|  |  |  |
| --- | --- | --- |
| Client Name | HMIS ID | Date of Completion |
| Case Manager Name | Agency Name | Expiration Date (maximum 12 months from Date of Completion): |

The purpose of the move on assessment is to objectively review a household’s ability to successfully move on from a supportive housing environment. This assessment is not to judge or penalize a household, but rather determine which households are able to be self-sufficient without a housing case manager. The process of completing the move on assessment, including the frequency and purpose, must be explained and included in the project’s policy and procedure manual. Assessments should be completed by case managers with knowledge and experience working with the household. Assessments reflect a point-in-time for a household and should be completed multiple times throughout the program to help ascertain level of self-sufficiency. Programs can use this assessment to assist with goal planning and case plan development from the onset of the project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Housing Stability (Weighted)** | | | | |
| **Category** | **Level 0 (0 pts)** | **Level 1 (3 pts)** | **Level 2 (6 pts)** | **Level 3 (9 pts)** |
| Housing | Stably housed for 1 year or more.  Housing passes HQS inspection. | Stably housed for 6 months to 1 year.  Repairs needed but do not pose imminent risk to tenant’s health or safety. | Stably housed for less than 6 months.  Imminent eviction or uninhabitable home.  Repairs needed that pose imminent risk to health or safety of tenant. | Currently living in a place not meant for human habitation.  Currently staying in emergency shelter.  Attempting to flee domestic violence or human trafficking. |
| Rent Payment | Tenant has paid rent on-time every month for the last 12 months. | Tenant has paid rent on-time 7-9 times in last 12 months. | Tenant has paid rent on-time 4-6 times in last 12 months. | Tenant has not paid rent for last 6 months or has only paid on-time 1-3 times in last 12 months. |
| Utility Bill Payment | Tenant has paid utility bills on-time for 10-12 months in last 12 months  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 last 12 months. | Tenant has paid utility bills on-time for 1-3 months in last 12 months. |
| Safe Living Environment | Tenant had no contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months. | Tenant has been the subject of 1-2 contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months. | Tenant has been the subject of 3-5 contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months. | Tenant has been the subject of over 5 contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months. |
| Rent Arrears *(current or past landlords)* | Tenant has no rent arrears. | Tenant has less than 3 months of rent arrears and is current 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. | 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 more 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. |
| Legal | No legal issues.  Tenant has been fully compliant with criminal justice supervision for more than 12 months. | Tenant has been fully compliant with criminal justice supervision for less than 12 months.  Legal history in the past 3 years consists only of misdemeanors and/or ordinance violations. | Tenant has current charges or trial pending.  Tenant is noncompliant with criminal justice supervision.  Drug offense convictions (other than marijuana/THC) in the past 3 years. | Tenant has outstanding warrants.  Tenant was released from jail/prison in the last 6 months.  Tenant is on the Sex Offender Registry.  In the past 3 years, tenant has been convicted of manufacturing drugs.  In the past 5 years, tenant has been convicted of one of the following crimes:  Murder, Aggravated Assault, Kidnapping, Rape, Robbery. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Financial (Weighted)** | | | | |
| **Category** | **Level 0 (0 pts)** | **Level 1 (3 pts)** | **Level 2 (6 pts)** | **Level 3 (9 pts)** |
| Income | Income stable/consistent for 7+ months and sufficient to cover necessary expenses. | Income is stable/consistent for the last 1-6 months and sufficient to cover necessary expenses.  Income is stable/consistent, but insufficient to cover necessary expenses.  Currently using a payee who is reliable and appropriately managing finances. | Source of income is in jeopardy or is temporary in nature.  Source of income is not stable/consistent.  Currently using payee who is unreliable and/or inappropriately managing finances.  Application for Social Security or VA benefits is completed and pending approval. | No income and no application for Social Security or VA benefits.  Immediate need for financial assistance to meet basic needs.  Payee recommended but being used. |
| Debt | Tenant debt is between 0 and 10 percent of income and tenant can meet these obligations. | Tenant debt is less than 50 percent of income and tenant can meet these obligations. | Tenant debt is greater than 50 percent of income and tenant can meet these obligations.  Tenant has declared bankruptcy in past 3 years. | Tenant debt greater than 50 percent of income and tenant is unable to meet these obligations. |
| Benefits | Successfully accessing food and other benefits programs.  Able to complete applications and manage benefits independently.  Requires assistance only semi-annually or annually to renew benefits.  Client is over-income for benefits. | Applications for benefits have been completed and are pending approval.  Requires assistance at least quarterly in securing or maintaining benefits. | Has only short-term benefits.  Requires frequent assistance in securing or maintaining benefits. | No application for benefits.  Unable to secure and maintain benefits without intensive intervention and assistance. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Health Care (Unweighted)** | | | | |
| **Category** | **Level 0 (0 pts)** | **Level 1 (1 pt)** | **Level 2 (2 pt)** | **Level 3 (3 pt)** |
| Medical Needs | Medically stable.  No acute medical needs or chronic medical conditions. | Chronic medical conditions are currently controlled with medication and/or other treatment.  Presence of acute medical needs that are being treated. | Multiple chronic medical needs for which treatment needs to be established.  Presence of untreated acute medical needs.  Requires less than 10 hours per week of in-home assistance with ADLs due to medical needs. | Multiple chronic medical conditions and/or acute medical needs currently untreated due to client’s inability or refusal to comply with treatment plan.  Requires more than 10 hours per week of in-home assistance with ADLs due to medical conditions.  Pregnant or delivered in the past year.  Currently experiencing medical crisis. |
| Mental Wellness | No history of mental health diagnosis or use of psychotropic medications. | Actively engaged in treatment and/or condition is stable.  Condition does not interfere with ability to maintain safe and stable housing. | Sporadic engagement in treatment or treatment unsuccessful.  Condition moderately interferes with ability to maintain safe and stable housing (periodic late rent payments, difficulty keeping unit clean, disruptive to neighbors, etc.). | Not engaged in treatment against medical advice (tenant refuses or services unavailable).  Currently experiencing mental health crisis.  Condition significantly interferes with tenant’s ability to maintain safe and stable housing (rent payments are often late, multiple disturbances in unit, etc.). |
| Substance Use | No current or history of substance abuse issues. | Actively engaged in treatment.  Greater than 1-year sobriety and actively involved in relapse prevention.  Current use that has not/does not interfere with ability to maintain safe/stable housing. | Sporadic engagement in treatment or treatment unsuccessful.  Less than 1-year sobriety.  Current use has moderately interfered with ability to maintain safe/stable housing. | Not engaged in treatment.  Refuses referral to treatment against medical advice.  Current use has resulted in significant interference or inability to maintain safe/stable housing. |
| Harm Reduction *(such as substance use, gambling, risky sexual and other behaviors)* | Tenant does not engage in harmful behaviors.  Tenant has adopted behaviors to achieve harm reduction goals. | Tenant has set harm reduction goals and has taken some actions to achieve them. | Tenant acknowledges behavior(s) may be harmful and is contemplating adoption of harm reduction goals. | Tenant does not see behavior(s) as harmful. |
| Health Literacy | Clear understanding of own health issues, treatment, and service availability including health insurance and benefits.  Strong self-advocacy skills (w/providers).  Confident in ability to navigate systems of care (includes following clinic/pharmacy procedures, filling out paperwork, etc.). | Basic understanding of own health issues, treatment, service availability, health insurance, and benefits.  Moderate self-advocacy skills (w/providers).  Requires minimal assistance navigating systems of care. | Limited understanding of own health issues, treatment, service availability, health insurance, and benefits.  Poor self-advocacy skills (w/providers).  Requires moderate assistance navigating systems of care. | Uninformed about own health issues, treatment, service availability, health insurance, and benefits.  Demonstrates denial about diagnoses.  Unable to advocate for self (w/providers).  Unable to navigate systems of care without intensive support. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supportive Services and Social Supports (Unweighted)** | | | | |
| **Category** | **Level 0 (0 pts)** | **Level 1 (1 pt)** | **Level 2 (2 pts)** | **Level 3 (3 pts)** |
