# Reassessment Form

Partner with household to complete this reassessment 90 days after the household begins receiving rental assistance

At reassessment include this document in household file, together with:

* Rapid Re Rehousing Rental/Utility Calculation Form (Excel Workbook)
* Documentation of household income
* Updated Housing Stability Plan

**HoH HMIS ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Move-in Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reassessment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Stabilization Goals:** | | | |
| * Achieved and complete | * Making adequate progress | * Not making adequate progress |  |
| **Employment or Income Goals:** | | | |
| * Achieved and complete (only select if can afford rent) | * Making adequate progress | * Not making adequate progress | * Does not apply |

**1. Afford Rent: Is household able to afford the rent without program assistance?**  Yes  No

**Monthly Rent Amount: \_\_\_\_\_\_\_\_\_\_\_\_ Current Monthly Household Income: \_\_\_\_\_\_\_\_\_\_\_\_**

Ratio Rent/Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Household Composition: \_\_\_\_\_ adults and \_\_\_\_\_ children

*If unable to afford rent (after reviewing household budget), then answer following questions:*

How many hours per week does each adult in household work (if varies then average)? Has an increase in hours been requested?

Is HoH enrolled in employment services or a job training program? If so, what?

Are any adults in household receiving SSI/SSDI or applying to either?

Does participant have any other resources, such as assets that can be converted to cash or family or friends who can lend or give money?

Does participant have roommate(s) or did household opt out of shared housing (choosing higher rent burden)?

If assistance continues, what will participant household do within the next month to increase income and/or reduce expenses to afford rent? (example: will contact the American Job Center today to schedule an appointment to get assistance with obtaining and retaining a job). What are the barriers and strengths to increasing income and what support is needed? Briefly summarize here (housing stability plan should include additional details)

**2. Maintain Lease: Is housing in good standing (no rental arrearages, following lease terms)?**  **Yes  No**

Is the rent paid (any arrearages)?

Does household understand lease obligations and are they meeting these obligations (any landlord complaints)? If not, what is the issue? What support needed?

**3. Connections to Services and Resources: Is household connected to all community supports/resources identified in their housing stability plan?  Yes  No**

Has the household connected with needed community-based supports (as identified and agreed to in housing stability plan) to maintain near-term housing stability? Any other connections needed and wanted to avoid immediate repeat housing loss?

How are those supports working out?

Does the household have any new resource options not mentioned above, such as someone (family/friend) with whom the household could stay with?

**4. Exit Plan:**

The exit plan for most participants is to afford the rent and maintain the lease for their chosen housing without program assistance. If participant is not making sufficient progress on affording and maintaining the lease, what is an alternative housing option? Is there a more realistic exit plan for this participant? For example - Is there family or friends the participant can stay with either in-state or out-of-state (what support needed to re-connect with them), is a roommate needed for affordability, young adult participants could apply for residential job training at Job Corp, etc.

Program staff partnered with me to complete this form on my behalf. To the best of my knowledge and ability, all information in this document is true and complete. I understand that if I provide information that I know is false my participation in Rapid Rehousing may be denied or cancelled.

|  |  |  |  |
| --- | --- | --- | --- |
| Participant Signature: |  | Date: |  |

|  |  |  |
| --- | --- | --- |
| **Eligibility Re-determination (Staff Use Only)** | | |
| **Notes:** | | |
| **Financial Eligibility Re-determination:** | | |
| Resources are limited and should be used most efficiently to ensure that assistance can be provided to the greatest number of people experiencing homelessness. Households should receive “just enough” assistance to successfully exit homelessness and avoid returning to homelessness.  Review each section above. RRH assistance should continue only if necessary to avoid a near-term return to homelessness. The household may continue to be extremely low-income and severely rent-burdened and yet be able to pay rent and follow the lease terms.  Connections to resources in the community (employment, mental health, food assistance, etc.) should be made early to help participants meet their immediate goals and support them beyond the length of the RRH program. The role of the case manager should gradually reduce, relying more on these community supports, to avoid reliance on this program and a sudden loss at discharge. The more a participant can tap into resources in their own community the better they will address a similar crisis in the future when they are not connected to your services.  Since rapid rehousing is a short-term, crisis response program, case managers typically do not attempt to directly address all the service needs they may identify. Instead, they focus on the ones that have caused the homelessness and are necessary for near-term housing stability. Still, as part of a case closure aftercare plan, the case manager can assist participants with identifying and taking small steps towards achieving larger goals by connecting with additional community providers who can support the participant in achieving the goals after discharge from the RRH program. | | |
| * Eligible for and may need up to an additional 3 months of financial assistance. This assessment does not guarantee 3 months of assistance based on calculation tool. | * Continued case management services but no longer eligible for or needing financial assistance | * No longer eligible for or needing financial assistance or case management services. |
| **If eligible for ongoing case management and/or financial assistance:**  Next reassessment due on: \_\_ \_\_/ \_\_ \_\_/ \_\_ \_\_ \_\_ \_\_  **Staff Person Recertifying Eligibility:**  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |