

Program Name:

Participant Name: _____

Date: _____

PROGRAM REQUIREMENTS

This project is funded by the U.S. Department of Housing and Urban Development. As a condition of participation in this program, you are required to comply with all program requirements, including mandatory participation in supportive services that are important for you to achieve self-sufficiency. We believe in you and are ready to partner so that you can meet your goals.

CUSTOMIZED SERVICE PLAN REQUIREMENT

In order to be successful in this program your participation in the development of a Service Plan is important. We want to understand your needs and goals and make sure that they are a part of our work together. Within seven days of entry, your case manager will work with you to develop a Customized Service Plan. This plan will identify:

1. Your specific barriers to housing stability and self-sufficiency
2. Supportive services needed to address those barriers
3. Measurable goals and timelines for achieving self-sufficiency
4. Your responsibilities for completing required activities
5. Your personal goals and objectives for continued success.

Once you have completed your Customized Service Plan you must sign it. It's important to review this periodically with your case manager to make sure you are on track for success. Failure to follow your Customized Service Plan may result in your exit from the program.

40-HOUR WEEKLY PARTICIPATION REQUIREMENT

We believe in you and we think you can be independent and self-sufficient. To help you meet these goals, you are required to complete a minimum of 40 hours per week working toward the goals outlined in your Customized Service Plan. These 40 hours may include any combination of the following activities:

- Case management meetings
- Employment search and job training activities
- Educational programs or vocational training
- Substance use treatment or mental health services
- Life skills workshops
- Financial literacy and budgeting classes
- Medical appointments related to identified needs
- Housing search activities

- Other supportive services identified in your Service Plan

Exceptions to the 40-Hour Requirement:

- If you are employed: Your required hours will be reduced proportionately based on your work hours.
- If you are age 62 or older: The 40-hour requirement does not apply.
- If you have a physical disability/impairment or developmental disability (as defined in 24 CFR 582.5, not including substance use disorder): The 40-hour requirement does not apply.

If you qualify for an exception, you must provide documentation to program staff.

WHAT WE EXPECT FROM YOU

To be successful in this program, you must:

- **Show up:** Attend all scheduled case management meetings and appointments on time.
- **Participate actively:** Engage fully in all required supportive services.
- **Complete your hours:** Work toward your goals for the required number of hours each week.
- **Communicate:** Let your case manager know in advance if you cannot attend a scheduled activity.
- **Track your progress:** Keep records of your participation hours when asked.
- **Be open:** Tell us what you need to be successful.
- **Stay engaged:** Tell us right away if anything changes that affects your ability to participate.

PARTICIPANT RESPONSIBILITIES

I understand and agree to:

- Participate actively and in good faith in all required supportive services.
- Complete a minimum of 40 hours per week toward my Customized Service Plan goals (unless I qualify for an exception).
- Work collaboratively with program staff to achieve the goals outlined in my Service Plan.
- Provide accurate information and required documentation.
- Notify program staff immediately of any changes in my circumstances that affect my ability to participate.
- Follow all program rules and do my best.

PARTICIPANT ACKNOWLEDGMENT

I have read and understand this Supportive Services Agreement. I understand that participating in supportive services is required—not optional. I understand that if I do not follow this

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agreement, I may be removed from the program. I am committed to doing my part to achieve success.

Participant Signature: _____ Date: _____

Participant Printed Name: _____

Program Staff Signature: _____ Date: _____

Program Staff Printed Name: _____

Title: _____

FOR PROGRAM USE ONLY:

Participant qualifies for exception to 40-hour requirement

Reason: Age 62+ Physical/developmental disability Employed (____ hours/week)

Exception documentation attached to the file

CUSTOMIZED SERVICE PLAN (TEMPLATE)

Program Name: _____

Participant Name: _____ **Phone:** _____

Case Manager Name: _____

Plan Start Date: _____

Plan Review Date: _____

PART 1: BARRIERS TO HOUSING STABILITY AND SELF-SUFFICIENCY

Instructions: Participant may fill out Part 1 independently or with the help of a case manager.

What challenges are preventing you from achieving stable housing and self-sufficiency? Check all that apply and provide details:

Unemployment or underemployment

Details: _____

Lack of job skills or education

Details: _____

Physical health issues

Details: _____

Mental health challenges

Details: _____

Substance use disorder

Details: _____

Criminal history/background

Details: _____

Poor credit or rental history

Details: _____

Lack of childcare

Details: _____

Transportation barriers

Details: _____

Domestic violence or unsafe relationship

Details: _____

Lack of financial management skills

Details: _____

Other: _____

PART 2: STRENGTHS AND RESOURCES

Instructions: Participant may fill out Part 2 independently or with the help of a case manager.

