

Community Supports- Housing Services



Individualized Housing Support Plan

This form is required for Housing and Transition Navigation Services

MEMBER INFORMATION

Name: Medi-Cal # CIN (9 digits):

DOB: Approved HTNS Authorization Number:

PROVIDER INFORMATION

Referrer Name: Referrer Phone Number:

Referrer Email: HTNS Provider:

Agency Phone Number: Agency Fax Number:

Referrer Signature

Date

Individualized Housing Support Plan (IHSP)

An Individualized Housing Support Plan (IHSP): is created in partnership with the program participant and assigned Housing Transition Navigation Services Provider.

The Individualized Housing Support Plan (IHSP): is a standardized case management plan designed to assist the participant to identify and achieve attainable housing focused goals. IHSP addresses barrier to obtaining and retaining housing by developing goals, actions steps, and targeted completion dates.

Section 3: Individualized Housing Support Plan (IHSP) (cont.)

**Category 1: Documentation: Obtain documentation needed for housing
(ex. Identification card, birth certificate, legal residence card, proof of income)**

Category	Identified Barriers	Goals	Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date
1 (example)	Participant does not have California Identification Card or Social Security card.	Client will obtain the necessary documentation needed for permanent housing.	1. Housing Navigation Provider (HNP) will provide client with a DMV free voucher to obtain ID. 2. Client will go to the DMV and apply for a California ID. 3. Client will go to the _____ (Name of Social Security office) Social Security office to obtain a Social Security Card.	1. HNP 2. Client 3. Client	1. 10/01/2022 2. 10/30/2022 3. 10/30/2022

Category 2: Income/Benefits: Obtain benefits to assist with increasing income (ex. public benefits, SSI, SSDI, VA Benefits, etc.)

Category	Identified Barriers	Goals	Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date
2 (example)	Participant currently does not have income.	Client to obtain General Relief Benefits.	1. Client to apply for General Relief benefits at the _____ DPSS Office (Name of GR office).	1. Client	1. 10/01/2022

Category 3: Crisis/Bridge Housing: Enroll or maintain temporary housing to assist with stabilization.

Category	Identified Barriers	Goals	Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date
3 (example)	Participant is currently residing on the street.	Client to enroll in Crisis/ Bridge housing	1. Housing Navigation Provider (HNP) to send referral to _____ (Name of Shelter) shelter to obtain a Crisis/bridge bed. 2. Client to obtain a TB test at _____ (Name of Public Health Center) Public health center. 3. Client to secure a Crisis/Bridge bed.	1. HNP 2. Client 3. Client	1. 10/01/2022 2. 10/30/2022 3. 10/30/2022

Category 4: Physical Health/ Behavioral Health: Enroll or continue to participate in services that provide stabilization

Category	Identified Barriers	Goals	Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date
4 (example)	Participant reports having chronic health conditions that affect daily living and requires him/her to take medication.	Client to continue to participate in health care services as a means of stabilizing health conditions	1. Client to continue to attend primary care appointments _____ (frequency of visits) at _____ (Name of Health Clinic) 2. Client to continue to take all prescribed medication as prescribed by doctor.	1. HNP 2. Client 3. Client	1. Client 2. Client

Category 5: Education: Enroll or participate in educational services.

Category	Identified Barriers	Goals	Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date
5 (example)	Client reported not having a high school diploma and requires a diploma for employment.	Client to obtain a High School diploma.	1. Housing Navigation Provider (HNP) to provide client with listing of high school diploma programs 2. Client to enroll in a _____ high school diploma program. (Include Name of School)	1. HNP 2. Client	1. 10/01/2022 2. 10/30/2022

Category 6: Employment/Vocational Training: Enroll or participate in Employment/Vocational Training.

Category	Identified Barriers	Goals	Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date
6 (example)	Participant reported a history of employment and currently having difficulty obtaining a job.	Client to obtain employment.	1. Housing Navigation Provider (HNP) to assist participant in creating a resume. 2. Client to enroll in the Work Source Center. (Include Name of Employment Center). 3. Client to attend Employment/life skill groups _____ (frequency) at _____ (Include agency) until securing employment. 4. Client to meet with Employment Specialist _____ (frequency) until securing employment. 5. Client to put in _____ (# amount) job applications a _____ (frequency).	1. HNP 2. Client 3. Client 4. Client 5. Client	1. 10/15/2017 2. 12/01/2017 3. 12/01/2017 4. 12/01/2017 5. 12/01/2017

Category 7: Legal: Enroll or participate in legal services to assist with removing barriers .

Category	Identified Barriers	Goals	Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date

Category 8: Permanent Housing: To refer, enroll or assist a participant in a permanent housing program.

Category	Identified Barriers	Goals	Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date

Category 9: Other (Transportation, Life Skills, etc.)

Category	Identified Barriers	Goals	Action Steps	Person Responsible (Client/Staff)	Action Step Completion Date

If not submitted via the Provider Portal, you may fax this form to: (805) 681-3039 or via the secure link

Secure Link: <https://gateway.cencalhealth.org/form/cs>

For any questions, please call the Community Supports Unit at (805) 562-1698.

Please use next page for any additional information needed.

Additional Information

