**Move Up Voucher Program**

Assessment Tool **PSH**

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PSH Participant Name HMIS ID Date Assessment Completed

Instructions

The Housing Case Manager should complete all sections of the assessment below. Then add up all scores in the ‘participant score’ column and write the total in the bottom and on Move Up Voucher Request form. If the assessment subsection does not apply, please give 3 as the score, then write N/A and a brief explanation in the corresponding “Housing Case Manager Comment” column (Example: 3, N/A, not required to pay utilities). The Housing Case Manager may choose to score the PSH participant higher or lower based upon professional discretion (Example: Connection to Community Supports subsection, score 3 given, participant has always been independent without community supports).

Assessment

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| **Section 1: Wellness** | **Score 0** | **Score 1** | **Score 2** | **Score 3** | **Participant Score** | **Housing Case Manager Comment (If N/A or scoring guide deviation)** |
| SUD Recovery and/or Harm Reduction  | For the past 3 months the participant sustained recovery or followed Harm Reduction practices | For the past 6 months the participant sustained recovery or followed Harm Reduction practices | For the past 12 months the participant sustained recovery or followed Harm Reduction practices | Participant has no current substance use disorder treatment needs OR has 24+ months of sustained recovery or Harm Reduction practices |  |  |
| Mental Health Service Needs | For the past 3 months the participant was able to keep mental health care appointments | For the past 6 months the participant was able to keep mental health care appointments | For the past 12 months the participant was able to keep mental health care appointments | Participant keeps mental health care appointments on a regular basis OR has no current behavioral health needs |  |  |

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| **Section 1 Total:** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Section 2: Financial Responsibility and Income** | **Score 0** | **Score 1** | **Score 2** | **Score 3** | **Participant Score** | **Housing Case Manager Comment (If N/A or scoring guide deviation)** |
| Utility Bills | Participant has paid utility bills on time 1-3 times in the past 12 months | Participant has paid utility bills on time 4-6 times in the past 12 months | Participant has paid utility bills on time 6-8 times in the past 12 months | Participant has paid utility bills on time 8-12 times in the past 12 months |  |  |
| Outstanding Utility Bills | Participant has outstanding utility arrears and is not willing to set up a payment plan | Participant has less than $1,000 in utility arrears and has set up a payment plan or applied for resources | Tenant has less than $500 in utility arrears and is current on payment plans | Participant has no utility arrears |  |  |
| Employment | Participant is not employed and not enrolled in an employment program. | Participant is currently in an employment development program, educational training program, or actively seeking employment. | Participant is employed, involved in a volunteer position, internship, or job mentoring program for less than 6 months. | Participant has been employed for at least 6 months or is receiving Social Security benefits. |  |  |
| Current Debt and Financial Obligations | Participant has debt over 50% of their monthly income or is unable to consistently meet financial obligations | Participant has debt over 50% of their monthly income but is able to consistently meet financial obligations. | Participant has less than 10% of their monthly income in outstanding debt and is meeting financial obligations | Participant has no outstanding debt or financial obligations. |  |  |

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| **Section 2 Total:** |

**\*\*Please note that this section is weighted different than the others\*\***

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| **Section 3:****Housing** | **Score 0** | **Score 1** | **Score 4** | **Score 5** | **Participant Score** | **Housing Case Manager Comment (If N/A or scoring guide deviation)** |
| Safe Living Environment | Participant has had over 5 contacts\* with police and/or landlord complaints in the past 6 months regarding disruptive activities in the unit | Participant has had 3-5 contacts\* with police and/or landlord complaints in the past 6 months regarding disruptive activities in the unit | Participant has had 1-2 contacts\* with police and/or landlord complaints in the past 6 months regarding disruptive activities in the unit | Participant has not had any police visits or landlord complaints regarding disruptive activities in the unit |  |  |
| Length of Time Housed in PSH | Participant has been housed in the PSH program for 24 consecutive months | Participant has been housed in the PSH program for 24-36 consecutive months | Participant has been housed in the PSH program for 36-48 consecutive months | Participant has been housed in the PSH program for over 48 consecutive months |  |  |
| Housing Stability | Participant has had 3 or more involuntary lease terminations while in the program. | Participant has had 1-2 involuntary lease terminations while in the program, and circumstances were not mutual. | Participant has had 1 involuntary lease termination while in the program, but circumstances were mutual. | Participant has never received an involuntary lease termination while in the program. |  |  |
| Unlawful Detainers | In the past 10 years, the participant has had 6 or more unlawful detainers | In the past 10 years, the participant has had 3-5 unlawful detainers | In the past 10 years, the participant has had 1-3 unlawful detainers | In the past 10 years, the participant has had no unlawful detainers |  |  |
| Outstanding Rent Arrears | Participant has outstanding rent arrears and is not willing to set up a payment plan | Participant has more than 6 months in current rent arrears and has set up a payment plan or applied for resources | Participant has less than 3 months in current rent arrears and is current on payment plans | Participant has no current rent arrears  |  |  |

\*Excludes contacts/complaints related to domestic violence

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| **Section 3 Total:** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Section 4: Supportive Services and Resources** | **Score 0** | **Score 1** | **Score 2** | **Score 3** | **Participant Score**  | **Housing Case Manager Comment (If N/A or scoring guide deviation)** |
| Connection to Health Care | Participant has not been connected to health care provider during the past 12 months | Participant is newly connected to a health care provider | Participant has been connected to a health care provider for the past 3 to 6 months | Participant has been connected to a health care provider for more than 6 months |  |  |
| Connection to Community Supports\* | Participant has no community supports outside of PSH project | Participant has 1-2 community supports | Participant has 3-4 community supports | Participant has 5 or more community supports |  |  |
| Need for Housing Case Management  | Participant will likely need housing case management services 3 or more times per month | Participant will likely need housing case management once a month | Participant will likely need housing case management services quarterly | Participant will not need housing case management services |  |  |
| Transportation | Participant utilizes housing case manager to meet transportation needs 1 or more times per month | Participant has used housing case manager to meet transportation needs 1-2 times in the past 3 months | Participant has used housing case manager for assistance with transportation but has other ways of meeting this need | Participant transportation needs are met outside of the housing case manager |  |  |

\*Examples of community supports are family, food shelves, drop in centers, support groups, faith communities, volunteer activities, community center, etc.

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| **Section 4 Total:** |

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| **Housing Case Manager Comments and Additional Considerations** | **Section** | **Total for Section** |
|  | Section 1: Wellness |  |
| Section 2: Financial Responsibility and Income |  |
| Section 3: Housing |  |
| Section 4: Supportive Services and Resources |  |
| **Total Assessment Score:** |  |