**Logo

Description automatically generated**

**PSH Moving On Assessment**

**PURPOSE:**

The purpose of the following Moving On Assessment is to identify tenants who are able to move on from supportive housing to independent, affordable housing, without a housing case manager and program supports. Please note that tenants identified as able to move on will also have to complete all required applications and forms and submit documentation required by the housing authority they subsequently apply to.

**INSTRUCTIONS:**

The assessment should be completed by both the tenant and their housing provider and should include a detailed discussion about the tenant’s ability and interest in moving on from supportive housing; moving to a different type of unit, building, or neighborhood if applicable; and awareness of independent living transition from supportive services to mainstream community resources. In addition, conversations should include the strength of the tenants’ access to community resources/ connections for ongoing supportive services as needed.

When completed with the tenant, it can be utilized in the development of service plan goals and should include a discussion of the tenant’s ability and interest in moving on to other affordable housing options. Assessments reflect a point-in-time for a household of where they are in their journey towards housing stability. This assessment can be completed multiple times throughout the program to help ascertain level of supports needed. Programs can use this assessment to assist with goal planning and case plan development from the onset of the project.

**SCORING:**

Scoring instructions are on the last page of this assessment. A higher score indicates that the tenant does not need as much support from a case manager/supportive housing program and may be ready to move on to affordable or subsidized housing without supports or with minimal supports. A lower score indicates the tenant needs more support from a case manager/supportive housing program and may not be ready to move on to other housing without those supports.

|  |  |  |  |
| --- | --- | --- | --- |
| **Tenant Information** | | | |
| Assessment Date |  | | |
| Head of Household HMIS Client ID |  | | |
| Head of Household First and Last Name |  | | |
| Household Type | Household with Adults and Children | | Household without Children/ with Adults Only |
| Number of Household Members |  | | |
| Tenant has signed Release of Information (REQUIRED) | Yes | No | |
| **PSH Provider Information** | | | |
| Current PSH Provider Agency |  | | |
| Current PSH Project Name |  | | |
| Current Case Manager Name |  | | |
| Current Case Manager Email |  | | |
| Current Case Manager Phone Number |  | | |
| Date Tenant Moved into PSH program |  | | |

**Certification Statement:** The information contained in this assessment is as accurate as possible. The tenant and case manager have met to discuss this assessment and what will be different for the tenant in independent housing versus the current PSH program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant Signature Case Manager / Housing Provider Signature

**Understanding that income stability is crucial in the Moving On process, responses to all 3 questions below must be YES for the tenant to be eligible for Moving On.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Financial Stability and Obligation Income** | | | | | |
| **Income** | **Yes/No** | **Financial Understanding** | **Yes/ No** | **Current Debt and Financial Obligation** | **Yes/No** |
| Has the tenant received benefits (SSI/DI, SNAP, WIC, Unemployment, TANF, Childcare Subsidy, etc.) or been employed for at least 6 months? |  | Does the Tenant have a clear understanding of current financial and debt matters? |  | Is the tenant willing and able to work on getting debt resolved/ paying down debt?  AND  Is the tenant currently able to meet all monthly financial obligations? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Housing** | **Levels** | | | |
| **3** | **2** | **1** | **0** |
| **Rent Payment** | Rep Payee/Tenant has paid rent on-time every month for the last 12 months | Rep Payee/Tenant has paid rent on-time 8-11 months in last 12 months | Rep Payee/Tenant has paid rent on-time 4-7 months in last 12 months | Rep Payee/Tenant has paid rent on-time 1-3 months in last 12 months  OR  Tenant has not paid any rent for last 12 months / has a full housing subsidy |
| **Utility Bill Payment** | Tenant has paid utility bills on-time for 10-12 months in last 12 months  OR  Utilities are included in rent | Tenant has paid utility bills on-time for 7-9 months in the last 12 months | Tenant has paid utility bills on-time for 4-6 months in the last 12 months | Tenant has paid utility bills on-time for 1-3 months in the last 12 months |
| **Rent Arrears** | Tenant has no current rent arrears | Tenant has less than 3 months of rent arrears is currently on payment plan | Tenant has more than 6 months of rent arrears and has set up a payment plan | Tenant has outstanding rent arrears and is not willing to set up payment plan |
| **Utility Arrears** | Tenant has no utility arrears and does not have a payment plan for past bills | Tenant has less than $500 in utility arrears and is current on payment plan | Tenant has less than $1000 in utility arrears and has set up a payment plan | Tenant has outstanding utility arrears and is not willing to set up payment plan |
| **Maintained Safe Living**  **Environment** | Tenant has not caused damage to / has maintained the habitability, safety, and cleanliness of their unit and/or the common areas of their building (if applicable) for the past 10-12 months | Tenant has not caused damage to / has maintained the habitability, safety, and cleanliness of their unit and/or the common areas of their building (if applicable) for the past 7-9 months | Tenant has not caused damage to / has maintained the habitability, safety, and cleanliness of their unit and/or the common areas of their building (if applicable) for the past 4-6 months | Tenant has not caused damage to / has maintained the habitability, safety, and cleanliness of their unit and/or the common areas of their building (if applicable) for the past 1-3 months |
| **Lease *(include all***  ***leases if tenant***  ***moved)*** | Tenant has been in a supportive housing program and has complied with the terms of their lease or occupancy agreement for over 36 consecutive months | Tenant has been in a supportive housing program and has complied with the terms of their lease or occupancy agreement for 24-35 consecutive months | Tenant has been in a supportive housing program and has complied with the terms of their lease or occupancy agreement for 12-23 consecutive months | Tenant has been in supportive housing less than 12 months  OR  Tenant has complied with the terms of their lease or occupancy agreement less than 12 months |
| **Evictions** | Since moving into supportive housing, tenant has not been evicted and has not skipped out early on a lease | Since moving into supportive housing, tenant has been evicted or has skipped out early on a lease 1 time | Since moving into supportive housing, tenant has been evicted or has skipped out early on a lease 2 times | Since moving into supportive housing, tenant has been evicted or has skipped out early on a lease 3 or more times |

