

# Housing Focused Person-Centered Plan

## Person Information

|   |                 |                             |                      |                   |
|---|-----------------|-----------------------------|----------------------|-------------------|
| FIRST NAME<br>Thomas  |                 | MI<br>B.                    | LAST NAME<br>Rodgers |                   |
| PREFERRED PRONOUNS<br>HE/HIM/HIS  | PMI<br>67332121 | DATE OF BIRTH<br>12/15/1988 | PHONE NUMBER         |                   |
| MAILING<br>ADDRESS 566 Cedar St<br>Cedar St   |                 |                             |                      |                   |
| CITY<br>Rochester   |                 |                             | STATE<br>MN          | ZIP CODE<br>55902 |
| MANAGED CARE PLAN (IF KNOWN) BluePlus   |                 |                             |                      |                   |
| Diagnostic code(s):<br><input type="checkbox"/> Developmental Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Mental Illness<br><input checked="" type="checkbox"/> Physical Illness, Injury or Impairment <input checked="" type="checkbox"/> Chemical Dependency |                 |                             |                      |                   |
| Referral Source:<br><input type="checkbox"/> Professional Statement of need <input type="checkbox"/> MNCHOICES <input checked="" type="checkbox"/> Coordinated Entry  |                 |                             |                      |                   |

## Emergency Contacts (if known)

| Name  | Relationship | Phone Number |
|-------|--------------|--------------|
| Eddie | Brother      | 224-4438     |
|       |              |              |
|       |              |              |
|       |              |              |
|       |              |              |

## List Person's Guardian, Conservator, Rep-Payee, and/or Power of Attorney

| Name | Type of authority | Phone number |
|------|-------------------|--------------|
|      |                   |              |
|      |                   |              |
|      |                   |              |
|      |                   |              |
|      |                   |              |

## About You (this section is related to the person for whom the plan is being developed)

### What's important to you?

Examples:

- My mom and my family are really important to me.
- Having a job and participating in the community.
- Keeping relationships with my friends.
- Freedom to move around independently.
- Attend church with my mom.

### What do you want people to know about you?

- I don't like to get up early.
- I would like to get back to work but it's hard to find around here.
- I don't have car, but I would like to get a loan so I can buy one.
- I like to play cards with my friends.

Are there any cultural, religious and/or personal identities you want to share about yourself?

## Housing Goals

Where are you currently living?

I am staying with my brother and when I can't stay with him, I stay at a shelter.

If currently housed, do you like where you are currently living?  Yes  No

What do you like about it?

- Not considered currently housed because he is living with his brother and temporarily staying in shelters.

What don't you like about it?

- Not considered currently housed because he is living with his brother and temporarily staying in shelters.

Which county and/or tribal area would you like to live in? Olmsted

County

What is important to you about your housing and community?

- To live by himself
- Something without stairs
- Housing near his mother in south Rochester
- Near public transportation

Are there any cultural, religious and/or identity specific needs or preferences related to your housing?

- I like to go to church with my mom when I get a chance.

| Support Topic (ex: Employment) | Areas of need | Referral Source |
|--------------------------------|---------------|-----------------|
|                                |               |                 |

### Risks and Risk Mitigation:

| Identified risk in housing choice | Choice regarding services            | Negative outcome that may result              | Steps to limit negative outcome  |
|-----------------------------------|--------------------------------------|---|--|
| Chemical dependency               | Chooses to not go into sober housing | Could end up living near people who are using | Thomas says he going to check in with his AA sponsor every day to make sure he is maintain his sobriety. |
|                                   |                                      |   |  |
|                                   |                                      |   |  |
|                                   |                                      |   |  |
|                                   |                                      |   |  |

### Consultant/Targeted Case Manager Information

|   |  |                          |                   |
|---|--|--------------------------|-------------------|
| Check box that applies: <input checked="" type="checkbox"/> Housing Consultant <input type="checkbox"/> Targeted Case Manager |  |                          |                   |
| FIRST NAME<br>Judy  |  | LAST NAME<br>Lane        |                   |
| PROVIDER AGENCY<br>Housing Community Resources  |  | PHONE NUMBER<br>222-9955 | NPI<br>171717174  |
| STREET ADDRESS<br>4545 Smith Ave.   |  |                          |                   |
| CITY<br>Rochester   |  | STATE<br>MN              | ZIP CODE<br>55902 |

What concerns you about your housing now and in the future?

- I don't always understand my lease and I don't know how to talk to them about it.
- I am concerned if I don't go into a place that meets my accessibility needs, it might make my injury worse.

