



New York State Office for People with Developmental Disabilities

HOUSING SUBSIDY SUPPORT SERVICES PLAN

Individual Name: _____

Fiscal Intermediary: _____

Fiscal Intermediary Representative: _____

Service Coordinator: _____

Broker: _____

Part I: Plan Narrative

Describe the specific supports and services to be provided to the individual under the provisions of this plan agreement. Specify all transition or non-recurring expenses. (Attach additional sheets as necessary.)

Part II: Individual Responsibilities

Describe the specific responsibilities of the individual as part of the Housing Subsidy Support Services Plan.

Part III: Support Network

Describe the specific support network available to assist in completing the individual responsibilities as well as meeting his/her needs for safety and independent living.

We agree to the “Plan Narrative”, “Individual Responsibilities,” and “Plan Budget.”

_____ Individual/Advocate Signature	_____ Date	_____ Service Coordinator Signature	_____ Date
_____ Broker Signature	_____ Date	_____ Fiscal Intermediary Signature	_____ Date
_____ DDRO Representative Signature	_____ Date		