**Comments:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **Health, Supportive Services, and Resources** | **Levels** | | | |
| **3** | **2** | **1** | **0** |
| **Mental Health Care Use** | Tenant has need for mental health services, has had contact with a mental health provider, and regularly keeps (>90%) their appointments in the past 12 months  OR  Tenant has no need for mental health services | Tenant has need for mental health services, has had contact with a mental health program, and has sporadically kept (>50%) of their appointments in the past 12 months | Tenant has need for mental health services, has had contact with a mental health provider, and has rarely kept (<50%) their appointments in the past 12 months | Tenant has need for mental health services  AND  Tenant has had no contact with a mental health provider in the past 12 months |
| **Primary/ Specialty Health Care Use** | Tenant has a primary and/or specialty health care provider and keeps appointments as needed | Tenant has been connected to primary and/or specialty health care provider for past 3-6 months | Tenant is newly connected with primary and/or specialty health care provider | Tenant has not had contact with primary and/or specialty health care provider in past 12 months |
| **Medication Adherence** | Tenant self-reports regularly taking prescribed medications  OR  Tenant has no prescribed medications. | Tenant self-reports sporadically taking prescribed medications | Tenant self-reports rarely taking prescribed medications | Tenant self-reports never taking prescribed medications |
| **Tenant Goals** | Tenant has regularly worked to make progress on the housing and service goals they’ve identified in their goal plan for the past 9-12 months; if tenant has children, this includes goals related to their needs as a parent and their children’s needs | Tenant has worked to make progress on the housing and service goals they’ve identified in their goal plan for the past 5-8 months; if tenant has children, this includes goals related to their needs as a parent and their children’s needs | Tenant has worked to make progress on the housing and service goals they’ve identified in their goal plan for the past 1-4 months; if tenant has children, this includes goals related to their needs as a parent and their children’s needs | Tenant has not worked to make progress on the housing and service goals they’ve identified in their goal plan for the past 12 months; if tenant has children, this includes goals related to their needs as a parent and their children’s needs |
| **Connection to Community Supports** | Tenant seeks out community supports and has many connections including specialized services | Tenant has adequate community supports or has limited supports but is interested in attaining other | Tenant has limited community supports and is not interested in attaining others | Tenant has no community supports outside of supportive housing program |
| **Service Utilization** | Tenant utilizes supportive services offered, and seeks services when needed | Tenant utilized some supportive services offered, and is able to maintain housing stability | Tenant has expressed interest in supportive services but has not followed up with case manager | Tenant has outstanding service needs and does not utilize current supportive services |
| **Connection to Supports and Services for Children in the Household** | Children have many connections to community supports that are needed for them to thrive (school, childcare, specialized services, etc.)  OR  There are no children in the household. | Children have adequate connection to community supports that are needed for them to thrive (school, childcare, specialized services, etc.) | Children have limited connection to community supports that are needed for them to thrive (school, childcare, specialized services, etc.) | Children are not connected to community supports that are needed for them to thrive (school, childcare, specialized services, etc.) |
| **Tenant has the Life Skills necessary to maintain housing stability** | Tenant has the skills to independently meet all basic needs, including reporting issues to a landlord, submitting requests for maintenance | Tenant has the skills to independently meet most but not all basic needs such as hygiene, food, activities of daily living, reporting issues to a landlord, submitting requests for maintenance | Tenant can independently meet a few but not all basic needs such as hygiene, food, activities of daily living, reporting issues to a landlord, submitting requests for maintenance | Tenant is unable to independently meet basic needs such as hygiene, food, activities of daily living, reporting issues to a landlord, submitting requests for maintenance |
| **Legal** | Tenant has been fully compliant with criminal justice supervision for more than 12 months  OR  Tenant has no criminal justice supervision requirements | Tenant has been fully compliant with criminal justice supervision for less than 12 months | Tenant has current charges or trial pending  OR  Tenant is noncompliant with criminal justice supervision | Tenant has outstanding warrants  OR  Tenant has been incarcerated for more than 90 days (non-consecutive) in the prior year |

**Comments:**

|  |
| --- |
|  |

**Assessment Index Interpretation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area** | **Maximum Level** | **Ideal Range** | **Minimum Level** | **Current Level on this Assessment** |
| **Financial Stability and Obligation Income** | Responded Yes to all 3 Questions | Responded Yes to all 3 Questions | Responded Yes to all 3 Questions |  |
| **Housing** | 21 | 18-21 | 14 |  |
| **Health, Supportive Services, and Resources** | 27 | 23-27 | 18 |  |

**Interpretation:**

* **Level for Housing; and Levels for Health, Supportive Services, and Resources fall within the ideal range AND Responses to 3 Financial Stability and Obligation Income questions are all YES:** Moving On toindependent housing options with community support should be considered as a short-term goal.
* **Level for Housing; and Level for Health, Supportive Services, and Resources are at or above minimum but do not fall within the ideal range OR Responses to only 2 of the 3 Financial Stability and Obligation Income Responses are YES:** Move On toindependent housing options with community-based supports should be considered as a long-term goal.
* **Level for Housing; and/or Level for Health, Supportive Services, and Resources are below the minimum OR Responses to <2 of the 3 Financial Stability and Obligation Income Responses are YES:** Tenant should remain in supportive housing for ongoing supports.

**Signatures**

The information in this assessment was collected in good faith and the information contained in this assessment is as accurate as possible.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Case Manager Signature Date Supervisor Signature Date**