



## Housing Support Plan Template

### Purpose of the Housing Support Plan

The Housing Support Plan (HSP) is developed from a housing assessment and must address identified housing-related barriers and include short and long-term measurable goals with specific concrete action steps and responsible parties. HSPs should be updated at least every 180 days and as circumstances change (include revision dates).

### Section 1: Medi-Cal member information (required section)

Member name:	
Client identification number (CIN):	
Date of birth:	Today's date:

### Section 2: Provider/agency staff supporting HSP development (required section)

Name:	
Organization:	
Email:	Phone:

### Section 3: HSP dates (required section)

HSP start date:	
-----------------	--

### HSP revisions (document each update):

Revision date	Added/updated service activities

### Section 4: Housing navigation service activities

Check all that apply. Provide details in section 6.

- 4.1 Housing search and option presentation
- 4.2 Assistance with housing applications
- 4.3 ID/documentation for supplemental security income (SSI)
- 4.4 Support with SSI application
- 4.5 Rental subsidy/voucher identification and matching
- 4.6 Resources for deposits, moving costs, one-time expenses
- 4.7 Reasonable accommodation requests
- 4.8 Landlord/property management engagement and education
- 4.9 Unit safety/habitability prior to move-in
- 4.10 Advocacy with landlord/property management
- 4.11 Move-in planning and coordination
- 4.12 Housing support and crisis plan development
- 4.12 Non-medical transportation for housing access
- 4.13 Environmental modifications for accessibility

Community Health Plan of Imperial Valley ("CHPIV") is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange healthcare services for CHPIV enrollees. \*Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.



**Section 5: Housing Tenancy and Sustaining Services (HTSS)**

Check all that apply. Provide details in section 6.

- 5.1 Early identification/intervention for behaviors jeopardizing housing
- 5.2 Tenant/landlord rights and responsibilities education
- 5.3 Coaching to strengthen landlord/property manager relationships
- 5.4 Coordination with landlord and case management
- 5.5 Dispute resolution and eviction prevention (including repayment plans)
- 5.6 Advocacy/linkage to community eviction prevention resources
- 5.7 Benefits advocacy and SSI support
- 5.8 Annual housing recertification assistance
- 5.9 Regular updates to housing support and crisis plan
- 5.10 Lease compliance and household management support
- 5.11 Health and safety visits; habitability inspections
- 5.12 Crisis plan interventions (e.g., new accommodation requests)
- 5.13 Independent living skills and financial literacy/budgeting

**Section 6: Housing Support Planning (required section)**

Refer to the examples provided in the table below to complete each section accurately.

**If you need additional space, use the sheet on page 5.**

<b>Activity number</b> (Refer to sections 4 and 5 above. e.g., 4.3 (ID/documentation for SSI))	<b>Identified barriers</b> (e.g., no transportation; no phone access)	<b>Goal (short and long-term)</b> (e.g., short-term: obtain SSI ID; long-term: use ID for rental applications)	<b>Action steps</b> (e.g., case manager to schedule transportation and accompany member to Social Security Administration office; retain copies of rental applications)	<b>Responsible party</b> (e.g., indicate case manager or member)

**Section 7: Housing Deposit (required if requesting Housing Deposits)**

Is Housing Deposit assistance necessary for this member?  Yes  No

For members requesting Housing Deposits, describe the specific services and housing goods requested and the need for each service/good:

---



---



---



**Section 8: Transitional Rent (required if requesting Transitional Rent)**

This HSP includes Transitional Rent for:  Interim housing  Permanent housing

Note: Interim housing HSPs may be less detailed. Permanent housing HSPs must include a comprehensive long-term payment strategy.

**Section 9: Permanent housing payment strategy (required if requesting Transitional Rent)**

Select all that apply and specify status in Section 12.

- Behavioral health services administration (BHSA) housing intervention
- Behavioral health housing resource (specify) \_\_\_\_\_
- Rental assistance program
  - Housing voucher (type) \_\_\_\_\_
  - Rapid rehousing
  - Permanent supportive housing
  - State or locally funded program (specify) \_\_\_\_\_
  - Shallow subsidy (source) \_\_\_\_\_
  - Other: \_\_\_\_\_
- Assisted living/board and care
- Criminal legal system-funded housing program
- Public housing
- Family reunification assistance program
- None/self-pay for housing
- Unknown at this time (*This should only be checked for members seeking to use Transitional Rent in an interim setting.*)
- Other (specify) \_\_\_\_\_

**Section 10: Permanent Housing Payment Strategy Program status (required if requesting Transitional Rent)**

For each selected program listed below, indicate its current status by choosing one of the following options: *Enrolled/Confirmed; Application Pending; Exploring; or N/A.*

BHSA housing intervention:	
Behavioral health resource: (specify): _____	
Assisted living/board and care:	
Public housing:	
Criminal legal system-funded program:	
Rental assistance (voucher/rapid rehousing/permanent supportive housing/local/shallow):	
Family reunification assistance:	
Other housing resource: (specify): _____	



**Section 11: Required attachments (required if requesting Transitional Rent)**

Submit [Transitional Rent Authorization Form](#)

**Section 12: Housing cost estimate (required if requesting Transitional Rent)**

Monthly rent:	\$
Monthly utilities (estimate):	\$
Other monthly costs (e.g., food, transportation):	\$

**Income sources:**

SSI/SSDI:	\$
Employment:	\$
Rental subsidy:	\$ (Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No)
CalWORKs:	\$
General Assistance:	\$
Other (specify):	\$

**Section 13: Additional Information**

Provide any additional information needed to support service authorization:

---



---



---

**Section 14: Confirmation and signatures (required section)**

- HSP reflects member preferences and will be revised as circumstances change
- HSP is based on a documented housing assessment that addresses identified barriers (attach if available)
- HSP was developed using culturally responsive and trauma-informed practices

Case manager/provider signature:	
Case manager/provider name:	
Organization:	
Email:	
Phone:	

