

# SUPPORTIVE SERVICES ACCESS PLAN (SSAP)

Management Change

Property Information	
Name:	
Street Address:	
City, State, Zip:	

Contact Information			
	Owner	Management Agent	Services Coordinator/Provider
Organization Name			
Primary Contact			
Phone Number			
Email Address			
Street Address			
City, State, Zip			

If the same entity is acting as both Property Manager and Service Provider or Coordinator, please provide a narrative explanation of how these roles will be separated to ensure compliance with Fair Housing law.


### A. Type of Housing

Please enter the applicable unit information.

**Emergency Housing**     DV/SA     Homeless     \_\_\_\_\_

	Number of dwelling units
	Number of bedrooms
	Number of beds

#### Transitional Housing

	Number of dwelling units
	Number of bedrooms
	Number of beds

#### Permanent Housing

	Number of dwelling units
	Number of bedrooms
	Number of beds

#### Hospice

	Number of bedrooms
	Number of beds

Describe type of living situation for residents: *Single Family House, Single Family Apartment, Single Room Occupancy (SRO), Shared Bedroom, Non-Shared Bedroom, Dormitory, or Other (describe)*


**B. Target Population**

Identify below the type(s) of population(s) that will be residents of the project

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(e.g. homeless, domestic violence survivors, disabled children, children in foster care, mentally ill, substance abuse recovery, HIV/AIDS, re-entry from prisons, etc.).

**C. Type of Facility**

Is this a licensed facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
License Type:		
License Number:		
Facility Type:		

Is project limited by funding source or license only to house this population?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
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**D. Statement of Qualification**

**Capacity of Services Coordinator/Provider**

Describe the experience and capacity of the Services Coordinator/Provider to provide, coordinate and/or act as a referral agent for community based services that support persons of targeted population. (Include a brief description of the agency’s history, mission and the services the agency provides/coordinates.)


Provide an analysis of the success rate of your service program. For example, “based on a five year follow-up examination, 35% of resident of our program for homeless persons achieve and maintain self-sufficiency for two years or more after leaving our program.” Please include statistics.


**E. Residents Access to Support and Services**

Provide a detailed description of supports and services to be provided to residents, including the project’s referral and tenant selection policies, if applicable. How are residents’ needs for services identified? How are individual services’ plans developed and implemented?


Please attach copies of any resident/tenant handbook or guidelines, as well as any printed material about religious activities or required program activities.

**COMPLETE SECTION F ONLY IF SERVICE PROVIDER IS NOT THE PROPERTY MANAGER.**

**F. Referral, Screening and Communication Plan**

Describe how the Services Coordinator/Provider will collect and make referrals of prospective residents to the property, maintain contact with referrals and referral agencies and the property manager, and offer assistance with any problems that may arise during a referral's tenancy for the duration of the compliance period.


Describe how the property manager will screen referrals, negotiate reasonable accommodations and maintain contact with the Services Coordinator/Provider during a referral's tenancy.


Describe how the Services Coordinator/Provider and the property manager will maintain communication to accommodate staff turnover.


**G. Access to Supportive Services**

Name other local service providers who will be collaborating with the Service Coordinator/ Provider in the referring process and providing residents' access to services and supports.

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Describe how Services Coordinator/Provider will work with the property manager and/or other local providers to coordinate access to services and supports should residents need assistance.


**H. Facility Security Plan**

If your project has an existing Facility Security Plan, please attach. This generally will only be available for Domestic Violence Shelters that have funding from the Governor's Crime Commission.

**I. Emergency Plan/Disaster Plan**

All projects should have a written emergency/disaster plan in place. It provides owner/management contacts for after-hours emergencies and gives residents instructions in the event of fire, flood, snow or other natural disasters. Please attach.

Management Agent	
Printed Name:	
Signature:	
Date: (mm/dd/yyyy)	