

**Returning Home Ohio  
Tenant Status Evaluation Form\***

**Tenant Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of RHO Enrollment: \_\_\_\_\_ Move-in Date: \_\_\_\_\_  
Today's Date: \_\_\_\_\_ Date of last status form: \_\_\_\_\_

**Staff Information:**

Staff Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_  
Staff Email: \_\_\_\_\_ Staff Phone: \_\_\_\_\_

Community Housing Options And Needs

*Please answer the following questions with regard to the local community where the tenant wishes to live:*

1. Is the tenant eligible to live in housing subsidized by the local public housing authority?  
Yes  No   
If yes, is tenant on the waiting list? Yes  No  Date of application: \_\_\_\_\_  
If yes, what is the current length of the waiting list? \_\_\_\_\_
2. Is the tenant able to maintain housing and access another (non-RHO) housing subsidy in place?  
Yes  No
3. Are there any other supportive housing opportunities available to the tenant in the community (other than the RHO-funded supportive housing?)  
Yes  No
4. Does the tenant have a need for a unit larger than 1 bedroom?  
Yes  No
5. Does the tenant have minor children who live with him/her?  
Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Resources**

Please check and list all sources of income and benefits received by the *household* that apply:

**Cash Benefits**

- € Earned income \$ \_\_\_\_\_ € General Assistance (GA) \$ \_\_\_\_\_
- € Unemployment Insurance \$ \_\_\_\_\_ € Retirement income from Social Security \$ \_\_\_\_\_
- € Supplemental Security Income (SSI) \$ \_\_\_\_\_ € Veteran's pension \$ \_\_\_\_\_
- € Social Security Disability Income (SSDI) \$ \_\_\_\_\_ € Pension from a former job \$ \_\_\_\_\_
- € Veteran's Disability payment \$ \_\_\_\_\_ € Child support \$ \_\_\_\_\_
- € Private disability payment \$ \_\_\_\_\_ € Alimony / spousal support \$ \_\_\_\_\_
- € Worker's Compensation \$ \_\_\_\_\_ € Food stamps/money for food on a benefits card
- € Temporary Assistance for Needy Families \$ \_\_\_\_\_

**Non-Cash Benefits**

- € MEDICAID health insurance program
- € MEDICARE health insurance program
- € State Children's Health Insurance Program (local names vary)
- € Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- € Veteran's Administration (VA) Medical Services
- € TANF Child Care services
- € TANF Transportation services
- € Other TANF-Funded services
- € Section 8, public housing, or other rental assistance program
- € Other (list) \_\_\_\_\_

1. How long has tenant received this income?  
1-3 months  3-6 months  6-9 months  longer than 9 months
2. Is the Tenant employed? Yes (5)  No (0)   
If no, is the Tenant looking for work? Yes  No   
If yes, what is the average number of hours employed per week? \_\_\_\_\_  
If yes, what is the employment tenure category?  
Permanent  Temporary  Seasonal
3. Is the Tenant receiving long-term cash benefits? Yes (5)  No (0)
4. Has the Tenant applied for SSI? Yes  No   
If yes, what is status of SSI/SSDI application?  
Approved  Pending  Denied/In Appeal  Denied/No Appeal
5. Is the Tenant a Veteran? Yes  No   
If yes, and Tenant is eligible for VA benefits, has s/he applied? n/a  Yes  No

**Financial Resources Score** \_\_\_\_\_  
**(min 0, max 10)**

Education/Employment/Meaningful Activities

1. Is the Tenant currently in school or working on any degree/certificate? Yes  No

2. Was Tenant involved in any of the activities below in the past 12 months? Check all that apply:

- € Literacy and/or Learning Disability Assessment
- € Functional Capacity Assessment
- € Pre-GED Testing
- € GED Testing
- € Vocational Evaluation or Community Based Assessment
- € Vocational School/Training or Apprenticeship Program
- € Volunteering
- € Trade School
- € Job Readiness Activities and/or Group
- € Transitional Employment or Work Adjustment
- € Job Development and Placement
- € Sheltered Employment
- € Intensive Job Coaching

Rent & Utility Payment

- 1. Is the Tenant current on their portion of rent? n/a  Yes (2)  No (0)
- 2. For how many months has the Tenant consistently paid rent?  
0  1-3 (1)  3-6 (2)  6-9 (3)  9-12 (4)  12+ (5)
- 3. Does the Tenant owe rent to the local PHA? Yes (0)  No (1)
- 4. Is the Tenant able to setup utilities? Yes (2)  No (0)

If no, please explain barriers: \_\_\_\_\_

**Rent & Utility Score** \_\_\_\_  
(min 0, max 10)

Housing Inspections and Lease Compliance

- 1. Has the Tenant consistently passed his/her apartment inspections? Yes (2)  No (0)
- 2. Has the Tenant violated his/her lease since move in ? Yes (0)  No (2)
- 3. Have incident reports been generated about the Tenant? Yes (0)  No (2)

If yes, please indicated how many reports were generated in last 6 months, and describe:

\_\_\_\_\_

**Housing Inspection / Lease Compliance Score** \_\_\_\_  
(min 0, max 6)

Substance Abuse and Mental Health

1. What is the current status of the Tenant's substance abuse?
- No history of substance abuse or full remission for 1 year or more €(4)
- Substance abuse in remission less than 1 year €(3)
- History of treatment / engaged in treatment within the last year €(2)
- Actively using at this time, several relapses, engagement needed €(0)
2. Does Tenant's substance abuse contribute to housing instability? Yes (0)  No (5)
3. What is the current status of the Tenant's mental health?
- No diagnosed mental health issues or full remission for 1 year or more €(4)
- Symptoms impair some functioning €(3)
- Symptoms impair most functioning. €(2)
- Symptoms significantly impair daily functioning. €(0)
3. Do mental health issues contribute to housing instability? Yes (0)  No (5)
4. Number of crisis episodes in past year: \_\_\_\_\_
5. Is the Tenant currently in crisis\*? Yes  No (2)

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the Tenant exhibited potentially dangerous behaviors such as fire-setting, homicidal or suicidal behavior, or assaultive behavior in the past year? Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Substance Abuse and Mental Health Score \_\_\_\_\_**  
**(min 0, max 20)**

\*Crisis may be defined as an ER visit, hospitalization, inpatient treatment, incarceration or police call directly related to mental health symptoms or substance use.

Physical Health

- 1. What is the status of the Tenant's physical health?  
No health issues or health issues do not impact functioning. €(3)  
Health issues impact some activities of daily living €(1)  
Health issues impact most activities of daily living €(0)
  
- 2. Are additional health services needed? Yes (0)  No (2)
  
- 3. Do physical health issues contribute to housing instability for the Tenant?  
Yes (0)  No (5)
  
- 4. Does Tenant have, or has healthcare provider ever told Tenant that s/he has, the following medical conditions?
  - a. Kidney disease/ End stage renal disease or dialysis Yes € No €
  - b. Liver disease, cirrhosis, or end-stage liver disease Yes € No €
  - c. Heart disease, arrhythmia, or irregular heartbeat Yes € No €
  - d. High blood pressure/Hypertension Yes € No €
  - e. HIV+/AIDS Yes € No €
  - f. Emphysema / Chronic Obstructive Pulmonary Disease Yes € No €
  - g. Diabetes Yes € No €
  - h. Asthma Yes € No €
  - i. Cancer Yes € No €
  - j. Hepatitis C Yes € No €
  - k. Tuberculosis Yes € No €
  - l. Traumatic Brain Injury (TBI) Yes € No €

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical Health Score** \_\_\_\_  
**(min 0, max 10)**

Risk of Criminal Activity

Most Recent ORAS Risk Score: \_\_\_\_\_ Date of last ORAS Assessment: \_\_\_\_\_

In this category, a “yes” has a score of (0) and a “no” has a score of (2).

- 1. Has the Tenant been convicted of a crime (past 12 months)? Yes  No 
  - a. Did the offense include the sale or use of illegal drugs? Yes  No
  - b. Was the offense a crime against a person? Yes  No
  - c. Was the offense a felony conviction? Yes  No
- 2. Has Tenant’s behavior resulted in police runs to his/her unit? Yes  No 

If yes, how many in the past year? \_\_\_\_\_

Risk of Criminal Activity Score \_\_\_\_  
(min 0, max 10)

Living Skills

Please use the following scale to assess the Tenant’s ability to live independently.

