure Housing:

Last month, did you explore all your housing options? Yes

Which of the tasks related to exploring housing options and securing appropriate documentation that were assigned last month, were you unable to complete? Completed

This month, you must complete the following tasks related to exploring housing options and 1. Attend meetings with CM as scheduled. 2. Follow up with all correspondence and appointments with Village Green and Terrapin Ridge. Advise CM of outcome or if any assistance is needed. 3. Contact landlords

securing appropriate documentation.

if you see any available apartments in the areas you want to live. Document all contacts on housing search logs.

Last month, did you collect all necessary documentation for re-housing? Yes

What are your barriers to getting re-housed (check all that apply)?  Credit Issues  Utility Arrearages

What level of education have you completed? High school (grades 9 - 12, no degree)

If yes, please provide documentation that you are attending a education, work training, or professional certification program (example: proof enrollment, attendance verification)

Last month, did you devise or implement a strategy to increase income (i.e. benefits, education, job search, employment)? Yes

Which of the tasks related to increasing income and participating in an educational program were assigned last month, were you unable to complete? N/A

This month, you must complete the following tasks related to increasing income and participating in an educational program? N/A

Are you ADA exempt from any of the activities related to securing housing? No

If you were unable to complete any of the tasks related to the secure housing sections and were not ADA exempts, was there good cause? N/A

Economic Stability:

What are your current sources of income?  Employment Income

Did you create or review your budget? Yes

Upload Monthly Worksheet Summary:

What is your total monthly income? \$ 1500.00

What is the amount of agreed upon expenses? \$ 540.00

What is your available monthly income? \$ 960.00

The amount you need to save (30% of your income) this month is: \$ 288.00

Did you save 30% of your income last month (ex: bank statement, money order)? Yes

Which of the tasks related to achieving economic stability were assigned last month, were you unable to complete? Completed

This month, you must complete the following tasks related to achieving economic stability? 1. Save \$288, 30% of your monthly net income, provide CM of verification of saving this amount by 7/30/21. 2. Save \$981.30, 30% of 2020 federal income tax refund of \$3271, verification to CM when received. .

Are you currently employed? Yes

Which of the tasks related to obtaining employment were assigned last month, were you unable to complete?

This month, you must complete the following tasks related to obtaining employment? N/A

Last month, did you attempt to enroll your child(ren) in child care? N/A

Last month, did you attend any financial education workshops? N/A

Which of the tasks related to managing your own finances were assigned last month, were you unable to complete? Completed

This month, you must complete the following tasks related to managing your own finances? 1. Provide CM with payment receipts from, car insurance, storage, babysitting. 2. Notify CM of UI appeal hearing date 3. Provide CM with employment paystubs at weekly meetings.

If you were unable to complete any of the tasks related to the economic stability section, was there good cause? N/A

Health and Safety:

Did you access any services ✓ N/A



Shelter Staff to update Re-housing Plan:

Time of next appointment with Shelter Staff to update Re-housing Plan: 10:00

Does the weekly hours in the above activities add up to 30 hours, unless good cause is determined? Yes

Re-housing Plan Agreement:

*I understand that the re-housing plan is a work in progress and that I am responsible for completing the agreed upon activities and cooperating in the development of new activities. I understand that consistently participating in and completing the re-housing plan activities is a requirement for continuing eligibility for temporary emergency shelter.*

Adult Household Member Signature  Signature: \_\_\_\_\_  


Date of Adult Household Member Signature: 7/8/2021

Shelter Manager Signature  Signature: \_\_\_\_\_  
 (Site: Housing Assistance Corporation)

Date of Shelter Manager Signature: 7/8/2021

Re-housing Shelter Manager Signature  Signature: \_\_\_\_\_  
Re-housing Shelter Manager

Date of Re-housing Shelter Manager:

Completed Rehousing Agreement: [Tracey\\_S RHP.pdf](#)