

HomeNow Diversion Housing Stability Plan

Client Name:	HMIS ID:
Date of Plan:	Diversion Specialist Name:

GOAL 1:

POTENTIAL BARRIERS:

ACTION STEPS	Target Date	Completed on:
Things I can do myself:		
Things I can do with help from HomeNow:		
Things I can do with outside resources:		

GOAL 2:

POTENTIAL BARRIERS:

Things I can do myself:		
Things I can do with help from HomeNow:		
Things I can do with outside resources:		

GOAL 3:

POTENTIAL BARRIERS:

Things I can do myself:		
Things I can do with help from HomeNow:		
Things I can do with outside resources:		

NOTES/OTHER:

NEXT REVIEW & PLAN UPDATE (DATE/PLACE):

PARTICIPANT SIGNATURE:

CASE MANAGER SIGNATURE: