Moving On Assessment Tool

Moving on is a choice to move on from permanent supportive housing while still receiving rental assistance. The client must be voluntarily moving on from the program. Please complete this self- assessment with your case manager to see if moving on is a good option for you.

Applica	nt Information		
Full Nam	e:	DOB:	
Address:		City:	
Address Line 2:		State: CALIFORNIA	
Email:		Phone Number:	
Service	Provider Information		
Case Manager Name:		Contact Information:	
Agency Name:		Housing Program Name:	
This is an	emergency transfer request: Y / N		
Eligibili	ty Requirement		
Y/N L Y/N IS Y/N H	Current Housing Program Receives Referrals from Orange County Coordinated Entry System Living in Current Housing Program for At Least 1 Year Is Not a Lifetime Registered Sex - Offender Have Not Been Convicted of Manufacturing Meth in Public Housing Do Not Have a Current Warrant		
	Do Not Have Any Current Rent Violations		
Y/N D	Do Not Owe Any Public Housing Agency or the Property Management Company		

If you answered "**Yes**" to all of the above questions, please complete the self assessment below with your case manager and ask your case manager to complete the service provider information above.

At least one member of the household is a citizen or has eligible immigration status

Note: While mixed status households are eligible, rental assistance will only be provided for US citizens or household members with appropriate immigration status. This may make your housing unaffordable.

Checklist



Y/N

Moving On Assessment

Housing Authority Intake Packet and Supporting Documents

Tenant Self - Assessment

	1	2	3	Score
Rent Payment	I have paid rent on time less than 6 times in the last 12 months	I have paid rent on time 6-11 times in the last 12 months	I have paid rent on time every month in the last 12 months or my portion of the rent is \$0	
Utility Bills	I have paid my utility bills on time less than 6 times in the last 12 months	I have paid my utility bills on time 6-11 times in the last 12 months	I have paid all of my utility bills in the last 12 months or utilities are included in my rent	
Income	I have not had any income through employment or benefits for the past 12 months	I have had unstable income through employment or benefits for the past 12 months	I have had stable income through employment or benefits for the past 12 months	
Community Living	I have had more than 2 police visits or landlord complaints in the past 12 months	I have had 1-2 police visits or landlord complaints in the past 12 months	I have not had any police visits or landlord complaints in the past 12 months	
Community Services	I am not connected with any services and I have not had any contact with my primary health care provider in the past 12 months	l am connected with some services, but there are other services that l need	I am connected with the services I need in the community such as a primary health care provider, mental health services or other specialized services	
Housing Stability	I am not confident that I can maintain stable housing	l am somewhat confident that I can maintain stable housing	I am very confident that I can maintain stable housing	
			TOTAL	

Service Provider Signature	Date	_
Tenant Signature	Date	