Name: _____ Date of Birth: _____

Acuity Index

Housing	Levels				Tenant Level		Service Plan Goal for Level 0 or 1	
	0	1	2	3	New	Last	Active	Deferred
Rent Payment	Rep Payee/Tenant has not paid rent for last 6 months or has only paid on-time 1-3 times in last 12 months	Rep Payee/Tenant has paid rent on-time 4-6 times in last 12 months	Rep Payee/Tenant has paid rent on-time 7-9 times in last 12 months	Rep Payee/Tenant has paid rent on-time every month for the last 12 months				
Utility Bill Payment	Tenant has paid utility bills on-time for 1-3 months in last 12 months	Tenant has paid utility bills on-time for 4-6 months in last 12 months	Tenant has paid utility bills on-time for 7-9 months in the last 12 months	Tenant has paid utility bills on-time for 10-12 months in last 12 months OR utilities are included in rent.				
Rent Arrears	Tenant has outstanding rent arrears and is not willing to set up payment plan	Tenant has more than 6 months of rent arrears and has set up a payment plan	Tenant has less than 3 months of rent arrears and is current on payment plan	Tenant has no rent arrears				
Utility Arrears	Tenant has outstanding utility arrears and is not willing to set up payment plan	Tenant has less than $1000 in utility arrears and has set up a payment plan	Tenant has less than $500 in utility arrears and is current on payment plan	Tenant has no utility arrears				
Safe Living Environment	Tenant had over 5 contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months	Tenant had 3-5 contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months	Tenant had 1-2 contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months	Tenant had no contacts with police and/or landlord regarding disruptive activities or unsafe conditions in the unit in last 12 months				
Lease *(include all leases if tenant moved)*	Tenant has been in supportive housing less than 12 months OR has held a lease less than 12 months	Tenant has been in a supportive housing program and has held lease for 12-23 consecutive months	Tenant has been in a supportive housing program and has held lease for 24-36 consecutive months	Tenant has been in a supportive housing program and has held lease for over 36 consecutive months				
				Housing Subtotal				

Comments:

Name: _____ Date of Birth: _____

Income and Benefits	Levels				Tenant Level		Service Plan Goal for Level 0 or 1	
	0	1	2	3	New	Last	Active	Deferred
Stable/Consistent Source of Cash Income	Tenant has no stable/consistent source of cash income	Tenant has cash income but it is not stable/consistent	Tenant has had stable/consistent cash income for the last 1 – 6 months	Tenant has had stable/consistent cash income for the last 7 or more months				
Benefits	Tenant has no benefits and has not yet applied for benefits	Tenant has applied for benefits but has not yet received them	Tenant has received all benefits entitled to for the last 1-6 months	Tenant has received all benefits entitled to for the last 7 or more months OR is not eligible for benefits				
Employment	Tenant is not employed, is able to work but not seeking employment OR tenant is not able to work and has not received disability benefits	Tenant is not employed, is able to work and is seeking employment/participating in employment services	Tenant is able to work and has been employed for less than 6 months	Tenant is able to work and has been employed for more than 6 months OR tenant is not able to work and receiving disability benefits				
Debt	Tenant debt greater than 50 percent of income and tenant is unable to meet these obligations	Tenant debt is greater than 50 percent of income and tenant is able to meet these obligations	Tenant debt is less than 50 percent of income and tenant is able to meet these obligations	Tenant debt is between 0 and 10 percent of income and tenant is able to meet these obligations				
Health								
Mental Health Care Use	Tenant has not had contact with a mental health provider in the past 12 months	Tenant has contact with a mental health provider and has kept less than 50 percent of appointments in the last 12 months	Tenant has contact with a mental health provider and has kept more than 50 percent of appointments in the last 12 months	Tenant has contact with a mental health provider and has kept more than 90 percent of appointments in the last 12 months OR Tenant has no need for mental health services				
Primary/Specialty Health Care Use	Tenant has not had contact with a primary and/or specialty health care provider in the past 12 months	Tenant has contact with a primary and/or specialty health care provider and follows preventive screening and treatment recommendations less than 50 percent of the time	Tenant has contact with a primary and/or specialty health care provider and follows preventive screening and treatment recommendations 50 to 90 percent of the time	Tenant has contact with a primary and/or specialty health care provider and follows preventive screening and treatment recommendations more than 90 percent of the time				
Medication Adherence	Tenant self-reports never taking prescribed medications	Tenant self-reports rarely taking prescribed medications	Tenant self-reports sporadically taking prescribed medications	Tenant self-reports regularly taking prescribed medications OR has no prescribed medications				