| Mobility and Transportation | Has own means of transportation consistently available to meet basic travel needs.  Can afford and is comfortable using public or private transportation. | Inconsistent transportation, however, ability to get to work and medical appointments has not been impacted.  Transportation is available and reliable but limited and/or inconvenient. | Transportation is available but is unreliable or unaffordable.  Requires frequent transportation assistance to get to work and/or attend medical appointments.  Uncomfortable using public transportation. | No access to public or private transportation.  Refuses to use public transportation (if available). |
| Culture and Communication | English-speaking  Literate | Non-English speaking and reliable interpreter services available.  Low to medium level of literacy.  Blind/visually impaired, deaf/hard of hearing and/or otherwise unable to communicate verbally but can access services independently or with minimal assistance. | Non-English speaking and inconsistent interpreter services available.  Low literacy level.  Blind/visually impaired, deaf/hard of hearing and/or otherwise unable to communicate verbally and requires regular assistance to access services. | Non-English speaking with no access to interpreter services.  Illiterate.  Blind/visually impaired, deaf/hard of hearing and/or otherwise unable to communicate verbally and unable to access services without frequent assistance.  Multiple communication/cultural barriers that inhibit access to services and require intensive intervention. |
| 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 others. | Tenant has limited community supports and is not interested in attaining others. | Tenant has no community supports outside of supportive housing program. |
| Social Support | Tenant has a healthy support system that they access regularly/consistently. | Regular/periodic access to support network (church, support groups, AA, etc.)  Occasionally requires emotional support from case manager. | Inconsistent or no dependable support system.  Suspected abuse by support person.  Regularly requires emotional support from case manager. | Absent, overburdened, or poor support system.  Recent loss of primary emotional support.  Support person is abusive. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parenting and Child Services (Unweighted)** | | | | |
| **Category** | **Level 0 (0 pts)** | **Level 1 (1 pt)** | **Level 2 (2 pts)** | **Level 3 (3 pts)** |
| Childcare | Reliable, affordable childcare is available, no need for subsidies. | Affordable, subsidized childcare is available, but limited. | Childcare is unreliable, unaffordable, or inadequate. | Needs childcare but none is available/accessible and/or child is not eligible. |
| Children’s Education | Enrolled in school and attending classes most of the time.  Parent is aware of and addressing children’s issues. | Enrolled in school, but one or more children only occasionally attending classes.  Parent is aware of children’s issues but has difficulty addressing issues without case management involvement | One or more school-aged children enrolled in school but not attending classes.  Parent is unaware of children’s issues.  Parent is aware of children’s issues but has difficulty addressing issues without significant case management involvement. | One or more school-aged children are not enrolled in school. |
| Parenting | Parenting skills are adequate. | Parenting skills are apparent but not adequate. | Parenting skills are minimal. | There are safety concerns regarding parenting skills. |
| Child Welfare Involvement | No history of child welfare involvement.  Child welfare involvement was more than 2 years ago. | Recent involvement with child welfare but matter resolved and closed. | Involvement with child welfare system, no resolution of matter/case. | High level of mandated involvement with child welfare system. |
| Children with Special Needs | Children with special needs fully participate in services.  Children have no special needs. | Children connected with services and participate consistently with prompting. | Children connected with services and participate minimally with prompting. | Children not connected with services. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment Scoring** | | | |
| **Area** | Maximum Level | Ideal Range | Current Level on this Assessment |
| **Housing** | 30 | 0-21 |  |
| **Income** | 13 | 0-9 |  |
| **Health Care** | 7 | 0-5 |  |
| **Supportive Services** | 6 | 0-4 |  |
| **Parenting (if applicable)** | 7 | 0-5 |  |

**Interpretation:**

**Housing and Income levels must fall within the ideal range for tenant to be considered for Emergency Housing Voucher.**

* **If tenant’s scores for each area are within the ideal range:** Moving on from supportive housing is recommended.
* **If tenant’s scores for the Housing and Income areas are within the ideal range and all other areas are below the maximum**: Moving on from supportive housing is recommended.
* **If tenant’s scores for each area are below the maximum but not within the ideal range:** Moving on from supportive housing is not recommended at this time but should be reviewed regularly.
* **One or more levels are above the maximum:** Moving on from supportive housing is not recommended at this time.