

Service Plan Template

For the three year period of _____ to _____

This plan of services template can be used for an existing housing development.

For a proposed development refer to the Supportive Services Plan Outline in the PennHOMES and Low Income Housing Tax Credit Program Requirements chapter.

Site Name & No.:	No. of Units:
Plan prepared by:	Date:
Site Manager:	Phone:
Service Provider/SC:	Phone:

1. Description of Population and resident need identified in survey.

a. **Population.** Describe the existing population in terms of age, frailty, household makeup, working status, and other pertinent factors.

b. **Resident Survey.** Attach a copy of the survey or list of interview questions to this document.

Date of survey	
Type of survey used	
How was survey delivered?	
Were accommodations made?	
Response rate (# of responses divided by # of residents)	
Summarize and prioritize the findings of the survey:	

2. Inventory of current services provided at the property:

Type of service	Date service included in plan of services	Person/Agency providing the services	Telephone number	Does this service address needs identified in resident survey?

3. Inventory of additional services and resources in the community. Based on your research, list the community based organizations that will address needs identified in your survey.

Needs identified in survey	Organization who can provide services	Contact person and telephone/e-mail	Describe how this organization meets the needs identified in the resident survey

4. Implementation of future services, programs, and activities. Identify the activity, programs or services that will be implemented over the next three years to address resident issues identified in the survey, but not addressed in #2 and #3 above.

Name of service, program or activity	Parties responsible for program and implementation timeline	How and where service will be provided	Frequency of program or activity (e.g. daily, weekly, monthly)	Eligibility requirements for resident participation *

* Ideally all residents will be eligible for all services.

5. Staffing. If appropriate, attach a job title, description, supervision, and qualifications for staffing needs outlined in #4.

6. Proposed Outcomes for programs, services, and activities outlined in #2 and #4.

Service, Program, or Activity	How will you get residents to participate in this service?	Describe Outcomes Outcomes are benefits to the individual, family, agency or community resulting from the proposed activity.	Describe Outcomes Measurement How will you track the measurement and success of the outcome?