## Housing Stabilization Services – Transition/Sustaining

|  |                   |             |                   |                          |
|--|-------------------|-------------|-------------------|--------------------------|
| PROVIDER NAME<br>Rochester United Arms in Housing  |                   |             |                   | NPI<br>876345234         |
| STREET ADDRESS<br>349 Blathers Dr.   | CITY<br>Rochester | STATE<br>MN | ZIP CODE<br>55902 | PHONE NUMBER<br>111-0090 |
| AREAS IN NEED OF HOUSING<br>Transition into stable housing.  |                   |             |                   |                          |
| SUPPORT INSTRUCTIONS (IDENTIFY WHETHER PERSON IS STARTING WITH TRANSITION OR SUSTAINING SERVICES):   |                   |             |                   |                          |
| <ul style="list-style-type: none"> <li>• Person is looking for housing and will need transition services to start.</li> <li>• They need to have their accessibility needs met at new location.</li> <li>• Support with making decisions in relation to his sobriety</li> </ul> |                   |             |                   |                          |

## Non-Housing Related Priorities/Goals:

| Support Topic (ex: Employment) | Areas of need                             | Referral Source   |
|--------------------------------|---|---|
| Employment                     | Would like to find stable employment.     | Workforce Center- # for local center.   |
| Relationship Building          | Get closer to family                      | Thomas is going to stay in touch with his mom.                                      |
| Transportation                 | More information about getting Metro Pass | Metro Transit Website.  |
| Sobriety                       | I need help to stop drinking.             | Local AA chapter, Rule 25 substance use assessment (refer them to the county/tri-j) |

# Housing Focused Person-Centered Plan Signature Sheet

|  |                      |                          |                    |
|--|----------------------|--------------------------|--------------------|
| FIRST NAME<br>Thomas                                     | LAST NAME<br>Rodgers | PMI<br>67332121          | DATE<br>05/05/2020 |
| TARGETED CASE MANAGER OR HOUSING CONSULTANT<br>Judy Lane |                      | PHONE NUMBER<br>222-9955 | EXT                |

This document confirms that I:

- Received required information
- Participated in the development of my plan
- Was given choices about the services I will receive from programs through the Minnesota Department of Human Services.

## Materials Shared

I received information about:

|   |   |                             |
|---|---|-----------------------------|
| Data privacy practices, which explain my right to confidentiality (DHS-489E-ENG [PDF] or agency's form) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Minnesota Health Care Programs Description, DHS-3182-ENG [PDF]  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| My right to appeal (DHS-1941-ENG [PDF] or agency's form)  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other information, such as _____  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

## Creating My Housing Focused Person-Centered Plan

|   |   |                             |
|---|---|-----------------------------|
| I was able to invite who I wanted to come to my planning meeting.   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| I participated in developing my plan for receiving services.  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| I was offered a choice of services, supports and providers.   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| I agree with the services, supports and providers indicated in my plan.   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| I understand if I do not agree with any part of my written support plan, I can call my case manager, Housing Consultant or care coordinator to discuss and make corrections as needed. I also understand I have the right to appeal any decision I disagree with. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| I understand my targeted case manager or Housing Consultant will send this signature page to me with my written plan.   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| My housing focused person centered plan will be shared with the following people/providers for planning and coordination:<br>_____  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

|          |
|----------|
| Comments |
|----------|

### My Signature

My signature and responses on this form indicate:

- I received the information mentioned above.
- I know about the choices I have.
- I agree to the delivery of services as developed with my targeted case manager or Housing Consultant.
- The provider(s) listed in this plan can share a written report about my care needs with my targeted case manager or Housing Consultant if I give the provider(s) my permission.

|                                       |                    |
|---------------------------------------|--------------------|
| MY SIGNATURE<br><i>Thomas Rodgers</i> | DATE<br>06/05/2020 |
|---------------------------------------|--------------------|

### My Support Team

|   |      |
|---|------|
| LEGAL REPRESENTATIVE'S SIGNATURE<br>(IF APPLICABLE)                           | DATE |
| SIGNATURE OF TARGETED CASE MANAGER WHO HELPED DEVELOP PLAN<br>(IF APPLICABLE) |      |

### Provider(s) Signature

Provider(s) signatures indicate the provider(s) who sign:

- Have reviewed the plan.
- Acknowledge the services and supports in the plan.
- Agree to provide those services and supports as outlined.
- Understand we can submit a written report to the targeted case manager or Housing Consultant about recommendations for the person's care needs for future assessments. (NOTE: The provider should submit the report at least 60 days before the end of the person's current eligibility period so the information can be considered at the person's reassessment.)

|   |                    |
|---|--------------------|
| SIGNATURE OF HOUSING CONSULTANT WHO HELPED DEVELOP PLAN (IF APPLICABLE)<br><i>Judy Lane</i> |                    |
| AGENCY<br>Housing Community Resources   | DATE<br>06/05/2020 |
| HOUSING TRANSITION/SUSTAINING PROVIDER'S SIGNATURE  |                    |
| AGENCY  | DATE               |