



Moving On Services Guide

This guide is designed to help permanent supportive housing (PSH) providers understand how to support the long-term growth, recovery, and independence of program participants, and to offer specialized services for program participants who are interested in moving on from supportive housing. Moving On (sometimes called Moving Up, Move Up, Move On, or FLOW) enables individuals and families who are able and want to move on from PSH to do so by providing them with a sustainable, affordable housing option and the services and resources they need to maintain continued housing success. PSH providers play a critical role in Moving On by offering services and supports to help program participants reach the point that they no longer need intensive services. This guide provides details on Moving On services. Information on how communities can create Moving On initiatives and the necessary resources can be found in other products available on the [Moving On landing page](#).

Goals of this Guide:

1. Assist PSH providers to gain a better understanding of how to:
 - Support growth, independence, and choice for program participants by setting them up for long-term stability and success;
 - Engage and assess program participants for interest and readiness to move on; and
 - Provide services to program participants who are willing and able to move on through the preparation, transition, and aftercare phases of the process.
2. Assist community stakeholders interested in helping to support Moving On initiatives to gain an understanding of the services and resources necessary to help prepare program participants to move and support them in making the transition out of supportive housing when they want to and are able to leave.

This resource is prepared by technical assistance providers and intended only to provide guidance. The contents of this document, except when based on statutory or regulatory authority or law, do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

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I. Introduction and Overview

Permanent supportive housing (PSH) is a critical resource to help individuals and families with disabilities achieve stable housing and, over time, can help some get to the point where they are stable and successful without intensive services. PSH providers can support growth, recovery, independence, and program participant choice by recognizing that some program participants could reach a point where they want to and are able to move on to independent permanent housing (either subsidized or unsubsidized) while others will continue to need the intensive service environment of PSH for the foreseeable future. Providers offer individualized services throughout a program participant's time in PSH that lead to improved quality of life, mental and physical health, employment, finances, and reduced substance use. Providers can build on this foundation by ensuring that program participants are aware of available opportunities if they are interested in moving on, and by delivering additional supports and services that better position program participants to move on eventually, if that is their desire.

Goals of Moving On

The primary goal of Moving On is to support independence and choice for individuals and families who are ready and desire to move on from PSH to independent permanent housing (either subsidized or unsubsidized). Program participants might want to move on for a variety of reasons including increased privacy and independence, to move in with a partner or family, to be closer to employment or educational opportunities, or to feel like they are taking a next step in their lives.

Another goal of Moving On is to ensure that PSH can reach its full potential as an intervention that helps households experiencing homelessness with severe service needs to stabilize and experience improvements in quality of life, health, mental health, substance use, and employment. At the system level, Moving On supports efforts to end homelessness by opening up PSH spots that can be offered to people experiencing homelessness who need housing and intensive supports and services.

Phases of Moving On Services

Moving On services can be thought of as occurring in five phases, starting with long-term supports that can help position program participants for considering Moving On to aftercare.



II. Preparing your Organization for Moving On

Engaging in Moving On efforts can require a significant mindset shift in PSH organizations, staff, and program participants. Instead of thinking of PSH as an “end goal” for all program participants, Moving On recognizes that some program participants will eventually benefit from more independence and self-sufficiency. Important first steps for providers looking to increase options for program participants include:

1. Building a culture supportive of Moving On
2. Dispelling common myths
3. Assembling a Moving On team

A. Building a Culture Supportive of Moving On

Support from staff and program participants is a key factor in successful implementation of Moving On. A culture of Moving On is one that recognizes that:

- All program participants have strengths and the capacity for growth.
- People can recover from mental health issues, homelessness, addiction, trauma, and other challenges.
- Supportive housing program participants deserve the right to self-determination and choice, which may include the goal of moving on from supportive housing.
- It is a given that not all program participants will be interested in or capable of moving on.

Although these might sound like values already built into supportive housing, Moving On concepts can still feel disconcerting and new to providers. Keys to developing a culture supportive of Moving On include:

- Ensuring that staff and program participants understand that Moving On efforts are rooted in the concepts of program participant **growth, recovery, and choice**. The decision to pursue Moving On is *always voluntary* for the program participant.
- Helping program participants understand from the time of program entry that they can stay in supportive housing for as long as they want to, but that if someday they feel ready and desire to leave, staff can support them to move on.
- Ensuring that programs and staff operate with a **strengths-based, recovery-oriented approach** to help program participants recognize their own strengths and the potential they have to stabilize, recover, and grow.
- Providing services that support **increased self-sufficiency** over time. Case managers can encourage and provide opportunities for program participants to build self-sufficiency throughout their time in supportive housing.
- Working with the CoC, local Public Housing Agencies, and other community partners to ensure that there are housing resources available for program participants that want to move on. Without affordable housing, even the most independent, motivated program participants are unlikely to be able to move on.¹

For more on building a culture of Moving On, see Chapter 3 of CSH's [Moving On Toolkit](#)

B. Dispelling Common Myths of Moving On

Those unfamiliar with Moving On might hold misconceptions that must be addressed before they are fully able to support these initiatives within their communities. Several common myths include:

¹ See Appendix I for a list of potential housing resources for Moving On initiatives.

<p style="text-align: center;">PSH is Permanent, which Means Forever</p> <p>Although supportive housing is not time limited, this does not necessarily mean lifelong. Some providers see the primary goal of PSH as stabilization and maintenance; this may prevent them from helping tenants identify the goal of moving on to independent housing and working towards self-greater sufficiency. Moving On programs do not take the option of staying in PSH away from any tenants who want and need ongoing services; they open up options for tenants who decide that they are ready and interested in a next step.</p>	<p style="text-align: center;">This makes PSH more like Transitional Housing</p> <p>A culture of Moving On does not encourage all tenants to move on or set expectations that PSH is only for a limited amount of time. Instead, it ensures tenants know that if they ever wish to move on to independent housing, the provider will support them in doing so, just as they have supported them throughout their time in PSH. Services continue to be voluntary, and the housing is still non-time limited. Moving On is about creating choice, not limiting it.</p>
<p style="text-align: center;">Moving on participants do not need transition or aftercare services</p> <p>Moving on can be extremely challenging, even for the most independent program participants. Most participants will need assistance to develop a housing plan, obtain resources such as a housing voucher, locate housing, prepare for a move, and navigate the first few months after moving. Providers should draw on the strengths and independence of program participants to guide the transition process, but still be there to offer support, monitor progress, and help when there are challenges or delays. By providing comprehensive supports, PSH providers can ensure that program participants are able to make it through the moving on process and are set up for long-term stability and success.</p>	<p style="text-align: center;">Tenants will Fall Right Back into Homelessness</p> <p>Providers may be concerned that a stable tenant will risk homelessness by moving on from PSH. To address these fears, consider:</p> <ul style="list-style-type: none"> • PSH improves wellness, stability, and self-sufficiency, setting tenants up for long-term success • Moving On programs offer transition supports, aftercare, and connections to mainstream resources to ensure tenants are successful with the transition <p>Moving On initiatives in communities such as NYC, Los Angeles, Chicago, Atlanta, and San Francisco have experienced positive outcomes, with the vast majority of tenants that left PSH through the initiative remaining stable in independent permanent housing, even years after moving on.</p>
<p style="text-align: center;">Tenants are not interested in Moving On</p> <p>Across the country, Moving On initiatives have seen strong interest from tenants. Interest in moving to a new neighborhood and increasing independence, among others, have been powerful motivators for tenants. However, when affordable housing and other resources are not available, the challenges are too great to generate much interest from tenants. Communities that connect resources and help tenants understand the opportunities will likely see an increase in interest in moving on.</p>	

C. Assembling a Moving On Team

Helping program participants prepare to move on and making a successful transition is a multi-step process. Providers will be most successful when they can tap multiple staff to ensure the right skill sets are available at each stage.

Staff that can help with Moving On include:

- **Housing counseling and housing navigation staff** from PSH programs can provide services for Moving On program participants looking for a new unit.
- **Case managers can** provide additional support to help program participants navigate the excitement, fears, and ambivalence that might come up. Moving On can be stressful for program participants, and they could benefit from having additional support throughout the process.

- **Property managers** can assist with tenancy education and write letters of recommendation for program participants to prospective landlords.
- **Vocational or employment specialists** can help connect program participants to mainstream resources in their new community to ensure they can continue to work towards educational and employment goals after moving on.
- **Moving On alumni**—Some providers have found success with bringing in Moving On alumni to speak with current PSH program participants interested in Moving On to answer questions and share tips and lessons learned from their own experiences.

Other staffing considerations related to Moving On include:

- When multiple staff are working with program participants around Moving On, providers must ensure that program participants have a single key point of contact to help them develop their transition plan and coordinate all the efforts of other staff internally who are helping with different parts of the process. This could be the program participant’s current case manager or an internal lead responsible for Moving On. In other cases this could be an external staff person—for example, in San Francisco, one provider was funded to staff a centralized Moving On team designed to provide housing navigation, transition services, and aftercare to program participants across the city.² Regular meetings and communication between all staff helping a program participant move on can ensure that efforts are not being duplicated and that all of the program participant’s needs are being met.
- It is important for organization leaders, supervisors, and case managers to recognize that program participants preparing for and going through the process of moving on might require more attention from staff during this transition period than they have in the recent past. This may factor into considerations about case management loads, just as the organization considers how the likely high service needs of a newly enrolled PSH program participant will factor into a caseload.

For program participants, having a lead point of contact for everything related to Moving On helps simplify the process of planning for the transition and ensures they know who to go to with questions and updates.

Embracing the concept of Moving On might require a culture shift by organizations and staff where PSH will be seen as a foundation for long-term stability and growth, instead of a life-long intervention. Such a shift could be difficult for both staff and program participants, so CoCs and PSH providers should be prepared to address common fears and myths.

III. Long-Term Preparation

While fundamental needs, such as stabilization, health, mental health, and activities of daily living (ADLs), are often the focus of service plan goals at the beginning of a program participant’s time in PSH, as they stabilize and begin to thrive, providers can begin to engage program participants around additional areas that could impact their ability to move on, including:

² Urban Institute. [Moving On Initiative: Second Annual Report](#). Dec. 2019.

- Financial health and wellness, including credit and debt
- Legal issues
- Community connections

When partnering with other organizations, PSH providers should work to develop formal partnerships and mechanisms for warm handoff referrals when possible. In addition, providers should support tenants in implementing plans created for them by external partners.

These ‘long-term Moving On services’ are different than those that need to be provided when a program participant is imminently ready to move, but will help over time to put program participants in a much stronger position to maintain the increased independence. Some of these services could be within the supportive housing provider’s capacity and expertise of their case managers or other staff to provide, while others are best handled through partnerships with other organizations, such as legal services organizations, credit counseling organizations, and other specialized providers.

A. Financial Health Education and Coaching

Strong financial well-being involves the ability to manage day-to-day finances, absorb financial shock, and meet financial goals, among other factors.³ Financial well-being contributes heavily to a household’s ability to maintain housing stability, and should be a priority for program participants interested in Moving On. Most PSH providers work to help program participants improve their financial literacy and financial situation through work on budgeting, saving, tracking expenses, etc., but providers should go further to support program participants that desire to move on from PSH in two often key areas: credit and problematic debt.

Identifying and addressing issues with credit

Credit histories and scores, which are based on bill payment history, debt, and other factors, can impact a person’s ability to:

- Rent an apartment, even with a housing voucher
- Get a job
- Obtain a credit card or loan
- Obtain favorable rates on insurance, credit cards, and loans
- Get utilities turned on in a new unit⁴

Information on credit reports and scores is available from the Consumer Financial Protection Bureau: [Credit Reports and Scores](#)

For these reasons, support around credit building and repair can be of significant value to PSH program participants. Credit improvement work takes time, and the longer that program participants work on it while in supportive housing, the better position they will be in. Program participants who wait to address issues with credit scores and history might struggle to find a new unit during the search time allotted by the new subsidy.

³ Consumer Financial Protection Bureau, [Financial well-being in America](#). 2017.

⁴ For more information, see USA.gov’s [Credit Reports and Scores](#)

Identifying and addressing credit issues can be complicated, and provider staff rarely receive specialized training or have the expertise needed to assist program participants with this work. PSH providers should consider developing partnerships with reputable nonprofit organizations with expertise in education people with their credit and overall financial health. Through such partnerships, providers can ensure that interested program participants are connected with a crucial support that can help position them, over the long-term, for financial wellbeing. Key partners in providing services around credit might include:

- **Financial and credit counseling services.** For more information about how to locate accredited credit counseling services, see USA.gov's [Dealing with Debt](#).
- **Organizations offering financial literacy resources, programs, and trainings.** For a directory of financial literacy resources, which includes resources for multi-lingual populations, see the Office of the Comptroller of the Currency's [Financial Literacy Resource Directory](#). Many banks also offer financial literacy education and resources online, and some might have local capacity to provide on-site trainings.

In New York City's Moving On initiatives, PSH providers have partnered with groups including [Operation HOPE](#) and [Capital One](#) to connect both tenants and staff with training and resources on financial literacy and credit building. Providers reported that this work was incredibly helpful but regretted not engaging program participants earlier to maximize the benefits.

In addition, working through credit issues might be stressful and even traumatic for program participants, so providers should be prepared to offer or refer program participants to clinical supports along with any services or referrals to credit-building services.

Addressing Problematic Debts

Certain debts, including those that can result in wage garnishment (e.g., child support, alimony, consumer and medical debts, justice-related financial obligations, etc.) can be prohibitive to financial well-being and Moving On. PSH providers can make referrals to partners to work with program participants to resolve or mitigate debts, which will improve financial well-being and better position program participants for Moving On. In addition to credit counseling and financial literacy organizations (see resources listed above), key partners in addressing problematic debts can include:

- **Legal services organizations.** For resources on finding legal supports in your area, visit USA.gov's [Find a Lawyer and Affordable Legal Aid](#) page.
- **Local Offices of Child Support/Child Support Enforcement.** According to the Office of Child Support Enforcement, 45 states have policies around debt compromise. Such policies could, depending on the state and the circumstances, reduce or eliminate arrears.⁵ See their [Contact Map](#) to locate the State or Tribal Child Support Agency in your area.

