Housing Community Supports TSS Evaluation Checklist: How-To

> **Key Points**
> - Consumers are eligible for Tenancy Sustaining Services as long as necessary
> - This form is a tool to help demonstrate whether on-going services are needed or whether a consumer is ready to end services
> - The form should be filled out every 180 days after the first year of service
> - After its completed, the form should be uploaded into HMIS as a "TSS Evaluation Checklist," a dropdown option in the Core Housing and Eligibility file category

1. **Complete demographic information fields at the top of the form**
   a. Client name, HMIS ID, and date of birth (**NOTE**: date of birth is a new field as of January 2023)
   b. Case Manager name (this should be the case manager who is filling out the form)
   c. Date of evaluation (this is the date the evaluation is completed)
   d. Service provider organization name

Community Supports Evaluation: Housing Tenancy & Sustaining Services

Client Name:_____

HMIS ID:_____

DOB:

This evaluation supplements the Housing Support Plan. This supplemental evaluation is <u>required</u> 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: _____

Figure 1: Screenshot of Demographic Information section

2. **Complete Evaluation Criteria: 20 True/False Questions**
   a. Moving on to the criteria table, read each carefully and select "true" or "false", *answering to the best of your knowledge.* It may be helpful to consult external sources of information, such as the Community Health Record, to help in your responses, but this is not required.
   b. You may complete this form with the client present if helpful, but this is not required; the form was designed to be able to be completed without the client present.
   c. For each criteria, you may optionally add comments in the far-right column to provide context or details that will help you to develop goals and activities in following section.

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.	☐	☐	

Figure 2: Screenshot of Evaluation Criteria section, questions 1-3

3. **Complete Case Manager Recommendation to Continue or Discontinue Services**

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a. After completing criteria #20, note the number of criteria marked "true", which auto-calculates on page 2. It is recommended that graduation from services be *considered* for those that score 16 or above, however you may recommend continued services even when this is the case, if ongoing services are necessary, in your opinion, for the client to stay successfully housed.

b. Select "Yes" or "No" for whether or not you recommend continued services. Your recommendation to continue or discontinue services is an important component of this evaluation, as you know the client's needs and goals and are in closest relationship with the client.

c. **If "Yes" is selected:** this means you are advocating that continued services are needed. You should provide a rationale for the need of continued services in the text box. This is *required* in cases where the score is 16 or higher. *In cases where the score is 15 or lower, you may simply write "does not meet threshold score"*.
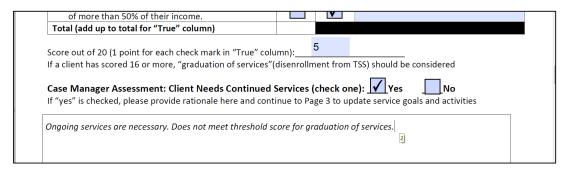

Figure 3: Example of a "Yes" recommendation to continue services, threshold not met.

d. **If "Yes" is selected:** after completing the rationale text box, continue to the next page and input at the top a minimum of three criteria #s marked false from pages 1 and 2 to prioritize for goal development. Prioritization depends on that particular client's circumstances and should reflect the most pressing challenges the client is facing related to housing stability.

e. **If "No" is selected:** you are advocating that the client is stable enough such that they no longer require TSS, discuss with your supervisor the needed next steps to move towards program exit. *No further action is required on the TSS Evaluation form.*

Goals and Action Steps to Support Tenancy for Selected Evaluation Criteria Marked False

4. For each false criteria you have prioritized for goal development, click the arrow button in the 1st column of the table and select that criterion from the dropdown list.

5. Provide a measurable goal, needed action steps, and person responsible in the middle column, and the estimated timeframe for completion of that goal in the far-right column. The timeframe can be up to 6 months since the evaluation is to be completed every 180 days.

6. If a client has same goals in their active HSP, you can refer to the goal and page #s in active HSP.

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Type criteria #'s marked false from Pg 1 & 2: _(for example: #1,5,9,13)_ 8, 13, 19		
Criteria # Marked "False"	**Measurable Goal, Action Steps and TSS staff responsible**	**Timeframe for completion**
8. Tenant has capacity to indep	Case manager will continue to support tenant in completing housing related forms, reading and interpreting the rights and responsibilities in tenant's lease, and completing all paperwork for ongoing rental assistance.	6 months
13. Instrumental activities of da	Case manager will support tenant in revising and reviewing monthly budget to ensure tenant is able to afford his portion of the rent and utilities due each month.	6 months
19. Tenant can meet their shar	See active Housing Supports Plan, page 1, goal #2 detailing how case manager and tenant are working together to ensure timely rent payments	6 months

Figure 4: Example Goals, Actions, person responsible, reference to HSP