

Housing Crisis Plan

This plan is meant to accompany a client's Housing Support Plan for Tenancy & Sustaining Services

Housing Crisis Plan¹

1. This is what I look like when I'm well.	
2. This is what I look like or how I may act when it gets too bad for me to handle on my own.	
3. These are things that cause me stress, trigger me or may make me not act like usual self:	
4. If my behaviors could have negative effects on me or my housing, I want my supporters to...	5. My supporters are—including who advocates for me in talking to the landlord or property managers with me or on my behalf: (List names and contact numbers)
6. When I'm in a crisis, I want the following people to support me in these ways (List as much detail as possible)	
7. When I'm in a crisis, please do NOT do these things, which would not help and would make things worse.	
8. These are the signs that will let my supporters know it's safe to stop using this crisis plan	
9. When I'm in a crisis, the following people should not be involved in making any decisions on my behalf:	

¹ The questions in this crisis plan were adapted from Wellness Recovery Action Plan, A Crisis Plan for ANY Crisis, 2019. [A Crisis Plan for ANY Crisis - Wellness Recovery Action Plan](#)

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10. My Emergency Contact Person is:	Name Phone Number Agency (if applicable) Email address
11. My Primary Care Provider is:	Name Phone Number Agency (if applicable) Email address
12. My Enhanced Care Management Provider is:	Name Phone Number Agency (if applicable) Email address

13. SIGNATURES

Member Name
Staff Name
Staff Phone:
Supervisor Name

Member Signature
Staff Signature
Staff email:
Supervisor Signature

Date
Date
Date