**Form C: Tenant Investment Plan Matrix**

For Rental Projects Only

Only one Form C per HOME application is required.

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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 |  |  |  |  |
| ☐ | Parenting Classes/ Early Childhood Development |  |  |  |  |
| ☐ | Light Housekeeping |  |  |  |  |
| ☐ | Outpatient Rehab |  |  |  |  |
| ☐ | Physical Therapy |  |  |  |  |
| ☐ | Medication Delivery |  |  |  |  |
| ☐ | Home Healthcare |  |  |  |  |
| ☐ | Dental Services |  |  |  |  |
| ☐ | Assisted Living |  |  |  |  |
| ☐ | Alzheimer’s Care |  |  |  |  |
| ☐ | Vocational Rehab Services |  |  |  |  |
| ☐ | Adult Daycare/Eldercare |  |  |  |  |
| ☐ | Substance Abuse Treatment |  |  |  |  |
| ☐ | Case Manager |  |  |  |  |
| ☐ | TIP Coordinator |  |  |  |  |
| ☐ | Utility Assistance |  |  |  |  |
| ☐ | Other: |  |  |  |  |
| ☐ | Other: |  |  |  |  |
| ☐ | Other: |  |  |  |  |

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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 |  |  |  |  |
| ☐ | Computer Training |  |  |  |  |
| ☐ | Credit Counseling |  |  |  |  |
| ☐ | Nutrition Classes |  |  |  |  |
| ☐ | Exercise Classes |  |  |  |  |
| ☐ | Resume Building |  |  |  |  |
| ☐ | GED/Adult Education |  |  |  |  |
| ☐ | Tax Preparation Assistance |  |  |  |  |
| ☐ | Medicaid Waivers |  |  |  |  |
| ☐ | Animal Therapy |  |  |  |  |
| ☐ | Employment Services |  |  |  |  |
| ☐ | Meals on Wheels |  |  |  |  |
| ☐ | HIV Counseling, Testing & Education |  |  |  |  |
| ☐ | Family Caregiver Support Program |  |  |  |  |
| ☐ | Symptom Management |  |  |  |  |
| ☐ | Other: |  |  |  |  |
| ☐ | Other: |  |  |  |  |
| ☐ | Other: |  |  |  |  |

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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 |  |  |  |  |
| ☐ | Clothing Pantry Referral |  |  |  |  |
| ☐ | 2-1-1/ Information & Referral |  |  |  |  |
| ☐ | Smoking Cessation |  |  |  |  |
| ☐ | Discount Program |  |  |  |  |
| ☐ | Coupons to Local Public/ Private Facilities |  |  |  |  |
| ☐ | Blood Pressure Screening |  |  |  |  |
| ☐ | Stress Management |  |  |  |  |
| ☐ | Quarterly Resident Meetings |  |  |  |  |
| ☐ | Holiday Events |  |  |  |  |
| ☐ | Recycling Program |  |  |  |  |
| ☐ | Resident Liaison |  |  |  |  |
| ☐ | Residents Association |  |  |  |  |
| ☐ | Mentor Program |  |  |  |  |
| ☐ | Monthly Development Newsletter |  |  |  |  |
| ☐ | Monthly Activities Program |  |  |  |  |
| ☐ | Neighborhood Watch Program |  |  |  |  |
| ☐ | Other: |  |  |  |  |
| ☐ | Other: |  |  |  |  |
| ☐ | Other: |  |  |  |  |