



# Household Management Assessment (HMA)

## SOPs

Revised: January 11, 2024

# Notices

- The first step in an annual Household Management Assessment (HMA) upcoming visit is to give the resident notice. For a referral, use the form HMA-001 and for a NSPIRE inspection assessment, use form HMA-002 (*Figure 1*). Be sure to change out the appropriate information that is highlighted in the template, such as dates, the resident’s information, and the HMA team’s information. Handwrite the follow up HMA dates in the red box at the lower right corner. These notices will be left at the resident’s door **one week before their assessment**.
- In addition to the upcoming assessment notice, a “Quick Cleaning Checklist”, form HMA—003, (*Figure 2*) will also be left with the notice. This will help the resident prepare their unit for our upcoming visit.

Figure



Figure



## Initial HMA Visit

- Wear, at minimum, masks and gloves when visiting each residence. If you choose to wear additional protective gear, it is at your own discretion.
- At the initial visit, it is ok not to go all the way into the apartment if it isn't accessible or the resident does not invite you in. Just assess what you can from what you can observe.
- If a resident is verbally abusive toward you at the visit, do not follow up in the future and put a detailed note in Family Metrics.
- At each visit, provide the resident with a resource list (print double-sided), which is form HMA-004, (*Figure 3*), circling any resources that may be helpful or relevant to their situation and leave it with the resident.
  - It isn't necessary to take a picture of this for their case notes unless particular references are circled and you feel like it may be important to note these for follow up later
- Also, include the Cleaning Checklist (*Figure 4*), writing in any specific cleaning that they should focus on to get their unit up to par. At the bottom of the Cleaning Checklist, be sure to write the date of their next HMA assessment and give it to the resident.

Figure

The form is titled "Resident Engagement Resource List" and features a logo on the top left. It is organized into several categories, each with a list of resources and their contact information:

- General:** 211 United Way (925) 265-8000
- Food:**
  - Charmings Food Bank (925) 466-8921
  - SNAP Benefits (925) 434-4200
- Utilities/Rental:**
  - Eviction Prevention Initiative (925) 464-8913
  - Morale (925) 434-9656
  - LIHEAP (925) 443-4410
  - St. Vincent De Paul (925) 422-2000
- Medical:**
  - Project Access (Specialty Medical Care) (925) 434-8229
  - Volunteer Medicine (Primary Care Clinic) (925) 389-8229
  - HOPE for the Inner City (Dental/Vision Clinic) (925) 498-1370
  - 4 Step Alcohol Chiropractors (Family Planning) (925) 265-7607
- Mental Health:**
  - Mindful Health Co/Op (925) 497-0983
  - Partnership for PCA (925) 497-7330
  - Edgewise Behavioral Health (925) 498-4402
  - McNabb Center (925) 760-4100

At the bottom, there is a footer with the text "HMA-004" and "www.equalhousing.org" on the left, and "Rev. 10/2023" on the right.

Figure

The form is titled "Cleaning Checklist" and includes a section for "Resident Name" and "Date". It is divided into four main sections, each with a list of items to be checked:

- Kitchen:** Includes items like Sink, Stove, Dishwasher, and Countertops.
- Bathroom:** Includes items like Toilet, Shower, and Vanity.
- Living Area:** Includes items like Living Room, Dining Room, and Hallways.
- Bedroom:** Includes items like Bed, Dresser, and Closet.

At the bottom right, there is a red-bordered box containing the text "Follow-up Inspection Will Be On:" followed by a line for "Date". The footer at the bottom of the form includes "HMA-004" and "www.equalhousing.org" on the left, and "Rev. 10/2023" on the right.

- Take a photo of the Cleaning Checklist to include in the Family Metrics case notes following the visit.
- At the time of the first visit, Resident Engagement staff will also use the Health and Safety Level Assessment, which is HMA-005, (*Figure 5*). Please circle the level that applies to them. This is just for our records and case notes, **DO NOT GIVE TO THE RESIDENT**. This assessment can also help us to determine which resources would be helpful for the resident as well as helps us to track their progress through the weeks.
- If the resident does not answer the door, fill in the blank sections on the Missed Appointment Notice which is HMA-006 (*Figure 6*). Take a picture of it, leave it at their door, and add the picture and a case note into the residents Family Metrics.

Figure

Figure 6

## After The Initial Visit

- After the initial visit, case notes need to be completed in Family Metrics documenting the HMA visit. These should include:
  - Image of their Cleaning Checklist (HMA-004)
  - Image of their Health and Safety Level Assessment with their level circled (HMA-005)
  - Image of the Reference List (HMA-004) only if applicable
  - Any relevant notes related to the visit, especially any particular concerns that you have over their situation including your subjective experience of their unit's condition, as well as any issues the resident brings up.

- Image of Missed Appointment Notice which (HMA-006) if applicable.
  - Please write the case notes as soon as possible! As time goes on, memory fades and important information may be missed or mixed up

## **Follow Up Visits**

- Follow up visits should be conducted in the same manner, with the exception of no initial visit letter being given. At each visit, the residents will continue to receive a Cleaning Checklist (HMA-004) with the next visit date written in. Complete the Hoarding Level Assessment (HMA-005), if necessary.
- If a unit is clean at the first visit, follow up just one additional time.
- If a unit still is disarray after the last visit, additional visits may be necessary. Touch base with the regular resident engagement team member at the site to discuss follow ups.
- The same protocol for case notes and documentation should be followed as noted in the initial assessment section.



# HEALTH AND SAFETY LEVEL ASSESSMENT

**Resident Name:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Items Observed in Excess:

- |                                  |                                    |                                     |                                      |                                      |
|----------------------------------|------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Trash     | <input type="checkbox"/> Newspapers | <input type="checkbox"/> Photographs | <input type="checkbox"/> Boxes       |
| <input type="checkbox"/> Clothes | <input type="checkbox"/> Furniture | <input type="checkbox"/> Bags       | <input type="checkbox"/> Appliances  | <input type="checkbox"/> Electronics |

	<input checked="" type="checkbox"/>	Level 1	Level 2	Level 3	Level 4	Level 5
Light amounts of clutter and no noticeable odors	<input type="checkbox"/>	✓	✓	✓	✓	✓
All doors and stairways are accessible	<input type="checkbox"/>	✓	✓	✓	✓	✓
Pet waste on the floor	<input type="checkbox"/>		✓	✓	✓	✓
Evidence of household rodents	<input type="checkbox"/>		✓	✓	✓	✓
Overflowing garbage cans	<input type="checkbox"/>		✓	✓	✓	✓
Dirty food preparation surfaces	<input type="checkbox"/>		✓	✓	✓	✓
At least one unusable bathroom or bedroom	<input type="checkbox"/>			✓	✓	✓
Odors throughout the house	<input type="checkbox"/>			✓	✓	✓
No clean dishes or utensils	<input type="checkbox"/>				✓	✓
Bugs	<input type="checkbox"/>				✓	✓
More than one blocked exit	<input type="checkbox"/>				✓	✓
Too many pets per local regulation (at least four)	<input type="checkbox"/>					✓
Noticeable human feces	<input type="checkbox"/>					✓
Rotting food on surfaces and/or inside a non-working refrigerator	<input type="checkbox"/>					✓

FOR INTERNAL USE ONLY



## Missed Appointment Notice

Date: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Address: \_\_\_\_\_

Unit # \_\_\_\_\_

Dear \_\_\_\_\_,

This notice is to inform you that you missed your household management assessment appointment today. Conducting household management assessments is crucial to provide you with the support you need.

If there is a conflict on the day or time that your appointments are scheduled, please call us at \_\_\_\_\_ and we will work with you to find a time that better fits your schedule. If we don't hear from you then we will be back next week on \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_ for your next household management assessment.

We look forward to seeing you on \_\_\_\_\_!

Regards,

\_\_\_\_\_  
The Resident Engagement Team at \_\_\_\_\_

Follow Up Assessment Will Be On: \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_



# HEALTH AND SAFETY LEVEL ASSESSMENT

**Resident Name:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Items Observed in Excess:

- |                                  |                                    |                                     |                                      |                                      |
|----------------------------------|------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Trash     | <input type="checkbox"/> Newspapers | <input type="checkbox"/> Photographs | <input type="checkbox"/> Boxes       |
| <input type="checkbox"/> Clothes | <input type="checkbox"/> Furniture | <input type="checkbox"/> Bags       | <input type="checkbox"/> Appliances  | <input type="checkbox"/> Electronics |

