

HOW TO USE THE HOUSING PLAN

Key Principle: The Housing Plan is a tool designed to coordinate activities between door agencies. This helps guide conversations when working to support persons independently exit homelessness or prevent them from entering the Homeless Serving System of Care. This will assist work in finding housing, eviction prevention, assessing and tracking referrals to community resources. If all door agencies are utilizing a similar tool individuals will not need to re-tell their story, and a Housing Strategist will be able to follow-up on existing referrals or identified action steps.



Inform the client it is your job to help identify resources and opportunities. If they mention the SPDAT – inform them we are no longer utilizing this assessment and are utilizing the NSQ. Please refer to the Needs & Services Information booklet for any further questions.

http://calgaryhomeless.com/content/uploads/ NeedsServicesQuestionnaire_Info_Booklet.pdf

If the client is in crisis you may need to work on a crisis plan such as accessing the 211 system, SORCe mental health clinician, DOAP team or CPS.



Use some of exploratory questions the first time you meet with the client to understand their situation. Search for an existing HMIS client file, if one does not exist start an HMIS file and identify at least one action item or solution for barriers identified by the client based on the exploratory questions.

You can proceed to the Housing Plan if there is time or ask them to come back another day after they have completed their action item.

Locate and negotiate potential resources. Spend time on warm transitions and referrals – make the calls with them.



Keep accurate and timely case notes in HMIS indicating action items to be follow-up on and be sure to update the Housing Plan.

Every time you meet with a client, identify a strength in their life.

Always leave the client with one step they can follow-through with independently.



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A	dn	nini	stration:

Interviewer Name: ______ Survey Date (MM/DD/YY): _____

Agency/Program: ______ Survey Location: _____

CLIENT INFORMATION

First Name:		Last Name:	
Nickname:		Date of Birth (MM/DD/YY):	Age:
Gender:	Ethnicity:	Consent to participate (l	HMIS & FOIP): 🛛 Y 🔲 N

What is your citizenship or immigration status?

HOUSING PLAN QUESTIONS

Questions taken from VI-SPDAT if an NSQ has not been completed	Answer	Follow-Up Question (not VI-SPDAT question)	Actions
Postal code - current or last permanent address?			
Neighbourhood - current or last permanent address?			
What is your primary residence? Or Where did you sleep last night?	 Outside (rough sleeping, camping, vehicle) Dwelling unfit for human habitation Emergency Shelter Addictions Treatment Facility Staying with Family or Friends Correctional Facility Hospital or medical facility Child Intervention Services Placement Hotel/Motel Transitional Housing Long Term Housing with Supports Renting - unsubsidized Own home Other Don't Know Declined to answer 	Please be more specific: Which shelter, which facility, which family member, which friend, which hotel, if other, please specify:	If applicable: What is preventing you from staying where you are?



CAA HOUSING PLAN STRATEGY

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Questions taken from VI-SPDAT if an NSQ has not been completed	Answer	Follow-Up Question (not VI-SPDAT question)	Actions
Do you require specialized housing accommodation due to a disabling condition?	☐ Yes ☐ No ☐ Refused	Please specify your need:	Ask the client if they have applied for housing through AHS - call 811 to inquire about application
Do you get any money from the government, a pension, victim's assistance, an inheritance, working under the table, a regular job, or anything like that?	☐ Yes ☐ No ☐ Refused	How much a month or how much per week? From where?	Can they begin saving money? Do they have a bank account? What is their long-term income plan? Opportunity to provide warm referral.
Do you have ID?	☐ Yes ☐ No ☐ Refused	What kind?	Opportunity to provide warm referral.
Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?	☐ Yes ☐ No ☐ Refused	Are you fleeing Domestic Violence? Yes No	Opportunity to provide warm referral.
What is making it difficult for you to be in stable housing at this time? (Example: new to the area, recent immigrant, financial barriers such as damage deposit or unemployment, age, health or mobility issues.)			Opportunity to provide warm referral.
Have you attempted to get help for any of the above issues?	☐ Yes ☐ No ☐ Refused		Opportunity to provide warm referral.
Are you working with any other professional in Calgary right now?	☐ Yes ☐ No ☐ Refused	Please be more specific:	You could call this person and ask about a plan for the client



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EXPLORATORY QUESTIONS

Question	Answer	Problem Solve Actions
Why are you seeking help with housing?		What resources or referrals can be provided to assist with the need?
What brought you here today?		
Where are you from?		
Do you have any family or friends that you would be able to stay with, even as a short-term option?		Can we try to reconnect with them? Do you have a name - Google the person and send a message. Try to call them, together.
What services have you tried already, or in the past?		Can we try to reconnect with them? Do you have a name or a worker?
How did that work for you?		
What have you considered doing to help your housing situation?		What type of assistance can you offer with this plan?
What is stopping you from the above plan - even for the short term while other options can be explored?		What type of assistance can you offer with this plan? Housing Search
What would you identify are your primary barriers to obtaining housing at this time?		Explore - what other barriers are preventing the individual from obtaining or maintaining housing at this time, and what referrals or supports can we put in place to address those barriers?

NOTES:



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MY HOUSING PLAN

Date (MM/DD/YY): _____ Follow-up Date (MM/DD/YY): _____

How will I do it?

Today I met with (name of worker):

Contact Information:

Staff are responsible for: _____

My goals are:

My biggest strength right now is:

My action steps are:

1.

2.

3.

Additional Resources: