



## “Moving On” Participant Eligibility Assessment

Program Participant Name: \_\_\_\_\_

HMIS #: \_\_\_\_\_

Housing	0	1	2	3	Score
Rent or Occupancy Fee Payment	Payee/Tenant has not paid rent for last 6 months or has only paid on time 1-3 times in last 12 months	Payee/Tenant has paid rent on time 4-6 times in last 12 months	Payee/Tenant has paid rent on time 7-9 times in last 12 months	Payee/Tenant has paid rent on time every month for the last 12 months	
Rent or Occupancy Fee Arrears	Tenant has outstanding rent arrears & is not willing to set up payment plan	Tenant has 6+ months of rent arrears & has set up a payment plan	Tenant has less than 3 months of rent arrears & is current on payment plan	Tenant has no rent arrears	
Utility Bill Payment	Tenant has paid utility bills on time for 1-3 months in 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 7-9 months in the last 12 months	Tenant has paid utility bills on time for 10-12 months in last 12 months <b>OR</b> utilities are included in rent	
Utility Arrears	Tenant has outstanding utility arrears & is not willing to set up payment plan	Tenant has less than \$500 in utility arrears & has set up a payment plan	Tenant has less than \$250 in utility arrears & is current on payment plan	Tenant has no utility arrears <b>OR</b> utilities are included in rent	
Safe Living Environment	Tenant had 5+ contacts with police and/or landlord re: disruptive activities or unsafe conditions in the unit in last 12 months	Tenant had 3-5 contacts with police and/or landlord re: disruptive activities or unsafe conditions in the unit in last 12 months	Tenant had 1-2 contacts with police and/or landlord re: disruptive activities or unsafe conditions in the unit in last 12 months	Tenant had no contacts with police and/or landlord re: disruptive activities or unsafe conditions in the unit in last 12 months	
Lease, Rental or Occupancy Agreement	Tenant has been in supportive housing less than 12 months OR has held a lease, sub-lease, rental or occupancy agreement less than 12 months	Tenant has been in a supportive housing program & has held lease, sub-lease, rental or occupancy agreement for 12-23 months consecutively	Tenant has been in a supportive housing program & has held lease, sub-lease, rental or occupancy agreement for 24-36 months consecutively	Tenant has been in a supportive housing program & has held lease, sub-lease, rental or occupancy agreement for 36+ consecutive months	
<b>Housing Subtotal:</b>					



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Income	0	1	2	3	Score
Stable/ Consistent Source of Cash Income	Tenant has no stable/consistent source of cash income	Tenant has cash income but it is not stable/ consistent	Tenant has had stable/consistent cash income for the last 1 – 6 months	Tenant has had stable/consistent cash income for the last 7 or more months	
	<i>Source of Income:</i>				
Benefits	Tenant has no benefits and has not yet applied for benefits	Tenant has applied for benefits but has not yet received them	Tenant has received all benefits entitled to for the last 1-6 months	Tenant has received all benefits entitled to for the last 7 or more months <b>OR</b> is not eligible for benefits	
	<i>Current Benefits:</i>				
Employment	Tenant is not employed, is able to work but not seeking employment <b>OR</b> tenant is not able to work & not receiving disability benefits	Tenant is not employed, is able to work & is seeking employment/ participating in employment services	Tenant is able to work & has been employed for less than 6 months	Tenant is able to work & has been employed for 6+ months <b>OR</b> tenant is not able to work & is receiving disability benefits	
	<i>Employment Status and/or Employer:</i>				
<b>Income Subtotal:</b>					
Health	0	1	2	3	Score
Mental Health Care Use	Tenant has not had contact with a mental health (MH) provider in the past 12 months	Tenant has contact with a MH provider & has kept less than 50% of appointments in the last 12 months	Tenant has contact with a MH provider and has kept more than 50% of appointments in the last 12 months	Tenant has contact with a MH provider & has kept more than 90% of appointments in the last 12 months <b>OR</b> Tenant has no need for MH services	
	<i>Source of Health &amp; Mental Health Care:</i>				