Name: _____ Date of Birth: _____

Health (continued)	Levels				Tenant Level		Service Plan Goal for Level 0 or 1	
	0	1	2	3	New	Last	Active	Deferred
Harm Reduction (such as substance use, gambling, risky sexual and other behaviors)	Tenant does not see behavior(s) as harmful	Tenant acknowledges behavior(s) may be harmful and is contemplating adoption of harm reduction goals	Tenant has set harm reduction goals and has taken some actions to achieve them	Tenant has adopted behaviors to achieve harm reduction goals OR does not engage in harmful behaviors				
Supportive Services and Resources								
Connection to Community Supports	Tenant has no community supports outside of supportive housing program	Tenant has limited community supports and is not interested in attaining others	Tenant has adequate community supports or has limited supports but is interested in attaining others	Tenant seeks out community supports and has many connections including specialized services				
Crisis Intervention	Tenant has required over 5 crisis interventions in the past 12 months	Tenant required 3-5 crisis interventions in the past 12 months and did not work quickly with case manager to identify needs/help	Tenant required 3-5 crisis interventions in past 12 months and worked quickly with case manager to identify needs/help	Tenant required less than 3 crisis interventions in past 12 months and worked quickly with case manager to identify needs/help				
Life Skills	Tenant is unable to independently meet basic needs such as hygiene, food, activities of daily living	Tenant can independently meet a few but not all basic needs such as hygiene, food, activities of daily living	Tenant can independently meet most but not all basic needs such as hygiene, food, activities of daily living	Tenant is able to independently meet all basic needs				
Legal	Tenant has outstanding warrants or has been incarcerated for more than 90 days in the prior year	Tenant has current charges or trial pending, or is noncompliant with criminal justice supervision	Tenant has been fully compliant with criminal justice supervision for less than 12 months	Tenant has been fully compliant with criminal justice supervision for more than 12 months OR has no criminal justice supervision requirements				
Mobility & Transportation	Tenant has no access to public or private transportation	Transportation is available, but is unreliable or unaffordable	Transportation is available and reliable, but limited and/or inconvenient	Transportation is generally accessible to meet basic travel needs				
Income and Benefits; Health; and Supportive Services and Resources Subtotal								

Comments:

Name: _____ Date of Birth: _____

Acuity Index Family Section

Parenting and Child Services	Levels				Tenant Level		Service Plan Goal for Level 0 or 1	
	0	1	2	3	New	Last	Active	Deferred
Childcare	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				
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. Parent is unaware and/or has difficulty addressing children issues without significant case management involvement	Enrolled in school, but one or more children only occasionally attending classes. Parent is aware and/or has difficulty addressing children issues without case management involvement.	Enrolled in school and attending classes most of the time. Parent is aware and addressing children issues.				
Parenting	There are safety concerns regarding parenting skills	Parenting skills are minimal	Parenting skills are apparent but not adequate	Parenting skills are adequate				
Child Welfare Involvement	High level of mandated involvement with child welfare system	Involvement with child welfare system, no resolution of matter/case	Recent involvement with child welfare but matter resolved and closed	No history of child welfare involvement OR involvement was more than 2 years ago				
Children with Special Needs	Children not connected with services	Children connected with services but participation minimal with prompting	Children connected with services with consistent participation with prompting	Children with special needs fully participate in services OR children have no special needs				
				Parenting and Child Services				

Comments:

Name: _____ Date of Birth: _____

Acuity Index Interpretation

Area	Maximum Level	Minimum Level	Ideal Range	Current Level on this Assessment
Housing	**18**	**12**	**16-18**	
Income and Benefits; Health; and Supportive Services and Resources	**39**	**26**	**35-39**	
Parenting and Child Services	**15**	**10**	**13-15**	

Interpretation:

- **All applicable levels fall within the ideal range:** Other housing options with community supports should be considered as a short term goal.
- **Applicable levels are at or above minimum but not all fall within the ideal range:** Other housing options with community-based supports should be considered as a long term goal.
- **One or more levels are below the minimum:** Tenant should remain in supportive housing.

Signatures

The information in this assessment was collected in good faith and the information contained in this assessment is as accurate as possible.

_____ _____

Case Manager Signature *Date* *Supervisor Signature* *Date*