

AL TSA – Governor’s Opportunity for Supportive Housing Goal and Service Planner

Form Instructions

The Goal and Service Planner (GASP) form is a tool to aid goal focused, recovery-oriented Supportive Housing services. Upon returning to the community, the Supportive Housing Provider (SHP) should meet with the Participant to discuss their goals and visions for the future. The GASP is then used to document this goal-oriented conversation and to clearly outline goal focus areas and strategies the Participant and SHP should pursue to achieve these goals.

The GASP is a “living document” and the information filled out should actively inform the work between the SHP and Participant. For documentation purposes, AL TSA does request the following:

- Complete initial GASP within 30 days of Participant’s return to the community, sign and date.
- Formally review GASP every 90 days and note dates document was reviewed.
- Update as goals are completed or changed, sign and date. *Please note, there is no established timeline for a goal to be completed.*
- Formally update GASPs annually.

After completing, reviewing or updating the GASP, submit a copy of the document to your GOSH Program Manager via secure email.

To aid the conversation, some GASP focus areas to discuss include, *but are not limited to:*

- Housing
- Income and Benefits
- Food, Clothing and Transportation
- Mental Health
- Health, Tobacco Use, Dental and Vision care
- Alcohol or other Drug Use
- Safety and Legal Issues
- Work, School and/or Volunteering
- Daily Activities or Socialization
- Family and Social Supports
- Cultural and Spiritual Life
- Coping and interpersonal skills, relationship- building and conflict resolution skills

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Participant: _____ Creation Date: _____

Supportive Housing Staff: _____ Other Team Member: _____

This form was reviewed on:

My vision of a good life and recovery is...

GASP Focus Areas

Area: My goals:	My strengths:
Strategies (Who does what, when): _____ _____ _____	
Revisions/Notes: _____ _____ _____	

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Area: My goals:	My strengths:
Strategies (Who does what, when):	
Revisions/Notes:	

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Area: My goals:	My strengths:
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Revisions/Notes:

Area:

My goals:

My strengths:

Strategies (Who does what, when):

Revisions/Notes:

Additional comments:

Participant’s signature: _____ Date: _____

Supportive Housing’s signature: _____ Date: _____