**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:** |