



Move-On Referral Packet

SARAH will only accept vouchers from housing providers on behalf of households experiencing homelessness.

Assisted Housing Programs Referral Form

Referral Guidelines

To refer a potential applicant, please complete this form and return it to San Antonio Housing Authority (SAHA) with the Pre-Eligibility Application; AHP-1222 and Authorization for Release of Information (HUD-9886).

The referring agency name must be checked in the Agency Information section below with the employee (Printed Agent Name) contact information included.

Please send the referral through one of the following methods to SAHA's Unified Application Center (UAC) Representative to ensure the referral is received and processed timely.

UAC Representative:

Fax: (210) 477-6259

Email: SAHWaitlist@saha.org

Agency Information	
<input type="checkbox"/> Haven for Hope/HSV <input type="checkbox"/> SAMMinistries (SAMM)/Set Aside <input type="checkbox"/> Center for Health Care Services/Set Aside <input type="checkbox"/> Center for Health Care Services/Mainstream <input type="checkbox"/> AACOG/IDD/Mainstream <input type="checkbox"/> AACOG/ADRC/Mainstream <input type="checkbox"/> THRU Project - PBV	<input type="checkbox"/> SARAH - Move On <input type="checkbox"/> SARAH - PBV Family Homeless <input type="checkbox"/> SARAH - COVID-19 <input type="checkbox"/> Alamo Community Colleges - Palo Alto <input type="checkbox"/> Alamo Community Colleges - St. Philips <input type="checkbox"/> St. John's Square
Printed Agent Name: _____	Date: _____
Email Address: _____	Phone: _____

Partner Agency Certification

By signing below, I certify that the following Applicant has met the program criteria and is eligible to participate in San Antonio Housing Authority's Assisted Housing Programs.

Applicant Name: _____

Signature of Representative: _____ Date: _____



The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD's regulations implementing Section 504: Irene Guzman, 818 South Flores, San Antonio, Texas 78204.



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SAHA ID:

Pre-Eligibility Application

Please Print in Blue or Black Pen

Due Date:

Your application is currently under review for selection from the San Antonio Housing Authority (SAHA) Section 8 Tenant-Based Voucher Program Waitlist. This Pre-Eligibility Application will determine if you meet the eligibility requirements for housing assistance and if you will receive an eligibility appointment. **SAHA must receive your completed Pre-Eligibility Application and Authorization for Release of Information; HUD-9886 form, on or before the above due date, or your name will be removed from the waitlist. You may return the form by fax to (210) 477-6720, mail to ATTN: UAC San Antonio Housing Authority, P.O. Box 830565, San Antonio, TX 78204 or scan (photos will not be accepted) and email to PreEligibility@saha.org.**

If you need to add any other adults (18 years or older) to your household after submitting this application, you must inform the Pre-Eligibility Housing Assistance Specialist of the change by calling (210) 477-6000 or emailing PreEligibility@saha.org before your eligibility appointment or your housing assistance will be delayed.

HEAD OF HOUSEHOLD INFORMATION

Full Name:		Date of Birth:	/ /	SSN:	- - -
Address:		City:		State:	
Address on Driver's License/ID:					
Driver's License (DL)/ID Number:		Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone Number:		Email:			

OTHER ADULT HOUSEHOLD MEMBER INFORMATION

Please fill out the information below for all adult household members (18 years or older)

Full Name:		Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Relationship:		Date of Birth:	/ /	SSN:	- - -
Address on DL/ID:			DL/ID Number:		

Full Name:		Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Relationship:		Date of Birth:	/ /	SSN:	- - -
Address on DL/ID:			DL/ID Number:		

Full Name:		Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Relationship:		Date of Birth:	/ /	SSN:	- - -
Address on DL/ID:			DL/ID Number:		

OTHER HOUSEHOLD MEMBER INFORMATION

Last & First Name	SSN	Date of Birth	Relationship	U.S. Citizen?
	- -	/ /		<input type="checkbox"/> Y <input type="checkbox"/> N
	- -	/ /		<input type="checkbox"/> Y <input type="checkbox"/> N
	- -	/ /		<input type="checkbox"/> Y <input type="checkbox"/> N
	- -	/ /		<input type="checkbox"/> Y <input type="checkbox"/> N

CRIMINAL HISTORY INFORMATION



The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD's regulations implementing Section 504: Irene Guzman, 818 South Flores, San Antonio, Texas 78204.