- 1 = Requires ongoing (daily) outreach/assistance
- 2 = Requires regular (weekly) outreach/assistance
- 3 = Requires occasional (monthly) outreach/assistance
- 4 = Meets with staff (every 2-3 months) to express concerns or issues but pursues resolutions independently with mostly successful results
- 5 = Requires no assistance from staff

- 1. How would you rate the Tenant’s ability to maintain a safe and sanitary living environment?  
1                      2                      3                      4                      5
- 2. How would you rate the Tenant’s ability to provide or ask for maintenance on his/her apartment?  
1                      2                      3                      4                      5
- 3. How would you rate the Tenant’s ability to manage his/her finances (paying bills, budgeting)?  
1                      2                      3                      4                      5
- 4. How would you rate the Tenant’s ability to shop for and cook food?  
1                      2                      3                      4                      5
- 5. How would you rate the Tenant’s ability to care for his/her personal appearance and hygiene?  
1                      2                      3                      4                      5
- 6. How would you rate the Tenant’s ability to manage medication and health issues?  
1                      2                      3                      4                      5



**Supportive Services**

Please check all supportive services that Tenant has participated in during past year, is currently participating in, and are recommended for the next 3 months.

Past Year	Current	Rec.	Services
			Benefits Assistance. Assistance with eligibility criteria; consultation and advice; help complete benefits application forms; represent Tenant.
			Tenant Assistance: Provide material goods such as clothing, household items, personal hygiene items, food, transportation vouchers.
			Initial Reentry Services. Acquiring identification, select and move-in to apartment, orient to neighborhood resources, provide support during transition.
			Case Management. Provide referrals and coordination of care.
			Community Psychiatric Supportive Treatment (CPST)
			Mental Health Services: Psychiatry, Counseling and/or Pharmacological Management
			Inpatient Substance Addiction Treatment
			Outpatient Addiction treatment and/or Recovery Maintenance Services
			Family Services such as Parenting Classes, Reunification services, linkage with child care and other child-centered services.
			Cognitive Behavioral Programming: Problem solving, social skills training, and stress management
			Life skills education: Money management, housekeeping, transportation training, personal care.
			Payee services
			Employment or Vocational Services
			Other:

Average number of service hours *per week* tenant received in last month: \_\_\_\_\_

Is tenant currently in a treatment program requiring more than 20 hours per month? Yes  No

**Comments:**

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## Status Evaluation Scoring

Financial Resources Score:	_____	(ranges from 0 to 10)
Rent & Utility Score:	_____	(ranges from 0 to 10)
Housing Inspection/Lease Compliance Score:	_____	(ranges from 0 to 10)
Substance Abuse and Mental Health Score:	_____	(ranges from 0 to 20)
Physical Health Score:	_____	(ranges from 0 to 10)
Criminal Activity Score:	_____	(ranges from 0 to 10)
Living Skills Score:	_____	(ranges from 8 to 45)
Community Support Score:	_____	(ranges from 0 to 10)
<b>Total Score:</b>	_____	(ranges from 8 to 125)

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**Instructions:** With the tenant, provider should select the most appropriate option for the Tenant's next steps and complete one of the three Recommendation forms, as appropriate. Please attach the appropriate recommendation form to the Tenant Status Evaluation form and send both to Rachel Fuller at [rachel.fuller@csh.org](mailto:rachel.fuller@csh.org) or via fax at 614.228.8997.

### If the following criteria are met, it may be appropriate for the Tenant to consider Moving On:

- € Tenant has a regular source of income for at least six months
- € Tenant has a safe and affordable housing option.
- € Tenant has a total score above 80, on the Tenant Status Evaluation form.
- € Linkages to needed community services are established

### If the following criteria are met, it may be appropriate for Tenant to apply for the Home for Good rental subsidy program:

- € Person is a U.S. Citizen
- € Person has been in RHO for at least 18 months
- € Person has a reliable source of income
- € Person has not been incarcerated or convicted of a new crime since admission to RHO
- € Person is not currently eligible for another subsidy
- € Person is at high risk of homelessness if not placed on the subsidy
- € Person has one or more severely disabling conditions
- € All other housing options have been explored
- € Tenant has strong connection to community based supportive services
- € Tenant has obtained all public benefits for which he/she is eligible.
- € Tenant income is below 30% of AMGI
- € Tenant has a total score below 80, on the Tenant Status Evaluation form.

