**Your Way Home Housing Stability Plan**

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| --- | --- | --- | --- | --- | --- |
| Date: | Client Name: | | Unique ID: | | |
| Purpose of Plan: ☐ Initial ☐ Follow-Up ☐ Exit ☐ Other:  Time Period of Plan: ☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ Other: | | | | | |
| **GOALS** | | | | | |
| Housing Goal: | | | | | |
| Action Steps | | Person Responsible | | Due By | Completed |
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| Financial Goal: | | | | | |
| Action Steps | | Person Responsible | | Due By | Completed |
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| Health Goal: | | | | | |
| Action Steps | | Person Responsible | | Due By | Completed |
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|  | |  | |  |  |
| Other Goals: | | | | | |
| Action Steps | | Person Responsible | | Due By | Completed |
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|  | |  | |  |  |
| **Client Signature:** | | | | **Date:** | |
| **Case Manager Signature:** | | | | **Date:** | |