

# HMIS Case Plan

Effective 10/01/24

Start Date	End Date	ServicePoint (HoH) ID:
<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	

Project Name

HoH Name First	Middle	Last

Suffix	Alias

Name Data Quality	
<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Partial, Street or Code Name
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

Social Security Number	Date of Birth
<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Full SSN Reported (HUD) <input type="checkbox"/> Approx or partial SSN reported (HUD) <input type="checkbox"/> Client doesn't know (HUD) <input type="checkbox"/> Client prefers not to answer (HUD) <input type="checkbox"/> Data Not collected (HUD)	<input type="checkbox"/> Full DOB Reported (HUD) <input type="checkbox"/> Approx or partial SSN reported (HUD) <input type="checkbox"/> Client doesn't know (HUD) <input type="checkbox"/> Client prefers not to answer (HUD) <input type="checkbox"/> Data Not collected (HUD)
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## Case Manager Information:

Name:	Title:
Phone Number:	Email Address:
Start Date:	End Date:
<input type="text"/>	<input type="text"/>

Date Goal Was Set:	<input type="text"/>
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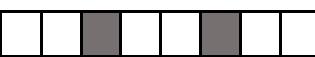
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<b>Classification:</b>	<input type="checkbox"/> Economic <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Environment and safety <input type="checkbox"/> Financial stability <input type="checkbox"/> Health <input type="checkbox"/> Health improvement <input type="checkbox"/> Household necessities <input type="checkbox"/> Housing <input type="checkbox"/> Interpersonal relationships <input type="checkbox"/> Legal <input type="checkbox"/> Mental Health treatment <input type="checkbox"/> Notes not associated with a goal <input type="checkbox"/> Other <input type="checkbox"/> Self-sufficiency <input type="checkbox"/> Social development and relationships <input type="checkbox"/> Substance Use treatment
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***Select your goal “Type” from the dependent drop-down menu after selecting your classification.***

<b>Goal Description:</b>	
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<b>Target Date:</b> 	<b>Overall Status:</b> <input type="checkbox"/> Closed <input type="checkbox"/> Identified <input type="checkbox"/> In Progress
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<i>If Closed, Date Closed:</i>  <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input checked="" type="checkbox"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input checked="" type="checkbox"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> <i>If Partially achieved, percent achieved:</i> <hr/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<i>If Closed, Outcome:</i>  <table><tr><td><input type="checkbox"/> Abandoned</td></tr><tr><td><input type="checkbox"/> Achieved</td></tr><tr><td><input type="checkbox"/> Partially achieved</td></tr><tr><td><input type="checkbox"/> Revised</td></tr></table>	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Achieved	<input type="checkbox"/> Partially achieved	<input type="checkbox"/> Revised
<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>						
<input type="checkbox"/> Abandoned													
<input type="checkbox"/> Achieved													
<input type="checkbox"/> Partially achieved													
<input type="checkbox"/> Revised													

## Follow Up Information:

Projected Follow Up Date:	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input checked="" type="checkbox"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input checked="" type="checkbox"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>		
Follow Up User:									
Follow Up Made:	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Completed Follow Up Date:	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input checked="" type="checkbox"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input checked="" type="checkbox"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>		

Staff Completing (Printed Name):

Date:

<input type="text"/>	<input type="text"/>
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