



Yakima Neighborhood Health Services  
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 www.ynhs.org

Part of care plan and possibly exit placement options

## Housing 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 through Consumer Credit Counseling /Landlord tenant agreement	
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Program goals and performance measures

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: \_\_\_\_\_

Revised 07/14/2010



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