

**PHFA  
Housing Services Department  
Plan of Services**

**For the three year period of \_\_\_\_\_ to \_\_\_\_\_**

Plan begins January 1<sup>st</sup> and ends December 31<sup>st</sup> of the 3 year period

***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:
Service Coordinator's Supervisor:	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**

Date when survey was completed:

How was survey delivered?

Were accommodations made?

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





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**4. Proposed services, programs and activities**

*In order of priority, list services, programs or activities that will be implemented over the next three years. The proposed services, programs and activities should come directly from current survey findings and not listed on chart 3 (currently being provided).*

<b>Name of Service, Program or Activity</b>	<b>Parties Responsible for program and implementation timeline:</b>	<b>How and where will service be provided</b>	<b>The frequency of the program or activity (daily, weekly, monthly, etc)</b>

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**5. Proposed Outcomes**

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

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

**Outcomes of Services:**

Improved resident health and social interaction

Increased mobility & community involvement

Improved quality of life through access to services (ex: referrals for senior and disability services)

Increased household income (ex: employment/career referral& assistance, Rent Rebate, EITC)

Improved educational outcomes for children

Improved educational opportunities for adults (ex: GED to post-secondary education, trade school)

Reduced crime, theft and/or drug activity

Savings to property management (ex: reduced legal fees, vacancy losses, turnover, evictions, and/or bad debt)

Increased community partnerships/community-building initiatives

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Increased access to homeownership programs and support

**6. Supportive Services Budget**

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