Is any member of the family a state-registered lifetime sex offender? Yes No

If Yes, please provide the name(s) of the family member(s): _____

FAMILY INCOME INFORMATION

IMPORTANT: SAHA will utilize the U.S. Housing and Urban Development Enterprise Income Verification System (EIV) to verify your household income. If this process reveals unreported income and / or unreported employment, your assistance may be denied. Please enter only your gross income, which is total income before any taxes or deductions.

Household Member Name	Employment Wages (Weekly)	TANF Earnings (Monthly)	Child Support Income (Monthly)	Unemployment Benefits (Weekly)	Social Security Benefits (Monthly)	Contributions	Other Income
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$

PHA ASSISTANCE AND BAD DEBT VERIFICATION

Have you or any adult member of the household ever received housing assistance from SAHA or any other housing authority / agency?

Yes No

If Yes, please list the name of the public housing authority / agency: _____

Do you currently have an outstanding balance owed to SAHA or any other housing authority/agency? Yes No

If Yes, please provide the following information:

- State the amount owed: \$ _____
- State the name of the housing agency to whom the balance is owed: _____

Do you have an active payment agreement with the housing authority/agency? Yes No

WARNING: Title 18, Section 1001 of the United States Code states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony.

I hereby certify that all the information on this Pre-Eligibility Application is true and complete for each household member. I understand that giving false or inaccurate information may be cause for denial. I understand that by signing this document, I authorize San Antonio Housing Authority (SAHA) to: Obtain all of my **criminal history records**, if any, from any law enforcement agency. I understand that such records will include arrests and convictions for misdemeanors and felonies, if any, as well as any probation or parole information. This may include screening my records for state lifetime sex offender registrations, if any, using the *Dru Sjodin National Sex Offender Database* and/or other official federal, state, and local resources.

SIGNATURES

DATE

Head of Household

Co-Head / Spouse

Household Member 18 Years or Older

Household Member 18 Years or Older

Household Member 18 Years or Older



The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD's regulations implementing Section 504: Irene Guzman, 818 South Flores, San Antonio, Texas 78204.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

San Antonio Housing Authority
818 S. Flores
San Antonio, Texas 78204

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



SAHA REFERRAL CONSENT FORM

WHY?

This informed consent document (“Consent Form”) is a written agreement that must be signed by you to allow the authorized, Referring Agency identified below to release and share your personal information and information about your household that you submit as part of the Referral Program Application or that was collected, or created, by your participation in the Referring Program.

This form includes a separate consent that you may sign if you authorize any caseworker from the Referring Agency as a Designee to conduct business on your behalf, to include signing documents. This may be a benefit to you if you require assistance to complete any program processes or meetings with San Antonio Housing Authority. Please note that you must still approve any action taken by the Referring Agency, on your behalf, that may affect your eligibility for continued assistance.

HOUSEHOLD INFORMATION
Head of Household Name: _____ Last 4 of SSN*: _____ Email Address: _____ Phone Number: _____ Alternate Phone Number: _____ *The Authorized Agency will only use your Social Security Number to verify your identity and match documents in your file.
REFERRING AGENCY INFORMATION
Referring Agency Name: _____ Phone: _____ Email Address: _____ Current Address: _____ City: _____ State: _____ Zip Code: _____
DATA CONSENT
<p>Data Consent: I understand that by signing this Consent Form, I am authorizing the release of my or my family member’s Personal Information to the above Authorized Agency for the purposes associated with my participation in SAHA’s Special Programs. I further understand that I am not legally obligated to provide this information to any third party, that I may revoke this Consent at any time and that no one has forced me to sign this Consent Form.</p> <p>I certify that I am giving this Consent freely and voluntarily and I understand the consequences of my giving this Consent. I understand that if I revoke this Consent, it will not affect the data that the Authorized Agency already released based on my signed Consent. This Consent expires at the end of all Special Program services provided to me or my family members or if I withdraw my Consent, whichever comes first.</p>



The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD’s regulations implementing Section 504: Irene Guzman, 818 South Flores, San Antonio, Texas 78204.

(Please check the appropriate box below)

YES (SAHA may release and receive information for all members in my household)

NO (SAHA may not release and receive information for all members in my household)

DESIGNEE DECLARATION

Designee Declaration: I authorize the above noted Referring Agency to conduct business with SAHA on my behalf, including participation in the application and certification processes, any other meetings with SAHA staff, and signing documents. I understand that I must still approve any action taken by the Referring Agency that may affect my eligibility for continued assistance.

(Please check the appropriate box below)

YES (The Referring Agency may conduct business with SAHA on my behalf)

NO (The Referring Agency may not conduct business with SAHA on my behalf)

If you selected Yes, please complete the certification below and sign at the bottom of this form. If you selected No, please skip the certification and sign at the bottom of this form.

Designee Certification

My name is _____
(Head of Household First, Middle, Last)

my date of birth is _____
(Month, Day, Year)

my address is _____
(Address)

(City) (State) (Zip Code) (Country)

and I declare under penalty of perjury that the foregoing statement is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____
(County) (State) (Day) (Month) (Year)

This authorization is effective from _____ until the end of all Special Program services provided to me or my family members or if I withdraw my Consent in writing, whichever comes first.
(Date)

By signing below, I acknowledge that I have read this form and I am certifying under penalty of perjury that the above information is true and correct.

Head of Household Signature

Date



The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD's regulations implementing Section 504: Irene Guzman, 818 South Flores, San Antonio, Texas 78204.



Voluntary Participation Acknowledgement Form

SARAH Move-On Preference Program

In order to be considered for referral to the SARAH Move-On Preference Program, potential program participants must voluntarily express interest in being referred to the program with the understanding that the program participant will be applying for a Housing Choice Voucher with the San Antonio Housing Authority (SAHA).

Interested program participants must read and complete the following:

I, _____, am interested in pursuing housing through the SARAH Move-On Preference Program through SAHA. My Case Manager has described the program to me, explained the requirements, and I have a comfortable level of understanding of the program.

I understand that, should I be accepted into this program, I will be leaving Permanent Supportive Housing and will be housed independently with SAHA. I understand that my Case Manager will still be available to me for 90 days after I move into SAHA housing if I need access to supportive services.

I acknowledge that I have the right to discontinue the application process with the SARAH Move-On Preference Program at any time without fear of consequence and that, should I choose to discontinue my participation in the application process, my decision will not result in any penalties.

By signing this form, I acknowledge my understanding of the Move-On Preference Program, express my voluntary interest in applying for this program, and recognize my right to discontinue my application at any point.

Printed Name

Signature

Date

[SUBMIT ON LETTERHEAD]

[CASE MANAGER NAME]

[AGENCY]

ITIO: [PROGRAM PARTICIPANT NAME]

[DATE]

Dear Move-On Preference Review Panel,

I write in support of my client, [____ Client Name ____], and his/her referral to the SARAH Move-On Preference Program. It is my professional assessment that this client meets eligibility for this program and that he/she will be successful. [____ Client Name ____] has been enrolled with the [____ Agency Name ____] Permanent Supportive Housing project for [____ # ____] months/years, I have worked with [____ Client Name ____] as his/her case manager for [____ # ____] months/years. I can attest to [____ Client Name ____]'s level of success in Permanent Supportive Housing and support this claim with the following information:

- Documentation of housing stability – use this section to describe if the participant has been successfully housed in a PSH unit for at least 12 consecutive months with minimal issues (e.g., lease violations, etc) and has demonstrated an ability to pay his/her portion of the monthly rent in a timely manner (if applicable). Discuss any past negative rental history and the actions that have been taken to remedy those issues (e.g., broken leases, evictions, etc).
- Documentation of rehabilitation from past criminal history (if applicable) – use this section to describe if the participant has been successfully housed in a PSH unit for at least 12 consecutive months and has not incurred additional negative criminal history. Should the interested participant have prior criminal history which may negatively impact his/her application to the PHA or to a potential landlord, the PSH Case Manager must address any way the criminal history may be related to the program participant's disabling condition, and any steps the program participant has taken to rehabilitate (e.g., services the program participant has completed through being housed in a PSH program, probation, or on a voluntary basis to address behaviors linked to prior criminal history).
- Description of income – use this section to describe the program participant's current household income, and the program participant's ability to afford costs such as security deposits, utility connections, and the anticipated rental portion. If the program participant has been connected to community resources for assistance with these costs, please describe those resources. If the program participant is currently employed, describe the name of the employer, how long the program participant has been employed, and their average earned income per month. If the program participant is connected to cash benefits, please describe those benefits and the average monthly income received.
- Self-sufficiency – use this section to provide any supplemental information the PSH Case Manager has available to include regarding why the program participant is a strong candidate for the Move-On Preference Program, to include:

[SUBMIT ON LETTERHEAD]

- *Disability* – the participant has demonstrated independence in managing his/her disabling condition through making his/her own appointments, with accessible transportation resources, and showing an overall ability to access community resources to address their disability without the help of a case manager
- *Health* – the participant has demonstrated an ability to regularly attend scheduled appointments and follow medical instructions according to his/her diagnosis
- *Community connections* – the participant is connected to a variety of community resources for on-going support (list those services / agencies). Include non-cash benefits here, if applicable
- *Crisis intervention required* – the applicant has demonstrated a minimal need for crisis intervention in the last 12 months, to include mental health crisis response, visits to the Emergency Room, and law enforcement intervention

Thank you for your time and consideration in reviewing the application for [____Client Name____]!
Please feel free to contact me if you need any additional information to be included in this packet. You can reach me at [____Phone____] or [____Email____].

