

**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 <input type="checkbox"/>	BI-WEEKLY REVIEW <input type="checkbox"/>	DATE OF ADMISSION:
--------------	--------	---	---	--------------------

OTHER ADULT:	FAMILY COMP: ADULTS: CHILDREN:	PA/HRA#	S.S.#	OTHER #
--------------	-----------------------------------	---------	-------	---------

P.A. STATUS: OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/> PEND <input type="checkbox"/> INELIGIBLE <input type="checkbox"/> SANCTIONED <input type="checkbox"/>	HOUS. CERTIFIED <input type="checkbox"/> 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  
 COUNSELING      EMPLOYMENT      MEDICAL      INDEPENDENT LIVING SKILLS      COMMUNITY TIES      OTHER

P.A. Card       SS Card   
 Medicals       Immunization   
 Passport       Food Stamp   
 Budget Sheet       Other

<b>DATE OF NEXT BI-WEEKLY REVIEW:</b>	<b>EXPECTED DURATION OF THA:</b>
---------------------------------------	----------------------------------

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.

<b>Client's Signature:</b> _____ <div style="text-align: right;"><b>Date:</b> _____</div>	<b>Caseworker's Signature:</b> _____ <div style="text-align: right;"><b>Date:</b> _____</div>
--	--

<b>Other Adult Signature:</b> _____ <div style="text-align: right;"><b>Date:</b> _____</div>	<b>Supervisor's Signature:</b> _____ <div style="text-align: right;"><b>Date:</b> _____</div>
---	--

<b>COMMENTS:</b>  
--------------------------

cc: Original to File  
 Copy to Client

<b>Pages</b> _____ <b>of</b> _____
------------------------------------