There are also specific kinds of debt that can affect a program participant's ability to move on:

- Debts to a public housing agency may prevent program participants from being able to pursue Moving On using common federal housing resources, because PHAs have the

⁵ For a map of states with debt compromise policies, see: [State Child Support Agencies with Debt Compromise Policies](#)

authority to deny assistance to households that owe a debt to any PHA in connection to past Section 8 or other public housing assistance.⁶

- Debts to utility providers can prohibit program participants from starting service in a new unit without repayment and a substantial utility deposit. PSH providers can work to help program participant address the debt or connect with community resources that can help them do so in order to help them move forward with Moving On.

B. Legal Services

A history of justice involvement can be a significant barrier to obtaining housing for Moving On program participants. While PSH programs are designed to reduce barriers to entry for program participants with challenges such as justice involvement, it can be harder to help them overcome the same barriers once they are ready to move on to private-market housing. One way that providers can help program participants overcome this challenge is by connecting them with local legal services providers that can assist with a range of strategies to lessen the negative impact of a justice history on a future housing search. Support may include helping program participants:

- Identifying and cleaning up mistakes on Records of Arrest and Prosecution, commonly referred to as RAP sheets.
- Applying for expungement or sealing of records.
- Applying for Certificates of Rehabilitation or Certificates of Relief, which can help remove or lessen barriers to jobs, professional licenses, housing, etc. in states that offer them.⁷

To find Legal Aid and pro-bono programs in your area, see the American Bar Association's [Free Legal Help](#) webpage.

In addition, staff or partners can work with program participants with justice histories, housing court history (e.g., previous evictions), and other potential barriers around how to message their history to potential landlords. Such efforts can help program participants learn to highlight their strengths, the progress they have made in PSH, and their potential to be a good tenant.

C. Community Connections

Community connections are essential to program participants who are moving on to reduce isolation and find resources to help address future challenges. Helping program participants build or expand on community connections is a critical preparation service that will ensure that they have supports they will need. Providers can work with program participants to understand their individual interests, strengths, and needs, and use these to identify neighborhood and community organizations or initiatives that they want to engage. Examples include:

- Self-help groups
- Community development or advocacy groups
- Volunteer opportunities
- Religious or spiritual communities
- Veterans' groups

For more information on building community connections, see: [CSH's Supportive Housing Quality Toolkit](#)

⁶ See [24 CFR § 982.552](#)

⁷ For state-specific laws, see the Restoration of Rights Project's [Comparison of Record Relief Policies](#).

- Social clubs

IV. Engagement and Assessment

The concept of moving on might be new for many program participants and providers. To help identify program participants that are interested in and ready to move on, providers should take a multi-step approach, including the following:

1. **Engaging program participants around Moving On**, ideally throughout their time in PSH.
2. **Assessing program participant readiness for Moving On** using a standardized, transparent process.
3. **Screening for resource eligibility**, to help determine what local affordable housing and other resources program participants can apply for to support their transition.

For more information on engagement and assessment, see Chapter 4 of CSH's [Moving On Toolkit](#).

A. Engaging Program Participants Around Moving On

Effective engagement is critical to ensuring program participants are aware that moving on is an option, if they are ready, and to spark their interest in pursuing this path. Initial engagement should stress that although program participants can stay in PSH as long as they want, if they come to a point when they no longer want or need services, the provider can help them pursue this goal. Providers should emphasize the following key principles:

1. Moving On is always voluntary.
2. Moving On is designed to increase opportunity for growth and choice, not to put pressure on them to leave.
3. Moving On does not mean program participants will be left without any services—they are just leaving behind the wraparound services in supportive housing. Providers will work to ensure that all program participants Moving On are connected to appropriate mainstream community-based services and resources to meet any ongoing needs they might have.

Making Moving On Part of the Normal Course of Business:

- Introduce the concept at program entry
- Build a question about Moving On into regular assessments
- Train staff on available resources for tenants interested in Moving On

Incorporating a question of whether or not the program participant wants to explore options around moving on into regular assessments can help to normalize Moving On, informing program participants that it is an option to discuss whenever they are ready. Building such conversations into regular case management allows case managers and program participants to explore the idea over time, identify concerns and hesitations, build motivation and confidence, and identify any services that program participants can be connected to position them to successfully move on.

B. Assessing Program Participant Readiness for Moving On

A standardized, transparent, and comprehensive assessment process is key to identifying program participants who are ready to move on. A standardized assessment creates fairness and objectivity around what it means for a program participant to be 'ready' to move on to independent permanent housing for staff and program participants. In most cases, eligibility requirements do not allow for

program participants to reenter PSH, so it is important for providers and program participants to have this shared understanding of ‘readiness’.

Robust Moving On assessments will consider multiple areas that contribute to stability and independence, such as:

Housing Stability	Finances	Supports and Services
<p>A tenant’s proven ability to pay rent, utility, and other bill payments on time; lack of recent lease violations; and a long history in supportive housing can all indicate that a tenant will be able to fulfill their lease obligations and maintain housing without support.</p>	<p>Stable finances will ensure that tenants will have the ability to continue to pay rent and other bills on time. Assessments should determine if tenants have income that will cover the expenses tenants will be responsible for after moving on. Assessments may also consider looking at credit, which can impact the ability to obtain housing.</p>	<p>Tenants that have required minimal or no services recently to resolve crises and meet their needs are likely to be able to continue managing on their own. Although frequent reliance on services is a flag that tenants may need more time in PSH, utilization of community-based providers should be considered a strength and an indicator of readiness.</p>

Examples of Moving On Assessment Tools

The **Connecticut Supportive Housing Acuity Index** (see Appendix II), part of the Connecticut Supportive Housing Assessment and Acuity Index tool, is a multi-area matrix that many Moving On initiatives have used as the basis of an assessment tool. According to the Connecticut Department of Mental Health and Addiction Services (DMHAS), the tool was developed by DMHAS, DMHAS-funded supportive housing providers, and CSH to:

“... collect information that assists tenants and service providers in creating plans that strengthen housing stability, promote independence and improve the tenant’s quality of life. The Acuity Index assists the tenant in developing a comprehensive life plan that includes goals that are meaningful to him/her, reflects his/her hopes and aspirations and allows the tenant to explore housing options beyond PSH.”⁸

Communities that have used this Acuity Index (or a modified version of it), in combination with local resource-eligibility screening questions: New York City, Buffalo, New York, [Chicago, Illinois](#); [Detroit, Michigan](#); New Jersey, [the Kentucky Balance of State](#); and San Diego, California.

The **Miami-Dade CoC Moving Up Application and Assessment**, included in Appendix III, is an example of a tool created by the CoC in conjunction with a group of PSH providers.⁹ The application/assessment tool includes eligibility thresholds in a range of areas that program participants must meet to apply for the program.

The Returning Home Ohio program, a local workgroup created the [Tenant Status Evaluation](#), has an evaluation completed at regular intervals while a program participant is in supportive housing to help identify when it might be appropriate for the program participant to consider Moving On.

