Idaho Housing and Finance Association

SUPPORTIVE SERVICES TRACKING

TO BE COMPLETED BY THE PROPERTY MANAGER

Client/Resident Name: _____ **Date:** _____

This form is to be completed and used by the property manager to collect information on services provided for each Permanent Supportive Housing unit. Do not send this form directly to the service provider. It is the responsibility of the property staff to contact the service provider to collect the information. Document the information collected using this form and maintain it in the resident's file.

Please send request for information to info@ourpathhome.org for all properties in Ada County.

CONTACT LOG	
Contact/Attempted Contact Date: _____	Service Type: _____
Contact Method: _____	Frequency of Services: _____
Resident Accepted ☐ Resident Declined ☐	Follow up Needed: _____

NOTES AND OBSERVATIONS

SERVICE PROVIDER INFORMATION	
Please complete the contact information below for the individual or agency that provided the supportive services information referenced above.	
Service Provider Agency Name	Service Provider Staff Name
Service Provider Phone	Service Provider Email

PROPERTY MANAGEMENT CERTIFICATION & SIGNATURE		
I certify that supportive services tracking form for this household has been completed with the information I received from the Supportive Services Provider. The form has been reviewed for any necessary follow up and will be retained in the household resident file in accordance with LIHTC and PSH requirements.		
Property Manager	Signature	Date
Property Manager Phone	Property Manager Email	

Clear Form

Revised August 2026