Oregon Housing & Community Services Resident Services Plan Report

Date:	Property Name:
Property Manager:	Site Manager:
	Title:
Service Provider: Name of Agency providing service	ces under MOU or other agreement
Target Population at this property:	
	at in coordinating services. Include the Owner's oversight process through the Site Manager or contracted through a Provider.
RESIDENT SERVICES	
monitoring of the plan	nt services. Include who is responsible for the delivery and
Describe how the community room or other space at the Services.	ne property is utilized for provision or coordination of Resident

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.

In the table below, describe: (1) Each specific service currently being provided to residents; (2) Identify the provider of the service; (3) Indicate the location where each service is being provided; (4) Indicate the number of resident participants in each; and (5) State the results of providing each service. (Add more spaces or pages as needed to provide full list of services provided).

		LOCATION OF SERVICE	NUMBER OF	
CEDVICES DROVIDED	CEDVICE DROVIDED			MEACHDED DECLUTE
SERVICES PROVIDED	SERVICE PROVIDER	ON-SITE / OFF-SITE-	RESIDENT	MEASURED RESULTS
		SPECIFY	PARTICIPANTS	

EVALUATION	
The Resident Services Plan approved by OH	ICS is being followed to provide services to the residents of this property.
Yes No; provide explanation:	
Date the Plan was last evaluated:	If more than 5 years ago, explain:
	uate the approved Resident Services Plan to determine if the approved plan lation of the property. Include the results of the evaluation, the changes that
RESIDENT SERVICES PLAN CERTIFICATION	N
Person Completing Report	Title
Signature	Date