⁸ Provided by the Connecticut Department of Mental Health and Addiction Services, August 2019.

⁹ See Appendix II for the tool.

C. Screening for Resource Eligibility

Moving On initiatives with targeted resources, such as HCVs, might consider including preliminary screening questions in their assessment process. For example, assessments could ask if either of the federal exclusionary criteria for HCVs and public housing applies:

- Any member of the household is subject to a lifetime registration requirement on a state sex offender registration program.
- Any member of the household has ever been convicted of manufacturing methamphetamines on the premises of federally assisted housing.¹⁰

If either of those criteria applies to the household, they are ineligible for an HCV or public housing. Other potential issues that programs might consider screening for include:

- Any member of the household owing a debt to a public housing agency (the household is ineligible for assistance unless this is paid off).
- Household income being above 50 percent of area median income (in most cases this will make them ineligible for a Housing Choice Voucher or public housing).

Pre-screening can flag program participants that might need to be assisted with identifying alternate resources/plans for moving on if they are not eligible for the primary resources being used by the initiative. Providers should be careful to manage expectations and make it clear to program participants that passing a preliminary screening does not constitute a guarantee of resources—they still must go through the full application processes of the resource holder (e.g., the PHA), which will determine their actual eligibility for the housing resource.

V. Preparation Services—Housing

When program participants are ready to move on, providers can help in two key areas:

1. helping them identify and secure housing; and
2. assisting with other areas of preparation, which will be covered in section VI.

There are two key phases of housing-related Moving On services:

1. helping program participants create a housing plan (where they want to move, what resources they need, etc.); and
2. providing support around implementation of this plan.

A. Identifying a Housing Path

Moving On efforts help program participants take the next step to greater independence by connecting them with affordable housing or helping them identify other sustainable housing plans. Providers can use case management time to work with program participants to clarify their goals around housing, or may partner with an organization that provides specialized [housing counseling](#)

¹⁰ See [24 CFR Section 982.553](#) for HCVs and [24 CFR Section 960.204](#) for public housing.

[services](#) to help the program participant identify and pursue a housing plan.¹¹ Primary housing paths for Moving On program participants include:

- Obtaining private-market housing with a **tenant-based rental subsidy**, such as a HUD Housing Choice Voucher (HCV).
- Moving into **site-based affordable housing** (e.g., Public housing, Low Income Housing Tax Credit buildings, or HUD Multifamily housing).
- **Other options** (e.g., market-rate housing, family reunification, or housing with roommates).

For a list of resources that can be used for Moving On, see Appendix I and HUD's [Resources Inventory](#).

Tenant-based Vouchers (Including Housing Choice Vouchers)

Tenant-based vouchers provide rental support that allows households to select a unit in the private rental market. For example, HUD's Housing Choice Voucher (HCV) program provides rental assistance for low-income families, who typically pay 30 percent of their income for rent through the program. HCVs may be made available to Moving On program participants in a community through a specific preference, or through an open waiting-list process. In addition to HCVs, some communities have local tenant-based rental subsidies that can be used for Moving on program participants, such as New Jersey's [State Rental Assistance Program](#) (SRAP) vouchers. Tenant-based vouchers can be used by Moving On program participants to:

1. **Move to a new housing unit in the community.** When PSH program participants are residing in congregate (site-based) supportive housing, or if they would like to move to a new unit or neighborhood, they can use an HCV to obtain a private-market unit.
2. **Transition in place.** If a program participant in scattered-site (tenant-based) PSH is ready and wants to move on from services but remain in their current unit, they might be able to use an HCV to transition in place, if the landlord is willing to work with the PHA and the unit passes inspection.

Site-based Affordable Housing

PSH program participants might be able to move on by finding a unit in a local affordable housing building. The local affordable housing stock varies by community, but could include public housing operated by PHAs, privately-operated HUD 202/811 affordable housing for low-income elderly persons and persons with disabilities, and Low-Income Housing Tax Credit developments.¹² PSH providers can help program participants identify which housing opportunities they are eligible for and apply to be added to waitlists, although wait lists can be extremely long. [HUD's Resource Locator](#) is a helpful tool for finding affordable housing, including buildings targeted to the elderly and people with disabilities, public housing, and other housing resources in your community.¹³

¹¹ Per the [Final Rule for Housing Counseling Certification](#), housing counseling services provided in connection with HUD programs must be provided by HUD-Certified Housing Counselors.

¹² See Appendix I for a list of housing resources that may be used in Moving On initiatives.

¹³ Available here: <https://resources.hud.gov/>

Other Housing Options

Although most program participants need to be connected with a voucher or affordable housing to make moving on possible, this is not always the case. For example, some program participants might be able to afford market-rate rent on their own or in a living situation with roommates based on their income. Others might want to live with family members who have housing that can accommodate them. In these cases, providers can focus on providing non-housing related services and supports to help program participants prepare for the transition.

B. Provider Support for Housing Plan Implementation

PSH provider assistance to help program participants pursue their housing plan may include:

- Helping program participants **collect documentation** (around identification, income, benefits, and more), and **complete and submit application forms**;
- Providing **housing navigation** for program participants moving to a new unit, which may include conducting housing searches, helping program participants apply for housing, preparing program participants for viewings and landlord interviews; and
- **Working with the landlord** to negotiate the lease, complete and submit all required paperwork, and ensure that the lease-up process goes smoothly.

VI. Preparation Services—Other

Although identifying and obtaining housing will likely make up the bulk of the preparation work, particularly in cases where program participants are moving to a new unit, other services and supports are also critical to prepare program participants for the move and set them up for future stability and success. Some key areas to focus on include:

- Supporting Mental and Physical Health
- Addressing Fears and Hesitation
- Providing Peer Support
- Connecting Program participant with Other Resources.

A. Supporting Mental and Physical Health

One of the greatest benefits of supportive housing is the positive impact it has on the physical and mental well-being of program participants. PSH providers can ensure that program participants protect and build on gains to their mental and physical well-being by engaging them in discussions around how health impacts the ability to live independently and how to keep up with their health. Additionally, PSH providers should ensure that program participants that are moving on are connected to community-based health and mental health providers. Maintaining strong health is an important factor in success with Moving On, as highlighted in a 2016 evaluation of the Moving On initiative in Los Angeles County. This evaluation found that program participant management of

physical and mental health, including going to appointments and taking medications as prescribed, contributed to their ability to successfully move on and live independently.¹⁴

B. Addressing Fears and Hesitation

Providers across the country implementing Moving On have found that even the most stable program participants who are excited about the prospect of Moving On have some fears and hesitation during the process. Mental health support can help program participants work through fears, recognize their resilience and strengths, and explore ambivalence about moving on. Motivational interviewing, critical to successful supportive housing case management, important to help program participants work through fears and prepare for living independently.

Challenges that might come up for program participants, and potential strategies for helping them work through these struggles include:

- Concerns that without the safety net of PSH, they will fall back into homelessness. Program participants who have experienced periods of great instability and crisis in the past might become fearful of moving on, even if they were excited early in the process.
- Discouragement about the length and complexity of the Moving On process.
- Feelings of stigmatization that might be caused by rejections from multiple landlords
- Re-traumatization from having to talk about and explain negative items that come up on background checks and credit reports from a period before they entered PSH.

Providers should be aware of the emotional toll the Moving On process might be taking on program participants, and be prepared to help support them through it and help them focus on how to be successful in achieving their goal of living independently. Some key strategies for addressing fears and hesitation include helping program participants:

- Recognize and celebrate their strengths, the progress they have made, and how they are in a position to continue to thrive even without supportive housing.
- Make plans and develop strategies for dealing with future issues that they fear will be destabilizing, such as if they lose a job.
- Gain and understanding that housing searches, particularly in tight markets, can be frustrating, long, and challenging for everyone.
- Recognize and work through feelings of re-traumatization.

Nonprofit service providers interested in building staff capacity to offer Moving On services informed by the Stages of Change model, Critical Time Intervention, and Motivational Interviewing can access the Moving On from Supportive Housing (MOSH) Training, developed by Emmy Tiderington at the School of Social Work at Rutgers, the State University of New Jersey under a grant from the NJ Department of Community Affairs. The curriculum is available at: http://license.rutgers.edu/technologies/2019-123_moving-on-from-supportive-housing-mosh-training

¹⁴ Harder+Company. "Moving On" from Supportive Housing Evaluation Report. 2016. Available at: <https://www.csh.org/resources/moving-on-from-supportive-housing-evaluation-report/>

C. Providing Peer Support

Past Moving On initiatives found that peers can be critical in supporting program participants through the Moving On process, especially in helping them get through fears and anxiety and helping them become excited about the opportunity. Hiring peer support specialists who have successfully moved on from supportive housing is one way providers can include peers in their Moving On initiatives.¹⁵ These staff members demonstrate through their words and actions that happy, fulfilling lives are achievable following their transitions. Providers can also consider creating spaces for those who have moved on to share their accomplishments and challenges as well as address concerns among program participants preparing to move on.

D. Connecting Program Participant with Other Resources

If other resources are available to help program participants move on, such as funding for security and utility deposits, moving expenses, furniture, or other uses, providers should help program participants understand what they are eligible for and support their application. As with housing applications, this could involve collecting documentation around identification, income, benefits, and more; completing forms; and submitting applications.

VII. Transition Support Services for Moving On Program Participants

Once a program participant moved to their new unit or switched to the new program, PSH providers can support them by offering specialized, transition-focused services. These services are similar to the transition services offered upon a program participant's entry to supportive housing, with a greater focus on self-sufficiency and ensuring that the program participant will be able to manage on their own once they move on. Some services will be helpful for all program participants, while others will only apply to program participants who are physically moving to a new unit. All transition plans should be program participant-driven and should focus on helping set the program participant up for long-term success.

Supports for all Moving On Program participants

Some key supports that will benefit all Moving On program participants as they transition out of PSH, regardless of the housing paths they are using to move on, include:

- Connections to Community-Based Services
- Tenancy Education
- Connections to Utilities and Services
- Support around Finances

A. Connections to Community-Based Services

Providers can work to ensure that program participants are connected to, or at least aware of, a range of community-based services that will meet their needs in areas such as health and mental health, education, child care, nutrition, community, and more. Although this work can begin during the preparation phase, if the program participant has an idea of where they will be living, providers

¹⁵ CSH Moving On Toolkit. Available at: <https://www.csh.org/resources/csh-moving-on-toolkit/>

can help make warm handoffs and ensure program participants are connected to appropriate services and resources once they confirm where the program participant will be residing.

B. Tenancy Education

Just as they do when program participants move into supportive housing, providers should work with program participants to ensure they fully understand their new lease to prepare them for stability and to avoid issues that might arise. Providers can help program participants understand:

- The rights and responsibilities of the tenant and the landlord.
- What to do in situations such as when repairs are needed, or they need to get in touch with the landlord.
- The tenant's responsibilities related to maintaining their housing subsidy, whether it is a voucher, a public housing unit, or another subsidy. For example, tenants using HCVs or in public housing are required to report changes in income and household size in a timely manner, and to complete an annual recertification.

C. Connections to Utilities and Services

Considerations for helping program participants around utilities include:

- Providers should ensure that utilities are set up in the program participant's name (unless they are included in the rent) and turned on.
- In some cases, program participants might need to provide a utility deposit which might be prohibitively expensive; some Moving On initiatives provide financial support to cover such costs or there might be local resources that can provide this assistance.
- If utilities are not included in the rent, providers might be able to help program participants connect to support through the [Low Income Home Energy Assistance Program \(LIHEAP\)](#), depending on their state's policies and their specific situation.¹⁶
- Providers should also help program participants connect to any other services they might need, such as phone and internet. If program participants are not already connected to [LifeLine](#) - the Federal Communications Commission's program to make communication services more affordable for low-income households—helping them to this resource can reduce their costs for either broadband or mobile phone service.¹⁷

D. Support around Finances

Program participants who are ready and want to move on will have already demonstrated financial stability, but providers can still help set them up for long-term success by helping them:

- Ensure that their budget is reasonable and sustainable given any changes that will be taking place as a result of Moving On. This work should begin during the preparation phase and

¹⁶ For more information, see: <https://www.acf.hhs.gov/ocs/programs/liheap/about>

¹⁷ For more information, see: <https://www.lifelinesupport.org/>.

can go to the next level during the transition phase after program participants know how much their portion of the rent will be.

- Plan for changes that might occur, such as rent increases in future years, fluctuations in utility costs, and unexpected expenses.
- Identify community resources and organizations they can turn to in the future if they experience significant financial difficulties. This could include food banks, local benefit offices, homelessness prevention programs, etc. Knowing where they can go if there is an unexpected crisis can be reassuring for program participants, even if they never have to access such supports.

E. Additional Supports for Program Participants Moving to a New Home

In addition, providers can support program participants moving to a new home in the following areas:

- Obtaining furniture
- Making and financing moving arrangements
- Mapping resources in their new community

Furniture

When program participants move to a new home, they typically need at least some furniture and fixtures (such as shades or drapes) to make their new home livable and ensure a successful transition. Providers and organizers of Moving On initiatives (such as CoCs) should work to find ways to identify furniture sources for any program participants moving to new homes to ensure that program participants do not move into unlivable situations (e.g., without a bed, storage, seating, etc.) and do not exhaust any savings they have to cover furniture expenses. Support for Moving On program participants around furniture could include:

- Identifying what furniture program participants need in their new home;
- Making funding available for program participants to purchase furniture;
- Working with reputable local nonprofit organizations that can donate new or high-quality, professionally cleaned, and gently used furniture, through a process that allows as much program participant choice as possible; or
- If the program participant is moving from a site-based (congregate) supportive housing unit, providers should be clear with the program participant about what items of furniture, if any, they can take with them.

Moving Arrangements and Expenses

Whether program participants are moving furniture or just boxes of items to their new unit, PSH providers should help arrange for an appropriate method of transportation, depending on the situation. This could include:

- Helping program participants develop a plan for moving day;
- Paying for and arranging to hire a moving truck, in a situation where the program participant or staff are able and willing to move items themselves;
- Paying and arranging for movers to transport furniture and other items;
- Arranging for delivery of any new or used furniture that will be arriving directly to the new home; or
- Helping program participants get everything set up in their new home.

