



## **Community Supports (CS)**

### **Subsequent Housing Navigation - IHSP**

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## **Community Supports (CS)**

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## **Community Supports (CS)**

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## Subsequent HTNS Authorization - Individualized Housing Support Plan

### 1. CURRENT HOUSING STATUS

Member Name:

Date of Completion:

- ☐ Still experiencing homelessness
- ☐ In interim/temporary housing
- ☐ Housing located, move-in pending
- ☐ Recently housed (within last 30 days)
- ☐ Housed (longer than 30 days), but support still needed

**Brief update on Member's current situation:**

### 2. PROGRESS SINCE INITIAL AUTHORIZATION

*(Check all that apply)*

- ☐ ID and vital documents obtained
- ☐ Income or benefits secured or stabilized
- ☐ Housing applications submitted
- ☐ Housing options identified
- ☐ Member matched through CES or housing voucher
- ☐ Reasonable accommodation requests submitted
- ☐ Landlord identified/in communication
- ☐ Other:

**Notes on progress:**

### 3. REMAINING BARRIERS TO HOUSING

*(Check all that apply or explain if new challenges have emerged)*

- ☐ No housing match or unit identified
- ☐ Landlord declined application
- ☐ Missed appointments or limited engagement
- ☐ Health or behavioral health setbacks
- ☐ Lost documentation
- ☐ Other:

**Details/Plan to address:**

### 4. MEMBER GOALS FOR CONTINUED HTNS (NEXT 60 90 DAYS)

*(Check all that apply)*

- ☐ Secure housing and prepare for move-in
- ☐ Identify alternate housing options
- ☐ Submit additional housing applications
- ☐ Finalize documents (e.g., income, references)
- ☐ Continue landlord communication or CES coordination
- ☐ Coordinate with ECM, BH, or medical providers
- ☐ Prepare for transition to HTSS after housing
- ☐ Other:

**Brief goal summary:**

### 5. JUSTIFICATION FOR CONTINUED HTNS SERVICES

Explain why continued housing navigation is needed:

# Community Supports (CS)

## Housing Deposits - Individualized Housing Support Plan



Member Name:

Date of Completion:

### 1. UNIT SECURED (REQUIRED FOR HD FUNDING)

☐ Yes – Member has located and been approved for a housing unit

#### Unit Type:

☐ Apartment

☐ Room

☐ Shared Housing

☐ Other:

Move-in Date (expected or confirmed):

Landlord/Property Manager Name & Contact:

Address of Unit:

Member will transition to HTSS after move-in: ☐ YES ☐ NO

### 2. HOUSEHOLD COMPOSITION

Total Number of Household Members:

Name	Age	Relationship to Member
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 3. ONGOING HOUSING STABILITY PLAN

Monthly Rent: \$

Monthly Utilities (estimate): \$

#### How will the Member sustain ongoing housing costs?

☐ SSI/SSDI: \$

☐ Employment: \$

☐ Rental Subsidy: ☐ Approved ☐ Pending

☐ CalWORKs/General Assistance: \$

☐ Other (specify):

### 3. ONGOING HOUSING STABILITY PLAN (CONT.)

**Brief explanation of sustainability plan:**

### 4. FINANCIAL BARRIERS PREVENTING MOVE IN

- ☐ 1. Security deposit required to obtain a lease on apartment or home
- ☐ 2. Utility set-up costs
- ☐ 3. First month's utilities or arrears
- ☐ 5. One-time cleaning, pest control, or minor repair services
- ☐ 6. Goods and required furnishings or accessibility items
- ☐ Other:

**Explain how these costs are a barrier to move-in:**

### 5. CONFIRMATION OF NEED

- ☐ The Member does not have the requested items and has no other means to obtain them through family, community programs, or donations.
- ☐ All requested items are essential, non-duplicative, and necessary to make the new home safe and habitable.

# Community Supports (CS)

## Housing Tenancy - Individualized Housing Support Plan



Member Name: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

### 1. HOUSING STATUS

- ☐ Member housed within last 30 days
- ☐ Member housed longer than 30 days
- ☐ Member has received Housing Deposits
- ☐ Member is receiving rental subsidy: ☐ Yes ☐ No ☐ Pending
- ☐ Member is at risk of losing housing

**If not listed above in HD IHSP**

Current Unit Address: \_\_\_\_\_

Move-in Date: \_\_\_\_\_

Type of Unit: ☐ Apartment ☐ Shared Housing ☐ Room ☐ Other:

Name of Property Manager / Landlord: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

### 2. CURRENT LEASE AND HOUSING SUPPORTS

- ☐ Member has an active lease
- ☐ Member is listed on lease
- ☐ Member pays rent directly
- ☐ Rent paid by: ☐ Self ☐ Subsidy ☐ Other: \_\_\_\_\_
- ☐ Lease includes reasonable accommodations or modifications

### 3. ONGOING TENANCY RISKS (CHECK ALL THAT APPLY)

- ☐ Difficulty paying rent or utilities
- ☐ Lease compliance issues (e.g., complaints, noise, guests)
- ☐ Conflict with landlord or neighbors
- ☐ Limited understanding of rights and responsibilities
- ☐ Physical or behavioral health impacting tenancy
- ☐ Risk of eviction or formal notices issued
- ☐ Unit maintenance issues not addressed
- ☐ Isolated or lacking natural supports
- ☐ Other: \_\_\_\_\_

### 3. ONGOING TENANCY RISKS (CONT.)

**Details:**

### 4. TENANCY SUPPORT GOALS (NEXT 60 90 DAYS)

- ☐ Maintain stable housing
- ☐ Build landlord relationship
- ☐ Improve lease compliance
- ☐ Budgeting/rent payment support
- ☐ Coordinate with BH, ECM, or care team
- ☐ Address safety or accessibility concerns
- ☐ Increase independent living skills
- ☐ Other:

**Brief Goal Summary:**

### 5. COORDINATION & SERVICES IN PLACE

Rental Subsidy Provider:

ECM Provider (if applicable):

Behavioral Health Case Manager:

Other Community Supports (active):

Natural Supports/Household Members Assisting: