

**DIVISION OF SHELTER OVERSIGHT AND COMPLIANCE  
INDEPENDENT LIVING PLAN (ILP)  
INSTRUCTION SHEET**

**INSTRUCTIONS**

- Today's Date:** Enter the date the plan is developed with the family or individual.
- Facility Name:** Enter the name of the facility providing service.
- Resident's Name:** Enter the head of household's name.
- Apt. #:** Enter the family's or individual's assigned room or apartment number.
- Initial Service/  
Independent Living Plan:** Enter a check mark in the box to indicate if the plan is an Initial Service Plan/ILP.
- Bi-weekly Review:** Enter a check mark in the box to indicate if plan is a Bi-weekly Review or Revised Plan.
- Date of Admission:** Enter the date the family or individual entered the facility.
- Other Adult(s):** Enter the name of any other adult who is residing in the facility and who is listed in the household case file or on the Resident's budget.
- Family Comp.:** Enter the total adults/total number of children in the family.
- PA # or HRA #:** Enter the head of household's temporary assistance case number or HRA (NYC only) number. The HRA number is twelve digits and may contain an additional two-digit suffix.
- OTHER #:** Enter other Identification Number for the head of household if necessary.
- P.A. Status:** Enter a check mark in the appropriate box to indicate if the family's/individual's case is currently Open, Closed, Pending, Ineligible or Sanctioned. Note: the sanctioned box should be checked when an individual or family member(s) are sanctioned.
- Housing Certified:** Enter a check mark in this box only if the family or individual is currently approved or certified for permanent housing.
- Housing Type:** Enter the type of housing for which the family or individual is currently approved or certified for. For example, NYCHA, Public Housing, Section 8 or other types of housing.
- Resident's First Name:** Enter the first name of the individual or family member identified as having a service need. For example, "Sam".
- Service Need:** Enter the type of service needs from the "Type of Service Needs Review Checklist". For example, "Employment".
- Task Description (Resident/  
Staff Responsibility):** Enter a description of the task that needs to be accomplished in order to address the service need. Include in the description the name or title of the individual responsible for carrying out the task. For example, the tasks may be a "Caseworker to make employment referral" or "Ms. Jackson to contact Dr. Pierson re: Jonathan's asthma" or "Ms. Jackson to start GED program" or "Housing Specialist to contact broker regarding apartment at 217 Brook Avenue, Bronx".
- Service Provider/Agency:** Enter the name of the service provider or agency that the resident will be referred to or is currently being serviced. For example, "Bank of NY."

<b>Start Date:</b>	Enter the date when the resident or staff began the specific task. The date is to be entered on the previous SP/ILP if applicable. For example, 9/10/00 is the date that the school age child began school that he or she is currently attending. If the school age child transfers to a local school, the date that they started at the local school is to be entered.
<b>Completion Date:</b>	There are four possible entries for this item. If the resident or staff completed the task, enter the actual date, e.g., "2/20/20". If the resident or staff is currently engaged in a task, enter "Active". If the resident or staff did not complete the task but may continue the task at a future time, enter "NC". If a task has been discontinued, enter "D". The previous ILP must be used to enter the status of the tasks. This will eliminate the need to carry forward tasks that have been completed or discontinued.
<b>Types of Service Needs Checklist:</b>	The checklist consists of an inventory of 17 of the most common service needs of people who are homeless. At a minimum, these needs should be discussed with the individual or family during assessment, in developing the ILP, at bi-weekly reviews and at any other time the caseworker determines to be appropriate. The caseworker should prioritize each service need in the order of its importance in assisting the family or individual to achieve self- sufficiency and housing objectives.
<b>Housing:</b>	A primary objective of a shelter is to assist residents in securing housing other than temporary housing. The Housing Specialist, with the assistance of the caseworker, should develop a plan to provide housing assistance. This may require the development of housing resources. All families must file for all available housing assistance. Shelter residents must also actively look for housing on their own.
<b>Child Care/Rec:</b>	Childcare and recreation services may be provided on site or off-site. Families with children ages 2 months through 5 years may be eligible for childcare. Children 6 years and older are eligible for recreation services. Both services must be available to families if they are verifiably seeking housing, employment, job training or education.
<b>Counseling:</b>	Counseling services include the provision of therapeutic or non-therapeutic services provided by qualified personnel. For example, services provided by a psychiatrist, a substance abuse counselor, a psychologist, a caseworker, a social worker or a therapist.
<b>Education:</b>	Education includes an adult resident actively seeking admittance to or enrolled in a certified program or an educational institution. For example, GED or ESL. Education for children includes any service required to address the educational needs of children.
<b>Job Training:</b>	Job training for adults includes a resident actively seeking entry into a job training program, or engaged in a certified job training program designed to assist the resident in becoming self-sufficient. For example, LDSS approved trade schools or employment training programs.
<b>Employment:</b>	Employment for adults includes a resident actively seeking or engaged in gainful employment either part time or full time.
<b>Benefits:</b>	Includes addressing the individual's/family's application and continued eligibility for temporary assistance, Medicaid, SSI, food stamps, WIC or other benefits.
<b>Child Welfare:</b>	Includes any apparent social or physical need of children, including services to address child abuse or neglect, or protective/preventive services program involvement.
<b>Medical:</b>	Includes any medical care needed by the individual or family.

