

SERVICE AND BI-WEEKLY PLAN/INDEPENDENT LIVING PLAN FOR FAMILIES

TODAY'S DATE: _____

(FACILITY NAME)

CLIENT NAME: _____ APT #: _____ INITIAL SERVICE /INDEPENDENT LIVING PLAN BI-WEEKLY REVIEW DATE OF ADMISSION: _____

OTHER ADULT: _____ FAMILY COMP: []/[] PA/HRA# _____ S.S.# _____ OTHER # _____

P.A. STATUS: OPEN CLOSED PEND INELIGIBLE SANCTIONED HOUS. CERTIFIED TYPE: _____

CLIENT'S FIRST NAME	SERVICE NEED	TASK DESCRIPTION (CLIENT/STAFF RESPONSIBILITY)	SERVICE PROVIDER/AGENCY	START DATE	COMPL. DATE

TYPES OF SERVICE NEEDS CHECKLIST

- | | | | | | |
|------------|--------------|---------------|---------------------------|-------------------------|-------------------|
| HOUSING | EDUCATION | BENEFITS | PARENTING SKILLS | LEGAL SERVICES | DOMESTIC VIOLENCE |
| CHILD/REC | JOB TRAINING | CHILD WELFARE | UNDOCUMENTED INDIVIDUAL | SUBSTANCE/ALCOHOL ABUSE | MENTAL HEALTH |
| COUNSELING | EMPLOYMENT | MEDICAL | INDEPENDENT LIVING SKILLS | COMMUNITY TIES | OTHER |

CHECK DOCUMENTS NEEDED

- | | |
|---------------------------------------|--|
| Birth Cert. <input type="checkbox"/> | Medicaid Card <input type="checkbox"/> |
| P.A. Card <input type="checkbox"/> | SS Card <input type="checkbox"/> |
| Medicals <input type="checkbox"/> | Immunization <input type="checkbox"/> |
| Passport <input type="checkbox"/> | Food Stamp <input type="checkbox"/> |
| Budget Sheet <input type="checkbox"/> | Other _____ |

DATE OF NEXT BI-WEEKLY REVIEW: _____ EXPECTED DURATION OF THA: _____

I have assisted in the development and understand the above Service/Independent Living Plan, as required by regulations, as a provision for achieving self-sufficiency and housing. I further understand that failure to comply with the development and completion of this plan, any Public Assistance or housing requirement as prescribed in 18 NYCRR Sections 352.35 & 900.10 (c) (1), may result in the discontinuance of my temporary housing. Attachment A also contains requirements that you must meet. Please see Attachment A for these additional requirements.

Client's Signature: _____ Date: _____ Caseworker's Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____ Supervisor's Signature: _____ Date: _____

COMMENTS: _____