Client Name: \_\_Jess Doe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PC-IRU Client Case Number (A#): \_\_XXX\_\_\_\_–\_\_\_XXX\_\_\_\_\_–\_\_XXX\_\_\_\_

Date of PC-IRU Enrollment: \_\_7/1/2024\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| **Self-Sufficiency Goal** *Goals are statements that will address clients’ Primary and Other Vulnerabilities* | | Client is currently living with sponsor, client will secure long-term housing (apartment) through USCCB’s internal housing program, learn how to rent an apartment, pay for rent, utility bills, and renew her lease by the end of the PC-IRU program | | | | |
| **Date Activity Added** | **Activities to Meet Goal**  *Specific, measurable activities to achieve Goal* | | **Person(s) Responsible** *Client, Family member, Case Manager, Etc.* | **Timeframe** *What is the projected start date and end date?* | **Outcome:** *Result of activities, actual date achieved* | |
| 7/1/2024  7/1/2024  7/1/2024  7/16/2024 | Refer client to USCCB’s internal housing program  Refer client to USCCB’s employment program  Client will secure housing through USCCB’s internal housing program  Client will learn how to pay for rental and utility bills every month, understand what the lease they signed entails, and how to renew after lease ends. | | Case Manager & client  Case Manager & client  Client  Case Manager | 7/1/24-7/7/24  7/1/24-7/7/24  7/1/24-8/1/24  7/1/24-8/1/24 | Client was referred (7/7/24) and enrolled in housing program (7/7/24)  Client was referred (7/7/24) and enrolled in employment program (7/7/24)  Client informed case manager that apartment was secured on 7/14/24. Her move-in date will be 8/1/24.  Case manager called client (7/16/24) and informed client about how renting in the “D.C” worked, how to pay monthly rental bills including utility, and internet bills, and explained how renewing would be. |

*I certify that I have agreed to and helped decide on the above self-sufficiency plan goals. Additionally, I agree to do my part to ensure that these goals are met.* *This information was verbally translated to me in my language of choice and I have received a copy of this for my own records.*

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

Interpreter Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PC-IRU Case Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_