Resource Mapping

When program participants are moving to a new neighborhood, transition plans can ensure that they are comfortable in their new communities. Resource mapping is a critical transition service that PSH providers can use to help program participants moving to a new neighborhood identify important resources, such as:

- Human services office locations
- Healthcare facilities
- Public transportation
- Grocery stores and pharmacies
- Schools, day care centers, and after school programs
- Parks and community recreation sites

Effective resource mapping can help ensure a smooth transition to the new area and to help program participants feel comfortable and excited about their move. The [Model Family Supportive Housing Tenant Handbook Draft](#), developed by the Center for the Study of Social Policy and CSH, includes a template resources map.¹⁸ Although Moving On program participants are likely to be able to do this resource mapping process on their own, having transition support from PSH providers can be reassuring, make the transition easier, reduce the amount of aftercare support needed around identifying key resources, and assist program participants with making connections that could be more challenging. For example, a Moving On provider in Los Angeles noted that there were challenges in some of the neighborhoods with identifying health care providers that accepted Medi-Cal (Medicaid).¹⁹ In these cases, transition and aftercare supports were critical to ensuring that program participants were able to identify and connect with appropriate, accessible healthcare providers.

F. Additional Supports for Program Participants Transitioning in Place

When program participants are using a voucher to transition in place, PSH providers should work to help them understand what will be different after they ‘move on’, and what will stay the same. Although much of this information will already have been shared with the program participant

¹⁸ Available at: <https://www.csh.org/wp-content/uploads/2016/05/Tenant-Manual.pdf>

¹⁹ Interview with Downtown Women’s Center, February 2019.

during the process of helping them to decide and prepare for moving on, providers should still make sure during the transition phase that the program participant fully understands all of the changes that will take place. For example, providers can help them understand if there will be any changes to the lease, changes in who they contact in different situations, and how their responsibilities will differ (e.g., requirements for the voucher).

VIII. Aftercare

Aftercare refers to services that are offered after a program participant leaves PSH to ensure they are stable and successful in their new home (or situation, if they have transitioned in place). Most PSH providers already have policies and processes around aftercare, which they can continue to work under unless the Moving On program they are working with has different requirements.

Services providers can offer as part of an aftercare plan will vary depending on what the provider is able to offer, how the PSH program is structured, and what the program participant interests. Periodic check-ins and light-touch support as needed (when a program participant reaches out) form the core of most aftercare services offered by supportive housing providers. If they have dedicated funding for aftercare, providers might be able to offer more robust services, such as home visits during the period shortly after a program participant has moved into their new unit or transitioned in place, or light-touch but regular case management, but these services are typically not required or needed by Moving On participants.

A. Developing an Aftercare Plan with Program Participant

Before a program participant officially moves on, providers should work with them to establish an aftercare plan that includes an outline of what supports will be available and for how long; who the program participant can reach out to at the provider organization, if needed; and when and how the program participant can expect the provider to check in. As with regular PSH services, the aftercare plan should be developed in collaboration with the program participant and driven by their goals and needs. Providers should manage expectations about what supports they are able to provide, but should also inform the program participant that they can contact the provider if they run into a problem they are unsure if the provider can help them resolve. For example, if a program participant falls into rental arrears and is concerned about losing their housing, they should feel comfortable contacting the provider within the designated aftercare window (and even beyond, in most cases). In these cases, aftercare services provided can be a referral to the appropriate community-based resources, and helping the program participant feel comfortable with reaching out to the community-based services on their own the next time.

B. Staffing

In most cases, it makes sense for the program participant's current case manager to be their primary point of contact and deliverer of aftercare services, because they have a relationship with program participant and can provide a sense of continuity during the transition period. In other cases, this might be challenging. For example, if a case manager has a full caseload and they are assigned a new program participant (whose service needs might be high) as soon as the Moving On program participant leaves, they might not have the capacity to manage aftercare. Providers could consider using social work interns, staff from community-based programs (such as in-house vocational specialists or others, if they can serve a wider population than just PSH program participants), supervisors, or others with some flexibility. The program participant's current case manager should

introduce the program participant to whoever will be providing aftercare before the program participant leaves, so they understand who they will be working with and who they can contact.

C. Aftercare Duration

Moving On programs across the country have had varied expectations around aftercare, with programs ranging from 180 days to two years. Providers typically have their own standards for aftercare, but communities may choose to set their own expectations that providers must adhere to for Moving On program participants. An important best practice from past Moving On programs is to schedule at least a remote check-in with program participants nine months after they start their new lease, which coincides with the timing of recertification packets for Housing Choice Voucher program participants. Such a check-in can ensure that program participants successfully recertify and maintain their housing by:

- Reminding the program participant about the need to recertify
- Answering questions that program participants might have when going through the process for the first time

D. Keeping Program Participants Connected to the PSH Community

One of the greatest benefits of supportive housing for program participants, especially those in congregate (single-site) settings, is the sense of family and community they find in their fellow residents and staff. Allowing program participants to remain engaged in community activities, especially events such as holiday celebrations and special gatherings, to the extent possible, can be easy for providers to offer and greatly appreciated by program participants. This can also serve as a form of aftercare—when program participants come to events, staff have an opportunity to catch up with them and check in to make sure everything is going well. Participating in activities can combat the loneliness that program participants might feel, especially early on in their transition, and can provide an opportunity for PSH providers to celebrate the progress they have made, reinforce their confidence, and highlight the potential for growth to program participants still in supportive housing.

IX. Conclusion

Moving On programs support choice, independence, and growth for supportive housing program participants by providing them with resources and supports that enable them to move on from PSH when they are ready and want to do so. Moving On programs across the country have shown that there are many program participants who want to move on, are capable of moving on, and can be successful in the community after moving on. Services provided throughout a program participant's time in supportive housing, as well as in the lead up to moving on and through the transition, provide the foundation for a program participant's long-term success and stability beyond PSH. Aftercare services can provide a feeling of security and safety for program participants as they make the transition, help them get settled into their new living situation, and ensure they are set up for long-term stability and success.

