



## SUPPORTIVE HOUSING SERVICES PLAN TEMPLATE

Project Name:	
Primary Service Provider:	
Date Submitted:	
Date Reviewed by NHHFA:	

**a. Overview**

Please describe target tenant population, their specific needs, and the experience of the sponsor in serving that population.

**b. Description of Services to Be Provided**

Please describe services to be provided by each of the following: 1) sponsor, 2) in-house staff or 3) outside agency. Please describe whether services will be delivered on-site or off-site, the type of agreement with the services provider (MOU, or service contract), and the frequency of services.

**c. Staffing Model**

Please describe the staffing for the property, including the number of full-time employees, the number of part-time employees, the amount of site coverage (24/7) and describe the qualifications of the staff and its manager.

**d. Resident Engagement and Team Coordination**

Please describe whether there are house rules/house policy and procedures in place that would describe how the privacy and confidentiality of the residents are protected, how violations of the rules are dealt with, how staff and resident safety is protected and identify methods that ensure the coordination between the property management agent and the service provider in addressing any resident issues.

**e. Marketing and Outreach**

Please describe the approach for managing the outreach, referrals and waiting lists to successfully identify and house prospective tenants in a timely and efficient manner. Please identify the most active referral partner. Please identify how the coordination of the tenant selection criteria from the property manager perspective is matched with the applicant's eligibility from the target population perspective.



**f. Funding Sources**

Please document the anticipated sources of funding to cover supportive services. Identify the use of any Medicaid, state, local, federal or private funds, including any tenant paid amounts. Identify measures you would take should funding for any of the needed supportive services becomes depleted.

**g. Budget**

Please include an annual budget that at a minimum includes, personnel costs, service operations costs (i.e., phones, office expenses), and program expenses.