

**FLORIDA STATE HOPWA PROGRAM
HOUSING PLAN OF CARE
(Goals and Progress Report)**

Client Name: _____ Date: _____

Current housing situation: _____

Number in household: _____

Housing Objectives

- Establish or better maintain a stable living environment.
- Improved access to HIV treatment and other healthcare support.
- Reduce the risk of homelessness among people living with HIV/AIDS and their families.

Assessment

This section is designed to be used with the Application Form for Housing Assistance, Client Needs Assessment for Assistance, and Client Budget Worksheet to:

- Help keep the focus on immediate needs while assisting in the development of long-term housing plans.
- Help determine the feasibility of independent housing vs. supportive living environments.

Plan

List any problems identified in the Client Needs Assessment for Assistance and Client Budget Worksheet (may include others problems not identified):

Service: _____

Goals:

Target Date:

1. _____

2. _____

3. _____

4. _____

Progress:

Date:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Accomplished Goals:

Completion Date:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I, _____ agree to the above goals, and will make all efforts toward achieving these goals to become independent of HOPWA assistance. ***I understand that I must demonstrate what I have accomplished regarding the above goals before applying for HOPWA assistance again.***

Client Signature

Date

Housing Coordinator Signature

Date

NOTES:

Recipients of housing assistance will be required to meet with the Housing Coordinator to develop and agree to a HOPWA Housing Plan of Care within 15 days of starting the assistance. Also, comprehensive case notes must include detailed information regarding the progress of all goals identified.