### If Tenant is in one of the following situations, it may be appropriate for the Tenant to apply for an extension of his/her RHO program:

- € Tenant has not yet obtained an income.
- € Tenant has not yet identified another viable housing option.
- € Tenant is experiencing mental health crisis
- € Tenant is experiencing physical health crisis
- € Mental health or sobriety would be adversely affected by a transition at this time
- € Tenant is actively participating in a time-limited treatment program
- € Services linkages are not yet established in community, due to long waiting lists or other circumstances outside of the tenant's control.

**Attachment: Recommendation for Moving On**

- 1. Does the Tenant have a regular source of income (for at least 6 months)? Yes  No
- 2. Has an affordable and safe housing option been identified? Yes  No
- 3. Is Total Score on the Tenant Status Evaluation score over 80? Yes  No
- 4. Does the Tenant have connection to appropriate community-based services? Yes  No
- 5. Have tenant and staff reviewed the relevant tenant education materials and discussed a Moving On Plan? Yes  No

*If the answers to questions 1 – 5 are yes, the tenant may be a good candidate to Move On.*

Assessor's recommendations for this candidate to move on from the RHO program:

- a. Recommend with Conditions
- b. Recommend

If box A was checked, please describe conditions further (may include services that should be in place before tenant moves on or recommendation for a payee)

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Additional Comments: *Please provide other comments related to Tenant's ability to sustain independent housing:*

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If Tenant Assistance funds will be required to support Moving On, describe planned uses of funds:

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**Tenant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attachment: Recommendation for participation in  
Home for Good - Rental Subsidy program.**

1. Primary reason(s) for this recommendation: (check one or both options as appropriate)

Tenant has one or more severely disabling conditions.

This person is at high risk of homelessness if not placed on the Home for Good subsidy.

*Describe severely disabling conditions and/or factors which place tenant at high risk of homelessness, such as include ineligibility for other housing options, lack of income, etc. (see p. 1):*

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2. Has tenant been in RHO program for at least 18 months? Yes  No

3. Have all other community housing options been explored AND tenant determined to be currently ineligible for public housing? Yes  No

4. Does tenant have a strong connection to needed supportive services provided in the community and can it be reasonably expected such services will be available? Yes  No

5. Has tenant applied for/obtained all public benefits for which s/he is eligible? Yes  No

6. Does tenant have an income AND understand that he or she must pay 30% of income towards housing costs?

7. Tenant has not been incarcerated or convicted of a crime since RHO Admission? Yes  No

8. Is Total Score on the RHO Tenant Assessment score lower than 80? Yes  No

9. Is Tenant's household income below 30% of AMGI? Yes  No

10. Have staff and tenant reviewed the Tenant Education materials describing Tenants Rights and Responsibilities in Home for Good AND does Tenant understand that this is not a permanent subsidy? Yes  No

Assessor's recommendations for this candidate to move onto Home for Good Rental Subsidy program.

A. Recommend with Conditions

B. Recommend  Planned date to move onto subsidy, if approved: \_\_\_\_\_

*If box A was checked, please describe conditions further (may include services that should be in place prior to tenant moving onto Home for Good Rental subsidy program, recommendation for a payee or goals to be achieved).*

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**Tenant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attachment: Recommendation for Tenant's continued participation in the *Returning Home Ohio* program.**

**Eligibility:**

1. Has this tenant been approved to extend participation in RHO previously? Yes  No
2. Please summarize the reasons for recommending that the tenant continue to participate in RHO, as documented on the Tenant Status Evaluation form or TSE Update form. (check all that apply)
  - € Tenant has not yet obtained an income.
  - € Tenant has not yet identified another viable housing option.
  - € Tenant is experiencing mental health crisis
  - € Tenant is experiencing physical health crisis
  - € Mental health or sobriety would be adversely affected by a transition at this time.
  - € Tenant is actively participating in a time-limited treatment program
  - € Services linkages are not yet established in community
  - € Other: \_\_\_\_\_

**Specific Goals to be addressed in the next 3 months:**

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**Additional Comments:** *Please provide comments relevant to Tenant's ability to benefit from continued participation in Returning Home Ohio.*

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**Tenant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_