**Rapid Re-Housing – 90 day Re-Assessment**

*\* Complete this re-assessment at each 90 day interval following move-in date, until end of rent subsidy.*

*\*At each re-assessment include this document in household file; together with:*

* *CHG RRH Subsidy & Re-Assessment Calculation (Excel Workbook)*
* *Documentation of household income*

**Head of Household Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Move-in Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Re-Assessment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Monthly Income Amount and Sources $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **Housing Stabilization Goals:** | | | |
| * Achieved and complete | * Making adequate progress | * Not making adequate progress |  |
| **Employment or Income Goals:** | | | |
| * Achieved and complete | * Making adequate progress | * Not making adequate progress | * Does not apply |
| **Other stability goals:** | | | |
| * Achieved and complete | * Making adequate progress | * Not making adequate progress | * Does not apply |

**Discuss any changes in household composition or other factors to take into consideration to determine continued eligibility and need for financial assistance. Has the household experienced a recent change in circumstances that is impacting their income or ability to work?**

“**Have you identified any housing that you could move to that would be appropriate and affordable for you? What steps have you taken to identify other housing options?**”

Summary of assessment:

“**Do you have any other resources that you could use to help you gain housing or remain in your housing?** (This would include any assets that can be converted to cash, family or friends who can lend or give money, someone with whom the person could stay, etc.)?

Summary of assessment:

**Head of Household Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Move-in Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Re-Assessment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Eligibility Re-determination (Staff Use Only)** | | |
| **Notes:** | | |
| **Eligibility Re-determination:** | | |
| * Eligible for and needing up to an additional 3 months of financial assistance | * Continued case management services but no longer eligible for or needing financial assistance | * No longer eligible for or needing financial assistance or case management services. |
| **If eligible for ongoing case management and/or financial assistance:**  Next re-assessment due on: \_\_ \_\_/ \_\_ \_\_/ \_\_ \_\_ \_\_ \_\_  **Staff Person Recertifying Eligibility:**  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Supervisor’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |