



**EA Self-Sufficiency Plan - Phase II - Part I**

EA Family Name \_\_\_\_\_

TAO \_\_\_\_\_ Date \_\_\_\_\_

Recipient Name \_\_\_\_\_ SSN \_\_\_\_\_

Other Adult Name \_\_\_\_\_ SSN \_\_\_\_\_

Another Adult Name \_\_\_\_\_ SSN \_\_\_\_\_

Shelter Name \_\_\_\_\_

Shelter Address \_\_\_\_\_

Your Self-Sufficiency Plan outlines the specific activities to be done by the adult members of the EA family to help you achieve self-sufficiency and find permanent housing. This Plan is being developed with the staff from the agencies who are working with you to help you get permanent housing. The activities in your Self-Sufficiency Plan will change as you move closer to obtaining permanent housing. As you complete an activity or achieve a particular goal, the Plan will be changed to include new activities until you reach your final goal of finding housing.

**Part 1: to be completed by the AU Manager or Homeless Coordinator and the adult members of the EA AU.**

Member Name \_\_\_\_\_

The following activities will be part of your Self-Sufficiency Plan. If you do not do the activities written in this Self-Sufficiency Plan, you will be in noncompliance with the rules for receiving shelter benefits and you may lose your EA shelter benefits.

**Completed Dates**

Go to your job for \_\_\_\_\_ hours a week.

Complete the work program activities for \_\_\_\_\_ hours a week.

Participate in an education or training program for \_\_\_\_\_ hours a week.

Go to a job search program for \_\_\_\_\_ hours a week. \_\_\_\_\_

Register for a training or education program

Other \_\_\_\_\_

Other \_\_\_\_\_



## EA Self-Sufficiency Plan - Phase II - Part 1

EA Family Name \_\_\_\_\_

Other Member Name \_\_\_\_\_

The following activities will be part of your Self-Sufficiency Plan. If you do not do the activities written in this Self-Sufficiency Plan, you will be in noncompliance with the rules for receiving shelter benefits and you may lose your EA shelter benefits.

### Completed Dates

Go to your job for \_\_\_\_\_ hours a week.

Complete the work program activities for \_\_\_\_\_ hours a week.

Participate in an education or training program for \_\_\_\_\_ hours a week.

Go to a job search program for \_\_\_\_\_ hours a week.

Register for a training or education program.

Other \_\_\_\_\_

Other \_\_\_\_\_

I(we) understand that the activities listed above must be completed by me (us) for our temporary emergency shelter benefits to continue.

\_\_\_\_\_  
Recipient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
AU Manager or Homeless Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print AU Manager or Homeless Coordinator Name

\_\_\_\_\_  
Telephone





Massachusetts Department of Transitional Assistance  
EA Self-Sufficiency Plan - Phase II - Part 2

EA Family Name \_\_\_\_\_

**Part 2: to be completed by the HAP Provider and the adult members of the EA AU**

The following housing search activities will be part of your family's Self-Sufficiency Plan. You and the adult members of your family must do housing search for \_\_\_\_\_ hours each week. If you do not do the activities written in this Self-Sufficiency Plan, you will be in noncompliance with the rules for receiving shelter benefits and you may lose your EA shelter benefits.

Family Size \_\_\_\_\_ # of Adults \_\_\_\_\_ # of Boys \_\_\_\_\_ # of Girls \_\_\_\_\_

Subsidy Status Y - N; Expires \_\_\_\_/\_\_\_\_/\_\_\_\_ Applied \_\_\_\_/\_\_\_\_/\_\_\_\_

Extension Y - N Expires \_\_\_\_\_

**ACTIVITIES**

**Completed/Date**

Meet weekly and cooperate with the HAP provider to discuss your housing search progress. Y - N

Actions to correct a CORI report, credit issues or legal issues:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Y - N  
Y - N  
Y - N

Attend group housing meetings on \_\_\_\_\_ Y - N

Attend mandatory workshops on \_\_\_\_\_ Y - N

Special activities or meetings, such as group trips, special housing meetings, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Y - N  
Y - N  
Y - N

You must bring with you the following:  
☐ check for \$ \_\_\_\_\_ ☐ landlord's reference ☐ CORI ☐ Other

**SUBSIDIZED HOUSING ACTIVITIES**

Complete the applications for subsidized housing listed on the SUBSIDIZED HOUSING CHART by \_\_\_\_\_ and keep records. Y - N

**UNSUBSIDIZED HOUSING ACTIVITIES**

Contact the landlord or management agencies listed on the UNSUBSIDIZED HOUSING CHART by \_\_\_\_\_ and keep records. Y - N

Look for rental vacancies in newspapers, keep the rental ad as proof and add the information on the UNSUBSIDIZED HOUSING CHART. Y - N

Fax the completed Part 2 to the AU Manager or Homeless Coordinator as soon as all signatures are obtained. Attach any separate housing plan.



**EA Self-Sufficiency Plan - Phase II - Part 2**

EA Family Name \_\_\_\_\_

**ADDITIONAL ACTIVITIES**

_____	Y - N	_____
_____	Y - N	_____
_____	Y - N	_____
_____	Y - N	_____
_____	Y - N	_____
_____	Y - N	_____

**HAP RESOURCES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (we) understand that the activities listed on these pages must be completed by me (us) for our temporary emergency shelter benefits to continue.

_____ Recipient Signature	_____ Date
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_____ Other Adult Signature	_____ Date
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_____ HAP Provider - HAP Contact Person Signature	_____ Telephone Number	_____ Date
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## EA Self-Sufficiency Plan - Phase II - Part 2 (cont)

EA Family Name \_\_\_\_\_

Week ending \_\_\_\_\_

### SUBSIDIZED HOUSING SEARCH

Landlord/Realtor Name/ Telephone Number	Today's Date	Unit Address/ Rent Amount	Reason not taken	Verifications needed	Outcome

### Application Follow-up Activities

Verification Submitted and Date	Call Landlord and Date	Contact Person	Outcome	HAP Intervention

### Comments

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# EA Self-Sufficiency Plan - Phase II - Part 2 (cont)

EA Family Name \_\_\_\_\_

Week ending \_\_\_\_\_

## UNSUBSIDIZED HOUSING SEARCH

Landlord/Realtor Name/ Telephone Number	Today's Date	Unit Address/ Rent Amount	Reason not taken	Verifications needed	Outcome

## Application Follow-up Activities

Verification Submitted and Date	Call Landlord and Date	Contact Person	Outcome	HAP Intervention

## Comments

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## EA Self-Sufficiency Plan - Phase II - Part 3

EA Family Name \_\_\_\_\_

**Part 3: to be completed by the shelter case manager and the adult members of the EA AU.**

During the month of \_\_\_\_\_, the following activities will be part of your Self-Sufficiency Plan. If you do not do the activities written in this Self-Sufficiency Plan, or do not follow the rules of the shelter, you will be in noncompliance with the rules for receiving shelter benefits and you may lose your EA shelter benefits.

ACTIVITIESCompleted/Date

Register your child(ren) for school.

Y - N

Make an appointment with the doctor, social worker or other agency  
specific \_\_\_\_\_

Y - N

Y - N

Y - N

Keep your appointment with doctor, social worker or other agency  
specific \_\_\_\_\_

Y - N

Y - N

Y - N

Start a savings plan at a local financial institution agreeing to save  
\$ \_\_\_\_\_ by \_\_\_\_/\_\_\_\_/\_\_\_\_. This savings plan is to meet future  
housing expenses or past housing debts that need to be cleared up so you can get  
permanent housing. Past debts include \_\_\_\_\_

Other \_\_\_\_\_ Y - N

Other \_\_\_\_\_ Y - N

I (we) understand that the activities listed above must be completed by me (us) for our temporary emergency shelter  
benefits to continue.

\_\_\_\_\_  
Recipient Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Other Adult Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Shelter Case Manager Signature\_\_\_\_\_  
Telephone Number\_\_\_\_\_  
Date\_\_\_\_\_  
Amendments\_\_\_\_\_  
Date\_\_\_\_\_  
Initials

Fax the completed Part 3 to the AU Manager or Homeless Coordinator  
as soon as all signatures are obtained.

EA-Plan/ PT 3 (6/2001)  
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