**2023-2025 Housing Stabilization Program Collaboration Plan**

**Oregon Department of Human Services District #: \_\_\_\_\_\_**

**Community Action Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contacts:** List below all contacts, including those who sign this plan and any case managers of HSP clients. If a gatekeeper is used, please add that person(s) contact information as well.

**DHS:** (contact name(s), email(s), phone(s)):

**CAA:** (contact name(s), email(s), phone(s)):

**CAA Subrecipients:** (agency name(s), contact name(s), email(s), phone(s)):

**Collaboration Plan:**

1. How the CAA will work with their local ODHS branch(es) to co-case manage  
   clients
2. How the CAA will communicate their TANF client list and/or referral tracking sheet to their local ODHS branch(es)
3. The frequency of communication, which must occur at a minimum monthly while CAAs have HSP funding available
4. Method of communication between the CAA and their local ODHS branch(es) (include details for specificity, such as dates/times of meetings, how they occur either phone/zoom or in-person, who is responsible for scheduling, and what information will be shared)

**Referrals:**

1. The referral process (include details for specificity, such as how are referrals sent, how is contact made with client and are there expectations of the client for response)
2. The timelines for how quickly the CAA and local branch(es) will respond to referrals
3. How actions taken on referrals will be communicated between the CAA and the local ODHS branch(es)
4. How the CAA will address a crisis need if the frequency of working with their local branch(es) is later than the time needed to address the client’s situation
5. The plan for if/when the number of referrals exceed the CAA’s capacity to take action on the referrals.

**Transportation:**

1. How will the CAA address serving clients with transportation issues
2. How are the options communicate to clients

**Signatures:**

ODHS Printed Name ODHS Signature Date

CAA Printed Name CAA Signature Date