

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:	
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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

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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.

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

