

Moving Up Participant Evaluation Tool

Instructions

This form serves as a PSH tenant's application for the Moving Up Program. All information must be entered into ServicePoint. The Housing Placement Work Group will review this tool to select applicants most likely to succeed in the Moving Up program.

Section 1: Applicant Information

- Today's date
- Referring agency (agency info will pre-populate)
- Referring contact
 - Name
 - Title
 - Phone number
 - Email address
- Applicant contact
 - Name
 - Address, city, zip
 - Phone
 - Email
 - Birth date
 - Total # of people in household
 - Names and ages of people in household
 - Special housing accommodations needed?

Section 2: Income Information

- Primary source of income
 - Attachment: Documentation of Primary Source of Income
- Start date of primary source of income
- Total monthly income
- Additional sources of income? Yes/no
- List secondary sources of income

Section 3: Housing Authority Requirements

- If any of the following apply, the applicant *will not* be eligible for assistance:
 - Is the applicant a lifetime registered sex offender?
 - Has the applicant been evicted from federally-assisted housing for the manufacture of methamphetamine?

Section 4: PSH History

- Date moved into PSH program
- Current housing type
 - Scattered site

- Project based
- Will applicant be able to remain in current unit? Yes/no
 - If yes, will applicant want to remain in unit?
 - If yes, is applicant the lease holder?
- Has applicant paid rent every month on time for the past 12 months (i.e. no 5 day notices)? Yes/no
- Does applicant have any outstanding rent or utility arrears? Yes/no
- Provide a brief description of applicant's history in PSH, including involvement in services (if applicable), relationship with landlord/other residents, and ability to manage a monthly budget and properly maintain the unit.

Section 5: Health Care Needs

- Does applicant currently have health care coverage (i.e. Medicaid, Medicare, or private insurance)? Yes/no
- Does applicant have a primary care provider and keeps appointments as needed? Yes/no
- Does applicant have a behavioral health care provider and keeps appointments as needed? Yes/no
- Provide a brief description of applicant's recent health history, including any clinical crisis interventions or use of emergency services in the past 12 months. Please note what follow-up case management services (if any) were needed after the crisis intervention or use of emergency services.

Section 6: Service Needs and Community Support

- Describe applicant's structured daytime activities, including employment, volunteerism, educational/vocational training, or other activities.
- Describe applicant's level of engagement with community supports, including specialized services, neighborhood activities, or other connections.
- What supportive service needs does that applicant anticipate having after transitioning out of permanent supportive housing? (Please note whether current services will continue.)

Section 7: Narrative

- Please describe why the applicant is ready to transition from permanent supportive housing into a housing choice voucher. You may also use this space to provide additional detail on any of the answers above.

Section 8: Confirmation

- Is the above information as accurate as possible?
- Does the applicant agree to complete all required paperwork and counseling required by the public housing agency if he/she is selected to participate in the Moving Up Program?
- Does the agency agree to provide limited follow-up services to the applicant if he/she is selected to participate in the Moving Up Program?
- Do all parties understand that submitting this assessment tool does not guarantee acceptance?