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Primary/ Specialty Health Care Use	Tenant has not had contact with a primary and/or specialty health care provider in the past 12 months	Tenant has contact with a primary and/or specialty health care provider & follows preventive screening and treatment recommendations less than 50% of the time	Tenant has contact with a primary and/or specialty health care provider & follows preventive screening and treatment recommendations 50% to 90% of the time	Tenant has contact with a primary and/or specialty health care provider & follows preventive screening and treatment recommendations 90%+ of the time	
Medication Adherence	Tenant self-reports never taking prescribed medications or taking medications inappropriately	Tenant self-reports rarely taking prescribed medications or taking medications inappropriately	Tenant self-reports sporadically taking prescribed medications	Tenant self-reports regularly taking prescribed medications <b>OR</b> has no prescribed medications	
<b>Health Subtotal:</b>					
<b>Services</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Score</b>
Harm Reduction (i.e. substance use, gambling, risky behaviors)	Tenant does not see behavior(s) as harmful	Tenant acknowledges behavior(s) may be harmful and is contemplating adoption of harm reduction goals	Tenant has set harm reduction goals and has taken some actions to achieve them	Tenant has adopted behaviors to achieve harm reduction goals <b>OR</b> does not engage in harmful behaviors	
Community Supports	Tenant has no community supports outside of supportive housing program	Tenant has limited community supports & is not interested in attaining others	Tenant has adequate community supports or has limited supports but is interested in attaining others	Tenant seeks out community supports & has many connections including specialized services	
	<i>List Community Supports:</i>				
Crisis Intervention	Tenant has required over 5 crisis interventions in the past 12 months	Tenant required 3-5 crisis interventions in the past 12 months & did not work	Tenant required 3-5 crisis interventions in past 12 months & worked quickly	Tenant required less than 3 crisis interventions in past 12 months & worked quickly	



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		quickly with case manager to identify needs/help	with case manager to identify needs/help	with case manager to identify needs/help	
Legal	Tenant has outstanding warrants or has been incarcerated for more than 90 days in the prior year	Tenant has current charges or trial pending, or is noncompliant with criminal justice supervision	Tenant has been fully compliant with criminal justice supervision for less than 12 months	Tenant has been fully compliant with criminal justice supervision for more than 12 months OR has no criminal justice supervision requirements	
<b>Services &amp; Resources Subtotal:</b>					

Assessment Index			
Category	Maximum Score	Target Range for Moving On	Participant Score
Housing	18	16 to 18	
Income	9	6 to 9	
Health	9	6 to 9	
Services	12	9 to 12	
<ul style="list-style-type: none"> <li>Program Participants scoring within the target range for each assessment category should be prioritized for referral to “Moving On.”</li> <li>Program Participants scoring within the target range for most, but not all, assessment categories should be further reviewed for “Moving On” eligibility by the program and Continuum of Care (CoC) prior to referral.</li> <li>Program Participants scoring below the target range for each assessment category should be further assessed for “Moving On” eligibility at a future date to ensure they are able to maintain stable housing.</li> </ul>			



## **“Moving On” Participant Eligibility Assessment**

**Certification:** The information contained in this assessment form is true and accurate to the best of my knowledge. The CoC program participant and provider have met to discuss the “Moving On” application and feel that the tenant is a great candidate for graduation from their current RRH or PSH program to a Housing Choice Voucher from the Kenner Housing Authority (KHA). The participant meets the minimum required criteria as defined by UNITY of Greater New Orleans and KHA, and they have demonstrated the ability to maintain stable housing with little support required. The referring provider agency further agrees to provide follow-up services to support the “Moving On” participant as needed for six months, and the participant agrees to communicate with the provider should issues affecting tenancy arise during those six months. The program participant and provider understand they must complete all required KHA paperwork and that submitting this assessment form does not guarantee that they are eligible for or will receive “Moving On” assistance from KHA.

Referring Provider Signature

Today’s Date

*\*Adapted from the Connecticut Supportive Housing Acuity Index developed by the CT Department of Mental Health and Addiction Services (DMHAS), DMHAS-funded Permanent Supportive Housing agencies and CSH.*