

Stabilization Funds Monthly Report

To be completed by the Referral Source and submitted to ICA Team Lead @ communitylinks@cmha lethbridge.ca

Report for month: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Applicant Name:

ACTION PLAN – please outline the tasks that have been completed
Obtaining and/or maintaining income stability
Addressing identified barriers
Obtaining permanent housing
Maintaining permanent housing
<i>Complete in the last two weeks of funding</i> Will the applicant be housed by the end of the funding period? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, what is the current contingency plan?

Referral Source Signature:	Date Signed:
Referral Source Agency:	