



ABC HOUSING PROGRAM
INDIVIDUAL HOUSING PLAN (IHP)

APPLICANT/PARTICIPANT NAME: _____

SECTION ONE: (Completed by Housing Provider)

- 1. Does this person require an individual housing plan for reentry into the program?
2. Previous ABC Housing Program placement/s and documented reasons for program termination:

- 3. Issues/concerns affecting successful future housing program placement:

- 4. Should this applicant/participant be required to attend the Housing for Success Workshop?

SECTION TWO: (Completed by Applicant/Participant and Clinical Team)

- 5. Plan of Action to address issues/concerns:

Table with 2 columns: Issue, Services/resources to address solution

I understand the issues related to my housing and agree to the plan of action that will help me to maintain my housing. I understand that if I am evicted in my next housing placement for the same or similar reason, than I will be terminated from the ABC housing program.

Applicant/Participant Signature
Date

Case Manager Name and Clinic
Date

Housing Provider Name