

Pathways to Housing Program

Individualized Service Plan

I understand that the following Individualized Service Plan (ISP) and any future amendments to it are part of the participant contract, which I have signed in connection with my participation in the Pathways to Housing Program of the Brattleboro Field Division of the Vermont Agency of Human Services.

Household Name	HMIS Number	Date of Acceptance into Program
Case Manager	Agency	Date of initial (this) ISP

Head and Co-Head Information

Head of Household: First Name: _____ Last _____ MI ____
Telephone: Home: _____ Work: _____ Pager/Cell: _____ E-Mail: _____
Co- Head of Household First Name: _____ Last _____ MI ____
Telephone: Home: _____ Work: _____ Pager/Cell: _____ E-Mail: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Children

List all youth 17 years of age or younger.
First Name: _____ Last: _____ DOB _____ Relation _____
First Name: _____ Last: _____ DOB _____ Relation _____
First Name: _____ Last: _____ DOB _____ Relation _____
First Name: _____ Last: _____ DOB _____ Relation _____
First Name: _____ Last: _____ DOB _____ Relation _____
First Name: _____ Last: _____ DOB _____ Relation _____

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Specific Assessment Areas

If there is a new service needed or other amendment, check the appropriate box; fill out a new Goals, Action and Progress form and send to the Program Oversight Committee after completion and signature with participant.

For each "yes" or "might in future" indicated below, please complete a Goals, Action and Progress Sheet.	Is a work plan with goals and objectives needed in this area?		
	YES	NO	Might in future
Education			
Substance Abuse			
Vocational Rehabilitation			
Employment			
Medical/Mental Health			
Money Management			
House Keeping			
Transportation			
Parenting Skills			
Child Care			
Nutrition			
Leisure Activities (Recreation, Hobbies, Volunteering)			
Other:			

Budget and Monthly Review Sheet **Month of:**

	Income	Budget Amount	Monthly Review	Monthly Review	Monthly Review	Monthly Review	Monthly Review	Monthly Review
	Wages							
	Reach Up							
	Food Stamps							
	SSI							
	SSDI							
	Child Support							
	Rental Assis.							
	Fuel Assis.							
	Other							
	Total							
	Expenses	Budget Amount						
Housing	Rent							
	Heat							
	Electric							
	Gas (stove)							
	Cable							
	Phone							
	Other							
Food	Groceries							
	Eating Out							
	Snacks & Beverages							
	Other							
Transportation	Car payment							
	Gas							
	Insurance							
	Service & Repairs							
	Bus, taxi							
	Other							
Family	Child care							
	School expenses							
	Diapers							
	Clothing							
	Toiletries							
	Haircuts							
	Other							
Health	Health Insurance							
	Co-pays							
	Medicine, prescriptions							
	Other							
Miscellaneous	Household Supplies							
	Laundry							
	Pet Care							
	Debt payments							
	Bank fees							
	Other							
Recreation	Alcohol							
	Cigarettes							
	Movies							
	Books, magazines							
	Family entertainment							
	Birthdays							
	Travel							
	Lottery tickets							
	Gifts							
	Other							
	Expenses Total							
	Income Minus Expenses Total							

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I understand and have actively participated in the development of this Individualized Service Plan. I feel that this plan addresses the needs that I have identified in my assessment, that the goals reflect my desired outcomes, and that I am able and willing to work toward the objectives that have been identified in this plan. This plan recognizes my strengths and abilities as well as my needs and limitations and it is appropriate for my age, culture, and condition. This plan involves all members of my household where appropriate.

Initial Establishment of Participation and Plan:

_____ Participants Signature	_____ Date
_____ Participants Signature	_____ Date
_____ Case Managers Signature	_____ Date

Amendment of Plan by Case Manager and Participant Household:

_____ Participants Signature	_____ Date
_____ Participants Signature	_____ Date
_____ Case Managers Signature	_____ Date

_____ Participants Signature	_____ Date
_____ Participants Signature	_____ Date
_____ Case Managers Signature	_____ Date