

Supportive Services Chart

List all the services to be provided to MHSA tenants in the MHSA Funded units, including any in-kind services essential to the success of your Supportive Services Plan. Add additional lines to the Supportive Services Chart as needed.

	Supportive Service	Target Population	Service Provider(s)	Service Location
	List each service separately (e.g., case management, mental health services, substance abuse services, etc.)	Name the target population(s) that will be receiving the supportive service listed.	List the name of the proposed service provider.	Indicate where the service is to be provided – onsite or offsite. For offsite services, indicate the means by which residents will access the service.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Primary Service Provider: _____

(Indicate the primary service provider, i.e., entity responsible for providing services to the tenants of the MHSA funded units, and for overall implementation of the Supportive Services Plan, including coordination between multiple service providers where applicable.)