



Service Plan

Client Name _____ Date of Intake _____

Case Manager _____ Office Phone Number _____

Part 1: Health and Wellness

Goal	Strategies/Steps	Target Date	Date Achieved	Notes
1. Maintain Sobriety • AA / NA • outpatient treatment • support group	1.			
	2.			
	3.			
	4.			
	5.			
2. Mental Health • outpatient services • medication compliance • support group	1.			
	2.			
	3.			
	4.			
	5.			
3. Family well-being • establish medical home • counseling • CFS compliance • children safety & school	1.			
	2.			
	3.			
	4.			
	5.			

Client Strengths: _____

Client Obstacles: _____

Progress Summary: _____

Part 2: Employment and Financial Stability

Goal	Strategies/Steps	Target Date	Date Achieved	Notes
1. Obtain Employment • obtain needed docs • resume • job training • register CalJobs • locate childcare	1.			
	2.			
	3.			
	4.			
	5.			
2. Maintain Employment • back-up transportation • back-up childcare • work clothes	1.			
	2.			
	3.			
	4.			
	5.			
3. Legal Issues • car license, registration • court fines	1.			
	2.			
	3.			
	4.			
	5.			
4. Financial Stability • develop budget • debt payment plan • access public benefits • credit counseling • open checking acct. • open savings acct. • Earned Income Tax Credit	1.			
	2.			
	3.			
	4.			
	5.			
	6.			

Client Strengths: _____

Client Obstacles: _____

Progress Summary: _____

Part 3: Housing Stability

Goal	Strategies/Steps	Target Date	Date Achieved	Notes
1. Rebuild Housing History • payment plan for arrears • tenant education workshop	1.			
	2.			
	3.			
	4.			
	5.			
2. Permanent Housing • Housing Authority and other wait lists • save money	1.			
	2.			
	3.			
	4.			
	5.			

Client Strengths: _____

Client Obstacles: _____

Progress Summary: _____

I understand that the intent of these case management services and financial assistance funds is to help homeless persons, or those at risk of becoming homeless, to retain or obtain stable housing.

I will put forth good effort to address the goals listed above.

I agree to periodic home visits from my case manager.

Client Signature _____ Date _____

Case Manager Signature _____ Date _____

Supervisor Signature _____ Date _____