Very Respectfully,

____Signature____

[Case Manager Name]

[Title]

[Organization]

[Contact Information]

Domain	1	2	3	4	5	Score	Participant goal? (✓)
Housing	Homeless or threatened with eviction.	In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income).	In stable housing that is safe but only marginally adequate.	Household is in safe, adequate subsidized housing.	Household is safe, adequate, unsubsidized housing.		
Employment	No job.	Temporary, part-time or seasonal; inadequate pay, no benefits.	Employed full time; inadequate pay; few or no benefits.	Employed full time with adequate pay and benefits.	Maintains permanent employment with adequate income and benefits.		
Income	No income.	Inadequate income and/or spontaneous or inappropriate spending.	Can meet basic needs with subsidy; appropriate spending.	Can meet basic needs and manage debt without assistance.	Income is sufficient, well managed; has discretionary income and is able to save.		
Food	No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.	Household is on food stamps.	Can meet basic food needs, but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food household desires.		
Child Care	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.	Able to select quality childcare of choice.		
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.	Enrolled in school, but one or more children only occasionally attending classes.	Enrolled in school and attending classes most of the time.	All school-aged children enrolled and attending on a regular basis.		
Adult Education	Literacy problems and/or no high school diploma/GED are serious barriers to employment.	Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment.	Has high school diploma/GED.	Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society.	Has completed education/training needed to become employable. No literacy problems.		
Health Care Coverage	No medical coverage with immediate need.	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	Some members (e.g. Children) have medical coverage.	All members can get medical care when needed, but may strain budget.	All members are covered by affordable, adequate health insurance.		
Life Skills	Unable to meet basic needs such as hygiene, food, activities of daily living.	Can meet a few but not all needs of daily living without assistance.	Can meet most but not all daily living needs without assistance.	Able to meet all basic needs of daily living without assistance.	Able to provide beyond basic needs of daily living for self and family.		
Family /Social Relations	Lack of necessary support form family or friends; abuse (DV, child) is present or there is child neglect.	Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.	Strong support from family or friends. Household members support each other's efforts.	Has healthy/expanding support network; household is stable and communication is consistently open.		

Domain	1	2	3	4	5	Score	Participant goal? (✓)
Mobility	No access to transportation, public or private; may have car that is inoperable.	Transportation is available, but unreliable, unpredictable, unaffordable; may have care but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car is adequately insured.		
Community Involvement	Not applicable due to crisis situation; in "survival" mode.	Socially isolated and/or no social skills and/or lacks motivation to become involved.	Lacks knowledge of ways to become involved.	Some community involvement (advisory group, support group), but has barriers such as transportation, childcare issues.	Actively involved in community.		
Parenting Skills	There are safety concerns regarding parenting skills.	Parenting skills are minimal.	Parenting skills are apparent but not adequate.	Parenting skills are adequate.	Parenting skills are well developed.		
Legal	Current outstanding tickets or warrants.	Current charges/trial pending, noncompliance with probation/parole.	Fully compliant with probation/parole terms.	Has successfully completed probation/parole within past 12 months, no new charges filed.	No active criminal justice involvement in more than 12 months and/or no felony criminal history.		
Mental Health	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems.	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns.		
Substance Abuse	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary.	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month.	Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	No drug use/alcohol abuse in last 6 months.		
Safety	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement.	Safety is threatened/temporary protection is available; level of lethality is high.	Current level of safety is minimally adequate; ongoing safety planning is essential.	Environment is safe, however, future of such is uncertain; safety planning is important.	Environment is apparently safe and stable.		
Disabilities	In crisis – acute or chronic symptoms affecting housing, employment, social interactions, etc.	Vulnerable – sometimes or periodically has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Safe – rarely has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Building Capacity – asymptomatic – condition controlled by services or medication	Thriving – no identified disability.		
Other: (Optional)	In Crisis	Vulnerable	Safe	Building Capacity	Empowered		