



**HOUSING SUBSIDY SUPPORT SERVICES PLAN  
(LETTER OF JUSTIFICATION)**

PARTICIPANT'S NAME:
PARTICIPANT'S ADDRESS:
FORM COMPLETED BY:
REVIEWER CONTACT INFO:
CARE MANAGER'S NAME:
BROKER'S NAME:

DATE: \_\_\_\_\_

**DIRECTIONS:** This justification is to be completed at the time of enrollment in the housing program and is expected to be updated as necessary. A new justification will be required if an individual has any significant changes to their housing situation. Use additional pages as necessary for each area.

- 1) "Letter of Justification" Narrative** - indicating the appropriateness of the housing program for the individual.

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**2) 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.

**3) Individual Responsibilities** - Describe the specific responsibilities of the individual as part of the Housing Subsidy Support Services Plan.

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- 4) 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.

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Housing Subsidy Participant/Advocate Signature

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Date

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Care Manager's Signature

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Date

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Broker's Signature

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Date

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DDRO Signature

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Date

The above information was reported to ISS, Inc. by the COS and will be maintained with the housing documents. ISS representatives are unable to confirm the validity of the information reported above. Any issues identified should be brought to the attention of OPWDD.

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Fiscal Intermediary Representative Signature

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Date