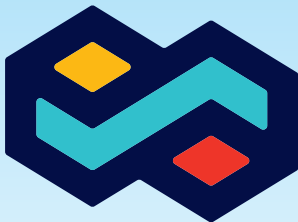




Housing Planning Instrument



NEW YORK
**ALLIANCE FOR
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Housing Plan

This tool is intended to be used by a **Housing Navigator** working with a person with a disability, their circle of support, and other advocates and professionals. It is intended to produce a narrative, not an assessment, of the person's housing planning process as they seek independent, inclusive housing (sometimes referred to as non-certified or community-based housing). There are assessment instruments and checklists that can be used with this tool, but they should only be used as background information. The person and their story should be at the center of creating a housing plan.

This process will take some time. Meetings may include the full team, but they are more likely to be one-on-one or with a small number of professionals and advocates. It is likely that a person's original ideas and aspirations will be influenced, and perhaps changed, by this planning process. The more time invested in the early stages of planning, the more likely the ultimate outcome will be satisfactory and sustainable.

Additional planning tools and checklists are available on the NY Housing Resource Center at <https://nyhrc.org/resource-category/housing-planning/planning-tool/>.



Housing Planning Tool Form

Part 1. Social Capital

Recorder: _____

A recorder should be designated for all meetings and should circulate proceedings/conclusions.

■ Participants

Note that all participants do not have to attend every in-person meeting.

Name of the person seeking housing: _____

Names of Family, Friends and Advocates: _____

Name of Care Manager: _____

Name of Person-centered Planner: _____

Name of Self Direction broker or Agency liaison: _____

Name of Navigator: _____

Name of Benefit Advisor/Financial Planner: _____

Name of Representative Payee: _____

Name of FI Representative: _____

Name of Guardian: _____

Other: _____

■ Person Seeking Housing

Age: _____

Current Address: _____

■ Discussion

Existing reviews and assessments. Guardianship? Any SDM? If available review POMs, ISP, "I AM", Life Plan. DDP2 with scores, Life events that need to be considered (e.g. law-enforcement)? Inventory.

1. Who is in the Circle of Support? Can the Circle be strengthened? *Discuss member commitment, frequency, & roles (e.g. documentation, verification, money & eligibility).*

2. Where and how I live now.

Topics to cover: Where? Type of home? People? LIC/Routine? Leisure?

3. Where and how I would like to live.

Topics to cover: Where? Type? People? Work? Transport? Medical? Routine? Leisure? How I navigate my community? Reasons for each choice?

Housing Planning Tool Form

Activity: Watch “We Have Choices” together. Discuss.

NARRATIVE (HN write up “Pre” discussion)

At this point it is vital to determine commitment and likely support.

Part 2. Financial Review

■ What do I have in my wallet?

- Public Benefits SSI/SSDI/SNAP/HEAP/CDB/Section 8/ Weatherization Assistance Program, RTAP/Access-a Ride
- Private Sector. Phone/energy /WAP
- OPWDD /DOH benefits. Self-Direction Residential. ISS, Medicaid/Medicare/Comm Hab/CDPAS/Transition stipends (ISS/CTS)
- Employment. PASS/IRWE/FSS/EID/EITC/Special Conditions/Subsidies
- Savings. 1st SNT, 3rd SNT, ABLE.
- Do I have Credit /Bank account/Debit– if so good/bad - steps to rectify or implement

Review status of Public & Private benefits and any action to be taken. By whom?

NARRATIVE

Housing Planning Tool Form

■ Budget

What are my expenses?

- Essentials, Rent, Food, Heat, Utilities, Transport, Clothing, Meds, Internet, Insurance, Personal Care, Recreation, Fitness etc.

How do I access my money? (e.g. cash/ATM/debit or credit card/rep payee)

Supplements – What is available from local food banks or pantries etc.?

Activity: Connect with “CASH” coalition.

Reconvene in the light of review of budget and available housing funds.

