

HMIS Case Plan

Effective 10/01/24

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

Project Name
<input type="text"/>

HoH Name First	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suffix		Alias
<input type="text"/>		<input type="text"/>
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)

Case Manager Information:

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

Date Goal Was Set:	<input type="text"/>

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

Goal Description:
<div></div>

Target Date:	Overall Status:
<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><input type="checkbox"/> Closed</div> <div><input type="checkbox"/> Identified</div> <div><input type="checkbox"/> In Progress</div>

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<p><i>If Closed, Date Closed:</i></p> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <p><i>If Partially achieved, percent achieved:</i></p> <hr/>									<p><i>If Closed, Outcome:</i></p> <p><input type="checkbox"/> Abandoned</p> <p><input type="checkbox"/> Achieved</p> <p><input type="checkbox"/> Partially achieved</p> <p><input type="checkbox"/> Revised</p>

Follow Up Information:

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

Staff Completing (Printed Name):

Date:

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