X. Appendices

Appendix I: Housing Resources Providers Can Use for Moving On Initiatives

<i>HUD Housing Choice Voucher (HVC)</i>	Common strategy used successfully in many Moving On initiatives; provides long-term rent support with payments based on income and options for portability (moving to a different area). Can be used by tenants moving to new homes or for scattered-site tenants ‘transitioning in place’ in their current unit.
<i>HUD Project Based Vouchers (PBV)</i>	Tenants residing in Section 8 PBV units for more than 1 year have the right to move on with continued assistance in the form of a tenant-based voucher (see 24 CFR 983.261); this can be a valuable option for helping clients move on and reserving any tenant-based vouchers set aside in a limited preference for non-PBV tenants.
<i>Public Housing Units</i>	If there are vacancies and/or a high rate of turnover, the community may consider filling units through a Moving On preference. This strategy may be combined with others to maximize Moving On opportunities.
<i>HUD Multifamily Assisted Units</i>	HUD Multifamily building includes (Supportive Housing for the elderly and persons with disabilities Section 202 and 811 programs) owners can create preferences/set asides for Moving On tenants in their Tenant Selection Plan. Where there are existing homeless preferences, the leadership team can advocate for them to be modified to include Moving On tenants.
<i>Set-aside units in other affordable housing buildings</i>	Affordable housing (such as Low-Income Housing Tax Credit Buildings) owners and operators can create Moving On preferences for new or existing buildings where rents are based on income. This is a good option for tenants with income that falls within the eligibility categories for the building, especially if their income is too high for other housing assistance. Partnerships with affordable buildings can also be used for tenants with HCVs, who can apply their vouchers to units in the building.
<i>HUD RAD conversion projects</i>	Tenants who reside in a Rental Assistance Demonstration (RAD) conversion Project-Based Rental Assistance (PBRA) unit for two years, or a Project-Based Voucher conversion unit for one year, are eligible to move with continued assistance in the form of a tenant-based voucher.
<i>Locally-funded rental subsidy</i>	In communities with existing rental subsidy programs, or the funds to create such programs, this option offers flexibility and full local control over eligibility, program design, policies, and procedures.

For more information on housing resources and how to work with PHAs to secure resources for a Moving On initiative, see the [Public Housing Agency \(PHA\) Moving On: How-To Guide](#).

Appendix II: Connecticut Supportive Housing Acuity Index

Supportive Housing Acuity Index

Housing	Levels				Tenant Level		Service Plan Goal for Level 0 or 1	
	0	1	2	3	New	Last	Active	Deferred
Rent Payment	Rep Payee/Tenant has not paid rent for last 6 months or has only paid on-time 1-3 times in last 12 months	Rep Payee/Tenant has paid rent on-time 4-6 times in last 12 months	Rep Payee/Tenant has paid rent on-time 7-9 times in last 12 months	Rep Payee/Tenant has paid rent on-time every month for the last 12 months				
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 OR utilities are included in rent.				
Rent Arrears	Tenant has outstanding rent arrears and is not willing to set up payment plan	Tenant has more than 6 months of rent arrears and has set up a payment plan	Tenant has less than 3 months of rent arrears and is current on payment plan	Tenant has no rent arrears				
Utility Arrears	Tenant has outstanding utility arrears and is not willing to set up payment plan	Tenant has less than \$1000 in utility arrears and has set up a payment plan	Tenant has less than \$500 in utility arrears and is current on payment plan	Tenant has no utility arrears				
Safe Living Environment	Tenant had over 5 contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months	Tenant had 3-5 contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months	Tenant had 1-2 contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months	Tenant had no contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months				
Lease (include all leases if tenant moved)	Tenant has been in supportive housing less than 12 months OR has held a lease less than 12 months	Tenant has been in a supportive housing program and has held lease for 12-23 consecutive months	Tenant has been in a supportive housing program and has held lease for 24-36 consecutive months	Tenant has been in a supportive housing program and has held lease for over 36 consecutive months				
Housing Subtotal								

Comments:

Appendix II: Connecticut Supportive Housing Acuity Index

Income and Benefits	Levels				Tenant Level		Service Plan Goal for Level 0 or 1	
	0	1	2	3	New	Last	Active	Deferred
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				
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 OR is not eligible for benefits				
Employment	Tenant is not employed, is able to work but not seeking employment OR tenant is not able to work and has not received disability benefits	Tenant is not employed, is able to work and is seeking employment/participating in employment services	Tenant is able to work and has been employed for less than 6 months	Tenant is able to work and has been employed for more than 6 months OR tenant is not able to work and receiving disability benefits				
Debt	Tenant debt greater than 50 percent of income and tenant is unable to meet these obligations	Tenant debt is greater than 50 percent of income and tenant is able to meet these obligations	Tenant debt is less than 50 percent of income and tenant is able to meet these obligations	Tenant debt is between 0 and 10 percent of income and tenant is able to meet these obligations				
Health								
Mental Health Care Use	Tenant has not had contact with a mental health provider in the past 12 months	Tenant has contact with a mental health provider and has kept less than 50 percent of appointments in the last 12 months	Tenant has contact with a mental health provider and has kept more than 50 percent of appointments in the last 12 months	Tenant has contact with a mental health provider and has kept more than 90 percent of appointments in the last 12 months OR Tenant has no need for mental health services				
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 and follows preventive screening and treatment recommendations less than 50 percent of the time	Tenant has contact with a primary and/or specialty health care provider and follows preventive screening and treatment recommendations 50 to 90 percent of the time	Tenant has contact with a primary and/or specialty health care provider and follows preventive screening and treatment recommendations more than 90 percent of the time				

Appendix II: Connecticut Supportive Housing Acuity Index

Income and Benefits	Levels				Tenant Level		Service Plan Goal for Level 0 or 1	
	0	1	2	3	New	Last	Active	Deferred
Medication Adherence	Tenant self-reports never taking prescribed medications	Tenant self-reports rarely taking prescribed medications	Tenant self-reports sporadically taking prescribed medications	Tenant self-reports regularly taking prescribed medications OR has no prescribed medications				
Health (continued)	Levels				Tenant Level		Service Plan Goal for Level 0 or 1	
	0	1	2	3	New	Last	Active	Deferred
Harm Reduction (such as substance use, gambling, risky sexual and other 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 OR does not engage in harmful behaviors				
Supportive Services and Resources								
Connection to Community Supports	Tenant has no community supports outside of supportive housing program	Tenant has limited community supports and 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 and has many connections including specialized services				
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 and did not work quickly with case manager to identify needs/help	Tenant required 3-5 crisis interventions in past 12 months and worked quickly with case manager to identify needs/help	Tenant required less than 3 crisis interventions in past 12 months and worked quickly with case manager to identify needs/help				
Life Skills	Tenant is unable to independently meet basic needs such as hygiene, food, activities of daily living	Tenant can independently meet a few but not all basic needs such as hygiene, food, activities of daily living	Tenant can independently meet most but not all basic needs such as hygiene, food, activities of daily living	Tenant is able to independently meet all basic needs				
Legal	Tenant has outstanding warrants or has been incarcerated for more	Tenant has current charges or trial pending, or is noncompliant with	Tenant has been fully compliant with criminal	Tenant has been fully compliant with criminal justice supervision for more				

Appendix II: Connecticut Supportive Housing Acuity Index

Income and Benefits	Levels				Tenant Level		Service Plan Goal for Level 0 or 1	
	0	1	2	3	New	Last	Active	Deferred
	than 90 days in the prior year	criminal justice supervision	justice supervision for less than 12 months	than 12 months OR has no criminal justice supervision requirements				
Mobility & Transportation	Tenant has no access to public or private transportation	Transportation is available, but is unreliable or unaffordable	Transportation is available and reliable, but limited and/or inconvenient	Transportation is generally accessible to meet basic travel needs				
Income and Benefits; Health; and Supportive Services and Resources Subtotal								

Comments:

