



Yakima Neighborhood Health Services
 12 South 8th St, PO Box 2605
 Yakima WA 98907-2605
 Phone (509) 454-4143 Fax (509) 454-3651
 www.ynhs.org

Housing and Respite Stability Plan

Name of Participant _____

Date _____

Name of Outreach Specialist _____

This form is to aid the participant in achieving their specific personal goals and objectives and developing a plan of action that will help transition the participant to stable housing, self sufficiency and fulfillment of their personal hopes. It is to be filled out by the Participant with the help of the Outreach Specialist.

Short term objective required by the Program

Objective

Plan of Action

Financial Literacy Training / Income Review	
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Program goals and performance measures

(Consider goals such as: Improving health condition, obtaining health insurance, finding medical provider, finding safe long-term housing , etc.

Category	Short Term Goals	Action Plan including Steps/Barriers, Time Frame/who is responsible	Expected Completion Date
1.			
2.			
3.			

Identify at least one personal long term goal which participant hopes to accomplish in the next few years.

Long Term Goal	Action Plan

Client Signature: _____

Date: _____

Staff Signature: _____

Date: _____



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