



## ESG Housing Stability Plan

Client Name: \_\_\_\_\_

Intake Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_

HMIS ID: \_\_\_\_\_

Goal	Strategies & Steps	Person Responsible	Target Date	Achievement Date	Notes
		<input type="checkbox"/> Case Manager			
		<input type="checkbox"/> Client			
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		<input type="checkbox"/> Case Manager			
		<input type="checkbox"/> Client			

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_