Appendix II: Connecticut Supportive Housing Acuity Index

Acuity Index Family Section

Parenting and Child Services	Levels				Tenant Level		Service Plan Goal for Level 0 or 1	
	0	1	2	3	New	Last	Active	Deferred
Childcare	Needs childcare, but none is available/accessible and/or child is not eligible.	Childcare is unreliable or unaffordable, inadequate, supervision is a problem for childcare that is available	Affordable subsidized childcare is available, but limited	Reliable, affordable childcare is available, no need for subsidies				
Children's Education	One or more school aged children not enrolled in school	One or more school-aged children enrolled in school, but not attending classes. Parent is unaware and/or has difficulty addressing children issues without significant case management involvement	Enrolled in school, but one or more children only occasionally attending classes. Parent is aware and/or has difficulty addressing children issues without case management involvement.	Enrolled in school and attending classes most of the time. Parent is aware and addressing children issues.				
Parenting	There are safety concerns regarding parenting skills	Parenting skills are minimal	Parenting skills are apparent but not adequate	Parenting skills are adequate				
Child Welfare Involvement	High level of mandated involvement with child welfare system	Involvement with child welfare system, no resolution of matter/case	Recent involvement with child welfare but matter resolved and closed	No history of child welfare involvement OR involvement was more than 2 years ago				
Children with Special Needs	Children not connected with services	Children connected with services but participation minimal with prompting	Children connected with services with consistent participation with prompting	Children with special needs fully participate in services OR children have no special needs				
Parenting and Child Services								

Comments:

Appendix II: Connecticut Supportive Housing Acuity Index

Acuity Index Interpretation

Area	Maximum Level	Minimum Level	Ideal Range	Current Level on this Assessment
Housing	18	12	16-18	
Income and Benefits; Health; and Supportive Services and Resources	39	26	35-39	
Parenting and Child Services	15	10	13-15	

Interpretation:

- **All applicable levels fall within the ideal range:** Other housing options with community supports should be considered as a short term goal.
- **Applicable levels are at or above minimum but not all fall within the ideal range:** Other housing options with community-based supports should be considered as a long term goal.
- **One or more levels are below the minimum:** Tenant should remain in supportive housing.

Signatures

The information in this assessment was collected in good faith and the information contained in this assessment is as accurate as possible.

Case Manager Signature

Date

Supervisor Signature

Date

Appendix II: Connecticut Supportive Housing Acuity Index

MIAMI-DADE CoC MOVING UP APPLICATION AND ASSESSMENT

The Moving Up partnership between Housing Choice Voucher (HCV) Programs in Miami-Dade and the Miami-Dade County Homeless Continuum of Care (CoC) is designed for Permanent Supportive Housing (PSH) participants who have demonstrated housing stability in their PSH unit, are no longer in need of intensive services and ready and able to move up into area Section 8 HCV Programs.

Referral Date	
Applicant Name	
Applicant Address, Phone, Email	
Current Permanent Supportive Housing Provider	
Case Manager Name and Phone	
Date moved into PSH program	
Number of months living in supportive housing	
Is the Applicant in a scattered-site apartment or a project-based building?	
Letter of recommendation from case manager & property manager (if applicable) enclosed with application?	
Moving Up Assessment – Applicant meets Threshold?	

Appendix II: Connecticut Supportive Housing Acuity Index

ASSESSMENT

Financial		
	Threshold	Yes/No
Income	Has the Applicant received benefits or been employed for at least 18 months?	
Budgeting	Does the Applicant have strong budgeting skills and a clear understanding of current financial and debt matters?	
Debt Obligations	Does the Applicant have significant debt that would require over 50% of his/her income or debt that is unmanageable?	

Housing		
	Threshold	Yes/No
PSH Participation	Applicant has been in a supportive housing program for over 36 months.	
Lease History	For over 3 years (36+ months), the applicant has maintained a lease and has had no evictions or unit abandonment.	
Rent Payment	Applicant has paid rent on-time in the last 36 months.	
Utility Bills	Applicant has paid bills on-time in the past 12 months (or utilities are included in Applicants' rent).	
Outstanding Rent Arrears	Applicant has no current arrears and does not have a current payment plan for past bills.	
Outstanding Utility and other bills	Applicant has no current arrears and does not have a current payment plan for past bills.	
Safe Living Environment	Applicant has not had any police visits or landlord complaints regarding disruptive activities in unit, excluding instances related to domestic violence as defined under VAWA (Violence Against Women Act).	

Services & Mainstream Resources		
	Threshold	Yes/No
Connection to Mainstream and Primary Health Care	Applicant is connected to a primary health care provider and, if applicable, behavioral health and/or other mainstream providers and keeps appointments as needed.	
Connection to Community Supports	Applicant seeks out community supports when needed and has many connections in place.	
Service Utilization	Applicant is willing and able to seek community-based services when needed.	
Applicant has the skills necessary to maintain housing stability	Based on their current tenancy, Applicant has the skills necessary to maintain housing stability.	

Eligibility for Referral:

If any response above is “No”, other than the question regarding Debt Obligations in the Financial Section, the PSH participant is not eligible for a Moving Up voucher.

Appendix II: Connecticut Supportive Housing Acuity Index

HCV MOVING UP APPLICANT CERTIFICATION

I understand and acknowledge the following:

- I currently reside in Permanent Supportive Housing (PSH) operated by an agency that provides me with case management and other program services.
- I am applying for a Housing Choice Voucher (HCV), which will subsidize my rent toward a rental unit in the community, but will not provide me with case management and other program supportive services.
- The HCV Program allows me to take my housing voucher with me whenever I move to a new rental unit pre-approved by the HCV Program under the rules of the HACMB Section 8 Housing Choice Voucher Administrative Plan.
- Once I sign a lease for a unit to be subsidized by the HCV Program, I may not transfer back to my former PSH provider or to any other PSH program that is part of the Miami-Dade Homeless Continuum of Care (CoC).
- I may withdraw this application for a HCV anytime before I sign a lease for a unit approved by the HCV Program.
- I am voluntarily applying for the HCV Program.
- I understand that the HCV Program will screen me for eligibility and that submitting this HCV Program application does not guarantee acceptance into the program.
- I understand that my former PSH Provider will assist me in transitioning to the HCV Program for ninety (90) days following the start of my HCV assistance and will follow up with me at 30, 60, 90, and 180 days after my HCV assistance begins.

Applicant Signature: _____

Print Name: _____

PSH AGENCY CERTIFICATION

The information contained in this application and assessment is as accurate as possible. The Applicant, case manager, and property manager (as applicable) have met to discuss this application and complete this Assessment. We find that the Applicant is a good candidate for moving up into the Housing Choice Voucher Program. The Applicant's case manager explained the nature of the HCV Program and that the Applicant would no longer receive the PSH Provider's case management and other program services. The PSH Provider certifies that the Applicant is applying for a HCV voluntarily. As set forth and in accordance with the Moving Up Handbook, the PSH Provider will assist the Applicant in transitioning to the HCV Program for ninety (90) days upon HCV assistance commencement and will conduct follow up with the Applicant at 30, 60, 90, and 180 days after HCV assistance begins.

Signature: _____

Print Name and Title: _____