What strengths, skills, and resources do you have that will help you succeed?

Personal Strengths:

Support System (family, friends, community):

Skills and Experience:

Resources and Help Available to You:

PART 3: GOALS AND ACTION STEPS

Instructions: Based on Part 1 & 2 the participant can fill out Part 3 collaboratively with the case manager.

Goal 1: Housing Stability

My Goal: _____

(Example: Secure stable, affordable housing within 90 days)

Action Steps to Achieve This Goal:

Action Step	Who Is Responsible	Timeline	Completed
1.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>
2.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>
3.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>
4.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>

How will we know this goal is achieved?

Goal 2: Employment/Income

My Goal: _____

(Example: Obtain full-time employment earning \$20/hour within 6 months)

Action Steps to Achieve This Goal:

Action Step	Who Is Responsible	Timeline	Completed
1.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>
2.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>
3.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>
4.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>

How will we know this goal is achieved?

Goal 3: Health and Wellness

My Goal: _____

(Example: Complete substance use treatment program and maintain 6 months of sobriety)

Action Steps to Achieve This Goal:

Action Step	Who Is Responsible	Timeline	Completed
1.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>
2.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>
3.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>
4.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>

How will we know this goal is achieved?

Goal 4: Life Skills/Financial Stability

My Goal: _____

(Example: Create and maintain a monthly budget and save \$500 for emergencies)

Action Steps to Achieve This Goal:

Action Step	Who Is Responsible	Timeline	Completed
1.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>
2.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>
3.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>
4.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>

How will we know this goal is achieved?

Goal 5: Personal Goal

My Goal: _____

(Example: Reconnect with my children and establish regular visitation)

Action Steps to Achieve This Goal:

Action Step	Who Is Responsible	Timeline	Completed
1.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>
2.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>
3.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>
4.	<input type="checkbox"/> Me <input type="checkbox"/> Case Manager <input type="checkbox"/> Both	By: _____	<input type="checkbox"/>

How will we know this goal is achieved?

PART 4: SUPPORTIVE SERVICES NEEDED

Instructions: Based on the Goals identified in Part 4 the Participant and Case Manager can complete Part 5 together.

Based on the goals above, what supportive services will help you succeed? Check all that apply:

Case Management

- Weekly case management meetings (____ hours/week)
- Bi-weekly case management meetings (____ hours/week)
- Crisis intervention and support as needed

Employment Services

- Job search assistance (____ hours/week)
- Resume writing and interview preparation (____ hours/week)
- Job training programs (____ hours/week)
- Vocational training/certification programs (____ hours/week)
- Work readiness workshops (____ hours/week)

Education

- GED/High school equivalency classes (____ hours/week)
- ESL/English language classes (____ hours/week)
- College or vocational school (____ hours/week)
- Computer literacy training (____ hours/week)

Health Services

- Substance use treatment (____ hours/week)
- Mental health counseling/therapy (____ hours/week)
- Medical appointments (____ hours/week)
- Medication management appointments (____ hours/week)

Life Skills Development

- Financial literacy classes (____ hours/week)
- Budgeting and money management workshops (____ hours/week)
- Parenting classes (____ hours/week)
- Conflict resolution training (____ hours/week)
- Independent living skills classes (____ hours/week)

Housing Services

- Housing search activities (____ hours/week)
- Landlord mediation meetings (____ hours/week)
- Credit repair assistance (____ hours/week)
- Tenant rights education (____ hours/week)

Legal Services

- Legal aid appointments (____ hours/week)
- Expungement services (____ hours/week)
- Family law assistance (____ hours/week)

Other Services

- Transportation assistance
 - Childcare support
 - Food/nutrition programs
 - Other: _____
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PART 6: PARTICIPANT COMMITMENTS

Instructions: The Participant should take time to review this plan with their case manager and on their own. They should make any adjustments as needed. Enrollment in the program will be complete once the service plan is finalized and signed.

To achieve my goals, I commit to:

- Attend all scheduled case management meetings
- Complete 40 hours per week of program activities
- Actively participating in all required supportive services
- Communicate with my case manager about challenges or changes
- Track and documenting my participation hours
- Ask for help when I need it

What I need from my case manager to be successful:

SIGNATURES

By signing below, I confirm that I have participated in creating this Customized Service Plan. I understand my goals, the action steps needed to achieve them, and my responsibilities. I agree to work toward these goals and commit to completing the required hours of participation each week.

Participant Signature: _____ **Date:** _____

Participant Printed Name: _____

As the case manager, I commit to supporting the participant in achieving their goals, providing access to necessary supportive services, and regularly reviewing progress on this plan.

Case Manager Signature: _____ **Date:** _____

Case Manager Printed Name: _____