<b>Parenting Skills:</b>	Includes services that will enhance the family's or individual's ability to adequately address the needs of their children. These services may address a parent's skill in providing appropriate discipline, medical care, physical development, nutrition and social skills for the child(ren).
<b>Undocumented Individual Or Family:</b>	Includes immigration assistance and other support services associated with this need.
<b>Independent Living Skills:</b>	Includes skills that will enhance the family's or individual's ability to become self-sufficient and to secure and retain housing. For example, budgeting, use of community resources, housekeeping and landlord/tenant rights.
<b>Legal Services:</b>	Includes legal needs of the individual or family, e.g., an order of protection.
<b>Substance/Alcohol Abuse:</b>	Includes services designed to address alcohol and substance abuse problems as needed for individuals and families.
<b>Community Ties:</b>	Includes the family's or individual's need to be located near or in a specific community, e.g., a specialized medical provider or employer.
<b>Domestic Violence:</b>	Includes services designed to address domestic violence issues. Where appropriate, consider interface with the social services district's DV Liaison.
<b>Mental Health:</b>	Includes services designed to address mental health issues.
<b>Other:</b>	Includes any special need (not addressed above) which impacts on the family's or individual's effort to become self-sufficient or to secure housing.
<b>Check Documents Needed:</b>	Enter a check mark in the appropriate box when specific resident documents are needed.
<b>Date of Next Bi-Weekly Review:</b>	Enter the date of the next bi-weekly review.
<b>Expected Duration of THA:</b>	Enter the date the resident's Temporary Housing Assistance is expected to end.
<b>Resident Responsibilities Statement:</b>	The family or individual must be advised of their responsibility to comply with the requirements for receiving Temporary Housing Assistance.
<b>Resident Signature:</b>	Signature of the head of the household.
<b>Date:</b>	Enter the date signed.
<b>Staff Signature:</b>	Signature of case worker
<b>Date:</b>	Enter the date signed.
<b>Other Adult Signature:</b>	Signature of the spouse or other adult in the household
<b>Date:</b>	Enter the date signed.
<b>Supervisor Signature:</b>	Signature of the supervisor
<b>Date:</b>	Enter the date signed.
<b>Comments:</b>	Enter any additional information not explained above.
<b>Copy to File:</b>	A copy of this plan must be placed in the individual's/family's case file.
<b>Copy to Resident:</b>	A copy of this plan must be given to the head of household.
<b>Page ___ of ___:</b>	Enter the number of the page or pages attached to this plan. For example, "page 1 of 1".