



# Case Management Action Plan

**COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION  
AND PERSONAL HEALTH INFORMATION**

Your personal information and personal health information is collected under the authority of Manitoba Housing programs for the purpose of organizing supports and services required to attain your goals as outlined here. Your personal information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act* (FIPPA) and, if applicable, *The Personal Health Information Act* (PHIA). If you have any questions about the collection of personal information or personal health information, please contact the Access and Privacy Coordinator, 352 Donald Street, Winnipeg, MB, (204)945-3025.

<b>NAME:</b>  <input type="checkbox"/> Applicant <input type="checkbox"/> Tenant    Application Number:	<b>TSC:</b>	<b>Date:</b>
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**GOAL AREAS THAT INDIVIDUAL & TSC AGREE TO WORK ON**

<input type="checkbox"/> Tangible supports that impact daily functioning - cleaning, budgeting, maintaining a home, accessing food/furniture, safety, life skills
<input type="checkbox"/> Understanding and fulfilling responsibility as a tenant - noise disturbances, pet management, paying rent, limiting damage, visitors
<input type="checkbox"/> Living in the community; Social interactions among tenant, and connections to resources to prevent health and social challenges from interfering with successful tenancy.

Issues and Goals	Plan/Strategy	Responsible Person	Target Date	Monitoring



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**SIGN OFF**

Individual Initials:	TSC Initials:
Date:	Date:

**AUTHORIZATION AND CONSENT TO SHARE INFORMATION**

By signing this document, I, \_\_\_\_\_ authorize Manitoba Housing

to request, discuss and/or share my personal information with support agencies or organizations for the purpose of organizing supports and services required to attain my goals as outlined above and I authorize those agencies and organizations to release my personal information to Manitoba Housing.