

Oregon Housing & Community Services Resident Services Plan Report

Date: _____ Property Name: _____

Property Manager: _____ Site Manager: _____

Service Coordinator: _____ Title: _____

Service Provider: _____
Name of Agency providing services under MOU or other agreement

Target Population at this property: _____

Describe the qualifications and experience of the Agent in coordinating services. Include the Owner's oversight process with Management for services that are provided on-site through the Site Manager or contracted through a Provider.

RESIDENT SERVICES

Describe in detail, the method of delivery of the resident services. Include who is responsible for the delivery and monitoring of the plan.

Describe how the community room or other space at the property is utilized for provision or coordination of Resident Services.

Attach copies of the current materials that support or demonstrate the Resident Services plan for this property. Examples are calendars, fliers, newsletters, website materials, marketing materials and copies of advertisements.

