

HOUSING & INDEPENDENT LIVING GOAL:

Apply to Supportive Housing (NY/NY 3 or NYC 15)*

Complete this worksheet if young person is age 19 or older and has an APPLA (Another Planned Permanent Living Arrangement) goal.

REQUIRED STEPS (COMPLETE ALL)	COMPLETED?	DATE	PROGRESS NOTES
<input type="checkbox"/> Complete psychosocial; ensure that the psychosocial outlines need for supportive housing (not just affordable housing) and is consistent with the HRA2010e application	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Submit HRA2010e application via online PACT system	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Contact ACS Housing to assess which agencies the client's packet was submitted	<input type="checkbox"/> YES <input type="checkbox"/> NO		

POTENTIAL STEPS (EXPLORE IF NEEDED/APPLICABLE)	COMPLETED?	DATE	PROGRESS NOTES
<input type="checkbox"/> If psychiatric evaluation is required, work with client's psychiatrist to have this completed	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Request a copy of the supportive housing application	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO		

***ONCE GOAL IS COMPLETED:**

- Proceed to "Obtain Supportive Housing (NY/NY 3 or NYC 15)" goal on Housing & Independent Living Goals Roadmap and begin worksheet on **page 145**
- 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.