

HOUSING & INDEPENDENT LIVING GOAL:

Use portable Section 8 voucher to transition from temporary to permanent housing

Complete this worksheet if young person has obtained supportive housing and can transition to permanent housing.

REQUIRED STEPS (COMPLETE ALL)	COMPLETED?	DATE	PROGRESS NOTES
<input type="radio"/> Ensure young person has stable employment and solid financial management/budgeting skills before considering this transition	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Outreach to brokers to find those with Section 8 apartments available for viewing	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Run youth's credit score	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Assist youth in locating/visiting apartments (no fee apartments or connect to broker)	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Discuss with youth how the one month security deposit will be paid to landlord	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Provide social-emotional support to young person during the transition process - check-in on them	<input type="radio"/> YES <input type="radio"/> NO		

POTENTIAL STEPS (EXPLORE IF NEEDED/APPLICABLE)	COMPLETED?	DATE	PROGRESS NOTES
<input type="radio"/> If needed, work with youth to build positive credit	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Counsel youth during this trying and difficult process	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Assist youth with moving in - setting up the home, unpacking home goods, etc	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Other:	<input type="radio"/> YES <input type="radio"/> NO		

*ONCE GOAL IS COMPLETED:

- Review additional "Apply to Affordable Housing" goals on Housing & Independent Living Goals Roadmap on **page 16**

GOAL TRACKING			
START DATE: _____	GOAL COMPLETED	DATE: _____	<input type="checkbox"/> GOAL CHANGED
YOUTH NAME: _____	<input type="checkbox"/> YES NOTES: _____		DATE: _____
COACH: _____	<input type="checkbox"/> NO NOTES: _____		NEW GOAL: _____
			NOTES: _____

ADDITIONAL NOTES

Blank area for additional notes.