

Housing

Goal

Priorities/support needs

- | | |
|---|--|
| <input type="checkbox"/> Access to home | <input type="checkbox"/> Keys for personal support aides |
| <input type="checkbox"/> Access to rooms | <input type="checkbox"/> Independent housing |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Location |
| <input type="checkbox"/> Bathroom modifications | <input type="checkbox"/> Pet accommodations |
| <input type="checkbox"/> Kitchen modifications | <input type="checkbox"/> Shared housing |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Subsidized housing |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Change of address | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Resources

- | | |
|--|---|
| <input type="checkbox"/> Donated funds | <input type="checkbox"/> Physical Disability Services |
| <input type="checkbox"/> Donated furniture | <input type="checkbox"/> |
| <input type="checkbox"/> Own furniture | <input type="checkbox"/> |

Plan

What needs to be done?	When?	Who?	
		Short- Term?	On- Going?
Housing application			
Obtain identification (birth certificate, driver's license, state photo I.D., Social Security card)			
Change of address			
Utilities			
Phone			
Household needs list			

Notes