	<input checked="" type="checkbox"/>	Level 1	Level 2	Level 3	Level 4	Level 5
Light amounts of clutter and no noticeable odors	<input type="checkbox"/>	✓	✓	✓	✓	✓
All doors and stairways are accessible	<input type="checkbox"/>	✓	✓	✓	✓	✓
Pet waste on the floor	<input type="checkbox"/>		✓	✓	✓	✓
Evidence of household rodents	<input type="checkbox"/>		✓	✓	✓	✓
Overflowing garbage cans	<input type="checkbox"/>		✓	✓	✓	✓
Dirty food preparation surfaces	<input type="checkbox"/>		✓	✓	✓	✓
At least one unusable bathroom or bedroom	<input type="checkbox"/>			✓	✓	✓
Odors throughout the house	<input type="checkbox"/>			✓	✓	✓
No clean dishes or utensils	<input type="checkbox"/>				✓	✓
Bugs	<input type="checkbox"/>				✓	✓
More than one blocked exit	<input type="checkbox"/>				✓	✓
Too many pets per local regulation (at least four)	<input type="checkbox"/>					✓
Noticeable human feces	<input type="checkbox"/>					✓
Rotting food on surfaces and/or inside a non-working refrigerator	<input type="checkbox"/>					✓

FOR INTERNAL USE ONLY





# Resident Engagement Resource List

## General

211-United Way ..... (423) 265-8000

## Food

Chattanooga Food Bank ..... (423) 664-8931

SNAP Benefits ..... (423) 634-6200

## Utilities/Rental

Eviction Prevention Initiative ..... (423) 664-8931

MetMin ..... (423) 624-9650

LIHEAP ..... (423) 643-6434

St. Vincent De Paul .....(423) 622-1800

## Medical

Project Access (Specialty Medical Care) ..... (423) 826-0269

Volunteer Medicine (Primary Care Clinic) .....(423) 855-8220

HOPE for the Inner City (Dental/Vision Clinic) ..... (423) 698-3178

A Step Ahead Chattanooga (Family Planning) ..... (423) 265-7837

## Mental Health

Mental Health CoOp ..... (423) 697-5953

Partnership for FCA ..... (423) 697-7130

Erlanger Behavioral Health ..... (423) 498-4602

McNabb Center ..... (423) 763-0101

# Cleaning Checklist

Resident Name: \_\_\_\_\_ Unit #: \_\_\_\_\_ Date: \_\_\_\_\_

## Kitchen

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Bathroom

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Living Area

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Bedrooms

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Closets

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Miscellaneous

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Follow Up Assessment Will Be On:

Date: \_\_\_\_\_



## Notice of Upcoming Assessment (NSPIRE)

Date

Resident Name

Street Address

Unit # ???

Chattanooga, TN Zip Code

Dear Resident Name,

We will be stopping by your unit on **Date, sometime between Time** to do a household management assessment to prepare for your upcoming NSPIRE inspection on **Date of NSPIRE Inspection**. Our plan is to work with you on resources and a plan for passing your housekeeping inspection.

Please see the attached free resource "Quick Cleaning Checklist" to get you started before our visit on **Date or Day of 1<sup>st</sup> HMA**.

We look forward to seeing you on **Date or Day of 1<sup>st</sup> HMA!**

Regards,

### Team Signature

The Resident Engagement Team at **Emerald Villages**  
(**Team Members Names**)

Follow Up Assessments Will Be On:

Assessment 2: \_\_\_\_\_

Assessment 3: \_\_\_\_\_

Assessment 4: \_\_\_\_\_



## Notice of Upcoming Assessment (Referral)

Date

Resident Name

Address

Unit # ???

Chattanooga, TN Zip Code

Dear Resident Name,

We will be stopping by your unit on **Date, sometime between Time** to do a household management assessment as referred by your site management office. Our plan is to work with you on resources and a plan for passing your housekeeping inspection.

Please see the attached free resource "Quick Cleaning Checklist" to get you started before our visit on **Date or Day of 1<sup>st</sup> HMA.**

We look forward to seeing you on **Date of Day of 1<sup>st</sup> HMA!**

Regards,

### Team Signature

The Resident Engagement Team at **Emerald Villages**  
(**Team Members Names**)

Follow Up Assessments Will Be On:

Assessment 2: \_\_\_\_\_

Assessment 3: \_\_\_\_\_

Assessment 4: \_\_\_\_\_