

Attachment A

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: ADULTS: CHILDREN:	PA/HRA#	S.S.#	OTHER #
--------------	-----------------------------------	---------	-------	---------

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

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

HOUSING

EDUCATION

BENEFITS

[TYPES OF SERVICE NEEDS CHECKLIST](#)

PARENTING SKILLS

LEGAL SERVICES

DOMESTIC VIOLENCE

[CHECK DOCUMENTS NEEDED](#)

Birth Cert. ☐

Medicaid Card ☐

CHILD/REC	JOB TRAINING	CHILD WELFARE	UNDOCUMENTED INDIVIDUAL	SUBSTANCE/ALCOHOL ABUSE	MENTAL HEALTH	P.A. Card	☐	SS Card	☐
COUNSELING	EMPLOYMENT	MEDICAL	INDEPENDENT LIVING SKILLS	COMMUNITY TIES	OTHER	Medicals	☐	Immunization	☐
						Passport	☐	Food Stamp	☐
						Budget Sheet	☐	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:
