



Supportive Services Planning Worksheet

MENU OF SERVICES AVAILABLE TO TENANTS

1. General Supportive Services	On Site	Off-Site
Who Provides?		
a. New tenant orientation/move-in assistance		
b. Tenant’s rights education/tenants council		
c. Case management or service coordination		
d. Psychosocial assessment		
e. Individualized service planning		
f. Individual counseling and support		
g. Referrals to other services and programs		
h. Crisis intervention		
i. Peer mentoring		
j. Support groups (list below)		
k. Recreational/socialization opportunities		
l. Legal assistance		
m. Transportation		
n. Nutritional services		
o. Meals		
p. Emergency financial assistance (specify below)		
q. Furnished units		
r. Other (specify):		

2. Independent Living Skills	On Site	Off-Site
Who Provides?		
a. Communication skills		
b. Conflict resolution/mediation training		
c. Personal financial management and budgeting		
d. Credit counseling		
e. Representative payee		
f. Entitlement assistance/benefits counseling		
g. Training in cooking/meal preparation		
h. Training in personal hygiene and self-care		
i. Training in housekeeping		
j. Training in use of public transportation		
k. Assistance with activities of daily living		
l. Other (specify):		

Note: This document is included within the *Supportive Services* section of CSH’s *Toolkit for Developing and Operating Supportive Housing*, which is available at www.csh.org/toolkit2. This document has been adapted from CSH’s publication *Developing the “Support” in Supportive Housing*, which is available at www.csh.org/publications.

MENU OF SERVICES AVAILABLE TO TENANTS

3. Health/Medical Services
a. Routine medical care
b. Medication management or monitoring
c. Health and wellness education
d. Nursing/Visiting nurse care
e. Home health aide services
f. Personal care
g. HIV/AIDS services
h. Pain management
i. Other (specify):

On Site	Off-Site
Who Provides?	

4. Mental Health Services
a. Individual psychosocial assessment
b. Individual counseling
c. Group therapy
d. Support groups (specify below)
e. Peer mentoring/support (describe below)
f. Medication management/monitoring (specify below)
g. Education about mental illness
h. Education about psychotropic medication
i. Psychiatric services (specify below)
j. Liaison with Psychiatrist (describe)
k. Psychiatric Nurse
l. Other (describe):

On Site	Off-Site
Who Provides?	

5. Substance Abuse Services
a. Recovery readiness services (tenants with active addictions)
b. Relapse prevention and recovery planning
c. Substance abuse counseling (individual)
d. Substance abuse counseling (group)
e. Methadone maintenance
f. Harm-reduction services (specify)
g. AA/NA/CA
h. Sober recreational activities
i. Other substance abuse services (specify):

On Site	Off-Site
Who Provides?	

