

Plan of Services 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 Service Plan Outline in the PennHOMES and Low Income Housing Tax Credit Program Requirements.

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

1. Description of Population and resident need identified in survey

a.) Population

Describe the existing population in terms of age, frailty, use of existing services and other pertinent factors. If using AASC or Family Metrics extract information from resident statics.

b.) Resident Survey

Attach a copy of the survey or the list of interview questions to this document.

Date of survey:

Type of survey used:

How was survey delivered? :

Where accommodations made? :

Response rate (# of responses divided by # or residents):

Summarize and prioritize the findings of the survey:

2. Description of Management issues

Lease Infractions

Vacancies & Turnover

Occupancy & Marketing

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3. Community and online resources

Based on research identify the community based organizations/websites that may address needs identified in your survey.

Name of Organization/ Website	Service Provided	Contact Person	Telephone Number/Web Site Link	Describe how organization/ website can meet the needs identified in resident survey

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4. Current services provided at the property

Name of service or explanation of service provided	Date service began at property	Name of person, agency, or group providing the service	Contact Information	Does this service address needs identified in resident survey?

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5. Proposed services, programs and activities

Identify activities, programs or services that will be implemented over the next three years to address resident issues as identified in the survey, but not listed on chart 3 (currently being provided.)

Name of Service, Program or Activity	Parties Responsible for program and implementation timeline:	How and where will service be provided	The frequency of the program or activity (daily, weekly, monthly, etc)	Will program be available for all residents? <i>(Ideally all residents will be eligible for all services)</i>

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6. Proposed Outcomes

For services, programs, or activities as noted for current (Chart 3) and proposed plans (Chart 4.)

Name of Service, Program or Activity	Resident Participation <i>How will residents be encouraged to participate?</i>	Describe Outcomes <i>What benefits will the individual, family, or community see resulting from proposed activity?</i>	Outcome Measures <i>How will outcomes be measured?</i>

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7. Supportive Services Budget

Supportive Services Costs	Hrs/wk:	Hourly or Unit Cost	Budget \$	Source of Funds <i>(Annual Operating Budget, Supportive Services Escrow, Donated)</i>
Supportive Services Salary		\$ /hr		
Supportive Services Supplies	N/A	\$ /unit		

8. Staffing

Attach a job title, description, supervisor, and qualifications for staffing.

9. Supportive Services Reporting

Indicate method of reporting (AASC, Family Metrics, PHFA Online Reporting).

Who is responsible for reporting (Service Coordinator, Property Manager) & email address?

Include as attachments with your service plan package if applicable:

<input type="checkbox"/> Resident Survey	<input type="checkbox"/> Sample Forms to be used in Program Operations
<input type="checkbox"/> Job descriptions.	<input type="checkbox"/> Specifications for equipment to be purchased.
<input type="checkbox"/> Budget Narrative	<input type="checkbox"/> Contract/MOU with service provider.
<input type="checkbox"/> Systems to integrate services into property operating procedures	