

Client Name: _____

HMIS ID: _____

Community Supports Evaluation: Housing Tenancy & Sustaining Services

This evaluation supplements the Housing Support Plan. This supplemental evaluation is required to assess necessity of continued services and **must be completed** at least every 180 days after initial enrollment in Housing Tenancy and Sustaining Services to justify reauthorization.

Case Manager: _____ Date of Evaluation: _____

Service Provider Organization Name: _____

Criteria	Check if True	Check if False	Comments
Housing Stability			
1. Tenant had NO lease violations in last 12 months.			
2. Tenant/ Rep Payee paid rent on time every month for the last 12 months.			
3. Tenant has NO rent arrears.			
4. Tenant has paid utility bills on time for at least 10 of the past 12 months OR utilities are included in the rent.			
5. Tenant has NO utility arrears.			
6. Tenant has no known contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in the last 12 months.			
7. Tenant has NO known landlord complaints regarding disruptive activities in unit.			
8. Tenant has capacity to independently navigate, and complete documentation, forms, and other processes related to housing stability, such as annual recertification and unit repair requests.			
Successful Engagement with Services			
9. Tenant independently and actively seeks out and successfully connects with community-based providers for needed services.			
10. Tenant has been able to keep mental health care appointments on a regular basis for the past 12 months or has no diagnosed mental illness or has sustained recovery and Harm Reduction behaviors for 12 months.			
11. All must be true: Tenant: <ul style="list-style-type: none">• Is connected to community-based providers as needed for services (other than TSS service), and• has a primary healthcare provider, and/or active Enhanced Care Management provider• keeps appointments for health care and wrap-around services as needed.			

12. Tenant has multiple supportive connections in building or neighborhood (other than TSS service).			
Criteria	Check if True	Check if False	Comments
13. Instrumental activities of daily living and ADL support needs are met (either by individual or another service provider): budgeting, monthly payments, grocery shopping, cleaning, addressing hoarding, cooking, hygiene, mobility.			
14. Tenant has not needed support from TSS for crisis intervention in the past 12 months.			
15. 24/7 on call housing and tenancy support services have not been utilized after hours (evenings/weekends) AND behavioral support needs are being met by other providers currently partnering with tenant (harm reduction services, mental health treatments and support, substance use treatment).			
16. Tenant agrees that these services are no longer needed for their ongoing successful tenancy and housing stability.			
17. Tenant has been fully compliant with criminal justice supervision for more than 12 months OR has no criminal justice supervision requirements.			
Financial Stability			
18. Tenant has been employed for the past six months AND/OR is receiving benefits including income at a rate of SSI or higher.			
19. Tenant can meet their share of rent AND has not required TSS assistance in making timely payments or budgeting for the past 12 months.			
20. Tenant does NOT have debt that requires payment of more than 50% of their income.			
Total (add up to total for "True" column)			

Score out of 20 (1 point for each check mark in "True" column): _____

If a client has scored 16 or more, "graduation of services"(disenrollment from TSS) should be considered

Case Manager Assessment: Client Needs Continued Services (check one): ___ Yes ___ No

If "yes" is checked, please provide rationale here and continue to Page 3 to update service goals and activities

For a minimum of three of the Criteria marked "False", provide a measurable, time-related goal.

Selected criteria #'s marked false from Pg 1 & 2:

(for example: #1,5,9,13)

Criteria # Marked "False"	Measurable Goal, Action Steps and TSS staff responsible	Timeframe for completion

For a minimum of three of the Criteria marked "False", provide a measurable, time-related goal

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