**Form C: Tenant Investment Plan Matrix**

This form is required to meet minimum threshold requirements for Services.

Only one Form C per HOME application is required. Submit in Folder M: Project Characteristics.

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| **Development Information** | | | |
| Project Name: |  | | |
| Street Address (each address for scattered site): |  | | |
| City/Cities: |  | County/Counties: |  |

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| ***LEVEL ONE SERVICES***  ***(Minimum of One Service Required)*** | | | | | |
| ***Tenant Investment Plan Services & Description*** | | | | | |
| **Service** | | **Brief Description of Service** | **On-Site/ Off-Site** | **Distance from Development** | **Service Provider** |
|  | Transportation |  | Choose type. |  |  |
|  | Parenting Classes/ Early Childhood Development |  | Choose type. |  |  |
|  | Light Housekeeping |  | Choose type. |  |  |
|  | Outpatient Rehab |  | Choose type. |  |  |
|  | Physical Therapy |  | Choose type. |  |  |
|  | Medication Delivery |  | Choose type. |  |  |
|  | Home Healthcare |  | Choose type. |  |  |
|  | Dental Services |  | Choose type. |  |  |
|  | Assisted Living |  | Choose type. |  |  |
|  | Alzheimer’s Care |  | Choose type. |  |  |
|  | Vocational Rehab Services |  | Choose type. |  |  |
|  | Adult Daycare/Eldercare |  | Choose type. |  |  |
|  | Substance Abuse Treatment |  | Choose type. |  |  |
|  | Case Manager |  | Choose type. |  |  |
|  | TIP Coordinator |  | Choose type. |  |  |
|  | Utility Assistance |  | Choose type. |  |  |
|  | Other: |  | Choose type. |  |  |
|  | Other: |  | Choose type. |  |  |
|  | Other: |  | Choose type. |  |  |

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| ***LEVEL TWO SERVICES***  ***(Minimum of Two Services Required)*** | | | | | |
| ***Tenant Investment Plan Services & Description*** | | | | | |
| **Service** | | **Brief Description of Service** | **On-Site/ Off-Site** | **Distance from Development** | **Service Provider** |
|  | Financial Literacy |  | Choose type. |  |  |
|  | Computer Training |  | Choose type. |  |  |
|  | Credit Counseling |  | Choose type. |  |  |
|  | Nutrition Classes |  | Choose type. |  |  |
|  | Exercise Classes |  | Choose type. |  |  |
|  | Resume Building |  | Choose type. |  |  |
|  | GED/Adult Education |  | Choose type. |  |  |
|  | Tax Preparation Assistance |  | Choose type. |  |  |
|  | Medicaid Waivers |  | Choose type. |  |  |
|  | Animal Therapy |  | Choose type. |  |  |
|  | Employment Services |  | Choose type. |  |  |
|  | Meals on Wheels |  | Choose type. |  |  |
|  | HIV Counseling, Testing & Education |  | Choose type. |  |  |
|  | Family Caregiver Support Program |  | Choose type. |  |  |
|  | Symptom Management |  | Choose type. |  |  |
|  | Other: |  | Choose type. |  |  |
|  | Other: |  | Choose type. |  |  |
|  | Other: |  | Choose type. |  |  |

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| ***LEVEL THREE SERVICES***  ***(Minimum of Three Services Required)*** | | | | | |
| ***Tenant Investment Plan Services & Description*** | | | | | |
| **Service** | | **Brief Description of Service** | **On-Site/ Off-Site** | **Distance from Development** | **Service Provider** |
|  | Food Pantry Referral |  | Choose type. |  |  |
|  | Clothing Pantry Referral |  | Choose type. |  |  |
|  | 2-1-1/ Information & Referral |  | Choose type. |  |  |
|  | Smoking Cessation |  | Choose type. |  |  |
|  | Discount Program |  | Choose type. |  |  |
|  | Coupons to Local Public/ Private Facilities |  | Choose type. |  |  |
|  | Blood Pressure Screening |  | Choose type. |  |  |
|  | Stress Management |  | Choose type. |  |  |
|  | Quarterly Resident Meetings |  | Choose type. |  |  |
|  | Holiday Events |  | Choose type. |  |  |
|  | Recycling Program |  | Choose type. |  |  |
|  | Resident Liaison |  | Choose type. |  |  |
|  | Residents Association |  | Choose type. |  |  |
|  | Mentor Program |  | Choose type. |  |  |
|  | Monthly Development Newsletter |  | Choose type. |  |  |
|  | Monthly Activities Program |  | Choose type. |  |  |
|  | Neighborhood Watch Program |  | Choose type. |  |  |
|  | Other: |  | Choose type. |  |  |
|  | Other: |  | Choose type. |  |  |
|  | Other: |  | Choose type. |  |  |