Using the HN Spreadsheet, complete the Income & the Savings tabs

NARRATIVE

(HN write up benefit status. Describe Income and Assets including estimate of housing and staffing support funding.)

Part 3. Support Needs

■ What do I need help with?

This should not be a list of the things a person can do / cannot do. The end result of this discussion should be a description of the types of support the person needs. How much of that support is from another person, and is that person to be paid? How much support is from Technology, and how will that be funded?

Some questions to consider:

- What services do I currently receive? What service gaps might a transition highlight?
- How do I get going in the morning? personal hygiene/clothing/breakfast
- How do I get to work, shop for food, etc.? my transport options
- Food preparation
- Chores – laundry, cleaning, yardwork, etc.
- What nighttime supports do I need?

Housing Planning Tool Form

- Accessibility needs
- How do I manage my health care? making/tracking appointments, portals, follow-up
- Medication – prescriptions (*refills, pick-up/delivery*) and *administration*
 - Is there a Telehealth option?
 - **Personnel (supports from people):**
 - Natural support from family and friends
 - CDPAP or Community Hab (self-hire v. agency-supported v. direct provider)?
 - How much of the DSP time can be shared?
 - Can a Live-in Caregiver help? Paid Neighbor?
 - **Assistive / Enabling Technology (supports from technology):**
 - Current
 - Potential future uses and supports
 - Where / How to obtain?

Activities:

- Review “Shared Living Toolkit”
- Review Who with? *For compatibility discussion, use Pacer pp. 27-29*

Using the HN Spreadsheet, complete the Non Housing Expenses tab, including all expenses

NARRATIVE

(HN to project staff needs and costs. If living with others, what is likely to be needed from them?)

Housing Planning Tool Form

Part 4. Planning for Housing

■ Rent or Buy?

- Rent in an existing location
- If to Buy – First time buyer mortgage product? If so, then Homeowner/Financial Education, Housing Counseling Agencies, Family/Families, Entity Resource check, etc.

Activity: NY Times Rent or Buy exercise.

■ Where?

- Considerations of family, work, transport, medical needs, friends, staff, SORA, etc.
- Cost of living, home costs, city/municipal grants

Activity: Create a map of essential locations, preferred neighborhood

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Using the HN spreadsheet, complete the Own and Rent tabs (also Group tab if applicable)

- Compare: Rent budget & Purchase budget
- Other expenses and funding needs from any home sharers.
 - **Furniture & Appliances**
 - What furniture is needed? How to obtain it?
 - Discuss transition stipend (ISS, CTS) process
 - **Moving**
 - Self or friends or company?

**Meet with all members of the Team and COS to decide Rent/Buy and any issues.
Final Review – identify key financial and personal issues.**

NARRATIVE

Housing Planning Tool Form

■ Next Steps

Begin Looking

- Role for Realtor or Broker
- Zillow/Trulia/HCR/NYC sites.
- Neighborhood Assessment
- Lease review/deposit/first month rent
- If planning to purchase, consider commitment letter, inspector, grant applications

Home Repair 101

- Basic housing maintenance
- “GoTo” contacts or contractors for repairs

Commitment: Execute Lease or Execute Purchase

NARRATIVE

Housing Planning Tool Form

Part 5. Transition

- For people coming from a Certified setting:
 - o Are all supports & Services identified and ready to go (ISS/CTS/CommHab/SDS etc.)
 - o Financials in order – RepPayee, SNAP etc.
 - o For SDS ensure that Lifeplan includes Housing
 - o Ensure smooth switch from Certified budget to SDS budget
 - o If E-mods are required – timeline and plan with OPWDD to ensure access after transition
- Continued commitment from the COS and team.

NOTES / NARRATIVE

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Part 6. Sustaining

- Periodic review and “drop by” (ongoing HN)
- Local Resources to ensure continuity if any supports are interrupted or disrupted. For example, utility maintenance
- Creating the long-term Support Network / Identify potential gaps

NOTES / NARRATIVE



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