

Moving On Acuity Index

Basic Tenant Information			
Referral Date		Current Permanent Supportive Housing Provider	
Referring Organization		Case Manager Name and Phone	
Tenant Name		Date moved into PSH program	
Tenant Address		Number of years living in supportive housing	
Tenant Phone, Email		Is the Tenant in a scattered-site apartment or a project-based building?	

Score on Enclosed Assessment	0
------------------------------	---

Before completing the Acuity Index, please verify that the household can meet the minimum qualifiers below	
Can the household meet these minimum qualifiers?	<ul style="list-style-type: none"> •No member of the applicant household is subject to a lifetime registration requirement under a State sex-offender registration program •No member of the applicant household has been convicted of manufacturing methamphetamines in public housing •<i>No member of the applicant household owes a debt to another Public Housing Authority</i> •At least one member of the household must be a citizen or have eligible immigration status •Gross household income does not exceed 80% of AMI (see attached)

Certification: The information contained in this application and assessment is as accurate as possible. The tenant and case manager have met to discuss this application and feel that the tenant is a great candidate for Moving On. The agency will provide follow-up services to the tenant and the tenant understands that he/she must provide data and information to the agency following up for reporting purposes. In addition, the tenant will complete all additional paperwork and understands that submitting this application does not guarantee acceptance into the project.

Tenant Signature

Case Manager Signature