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|  | The Community Partnership for the Prevention of Homelessness Staff Training Transcript – Low Barrier Shelter |

Please use this form to track and manage the TCP required training completion for your staff. This form may be requested by TCP staff for contract monitoring and at contract close out review. If you have any questions regarding this form, please contact Jessica Clingerman via email at JClingerman@commuity-partnership.org.

### Staff Information

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| --- | --- | --- | --- | --- |
| Name of Staff: |  |  | Date of Hire: |  |

|  |  |  |  |  |
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| Contract Number of Staff Assignment: |  |  | Contract Period of Transcript:  |  |
|  |  |  |  |

### Staff Trainings

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| --- | --- | --- | --- | --- | --- | --- |
| Training | Completed Y/N? | Date of completion | Certificate Received Y/N? | Date Certificate Received? | Mandatory Staff | Time Frame |
| ADA and Reasonable Accommodation |  |  |  |  | All Staff | 90 days of hire |
| Addressing Housing Code Issues in Your Unit |  |  |  |  | Program managers, case managers, and housing specialists |  |
| Assertive Engagement |  |  |  |  | All Staff |  |
| Boundaries and Confidentiality |  |  |  |  | All Staff |  |
| CATCH |  |  |  |  | Program managers, case managers, and housing specialists |  |
| Conflict Resolution & Non-coercive Approaches to Conflict Management |  |  |  |  | All Staff |  |
| Creating Safe Spaces for LGBT Youth |  |  |  |  | All Staff |  |
| Crisis Intervention & Non-Violent Crisis Intervention |  |  |  |  | All Staff |  |
| Critical Time Intervention |  |  |  |  | All Staff |  |
| Cultural Competency |  |  |  |  | All Staff, including maintenance staff | 90 days of hire |
| Customer Service |  |  |  |  | All Staff | 90 days of hire |
| DV 101 |  |  |  |  | All Staff |  |
| Emergency Preparedness |  |  |  |  | All Staff | 90 days of hire |
| Fair Housing |  |  |  |  | Program managers, case managers, and housing specialists |  |
| Financial Literacy |  |  |  |  | Program managers, case managers, and housing specialists |  |
| Financial Management & Contract/Grants Administration |  |  |  |  | Executive Directors and Financial Staff |  |
| HIPPA |  |  |  |  | All Staff |  |
| HMIS |  |  |  |  | All Staff |  |
| Housing Based Case Management |  |  |  |  | Program managers, case managers, and housing specialists |  |
| Housing First Approach |  |  |  |  | All Staff |  |
| Housing Quality Standards |  |  |  |  | Scattered Site Programs only - Facilities Personnel, Transitional, Permanent, Rapid Rehousing (RRH), Family Rehousing Stabilization Program (FRSP) Staff |  |
| HSRA |  |  |  |  | All Staff | 90 days of hire |
| Language Access |  |  |  |  | All Staff | 90 days of hire |
| Lease 101 |  |  |  |  | Program managers, case managers, and housing specialists |  |
| Mandated Reporting for Children and Adults/Seniors  |  |  |  |  | All Staff | 90 days of hire |
| Medical Hypothermia Overview |  |  |  |  | All Staff, including maintenance staff |  |
| Mental Health Triage and Mental Health First Aid |  |  |  |  | All Staff |  |
| Motivational Interviewing |  |  |  |  | All Staff |  |
| Naloxone Training |  |  |  |  | All Staff, including maintenance staff |  |
| Renter’s Rights 101 and Landlord-Tenant Mitigation |  |  |  |  | Program managers, case managers, and housing specialists |  |
| Responding to Synthetic Drug Ingestion |  |  |  |  | All Staff, including maintenance staff |  |
| SOAR |  |  |  |  | All Staff |  |
| Stages of Change |  |  |  |  | Program managers, case managers, and housing specialists |  |
| STEP |  |  |  |  | All Staff |  |
| Suicide Risk Assessment & Prevention |  |  |  |  | All Staff |  |
| Trauma Informed Care |  |  |  |  | All Staff |  |
| Understanding Special Needs |  |  |  |  | All Staff |  |
| Unusual Incident Reporting (UIR) |  |  |  |  | All Staff |  |
| VI-SPDAT/TAY VI-SPDAT and CAHP Overview |  |  |  |  | All Staff |  |
| Welcoming and Affirming LGBTQ+ People |  |  |  |  | All Staff, including maintenance staff |  |
| Why Self-Care Can No Longer Be An Afterthought |  |  |  |  | All Staff |  |

### Acknowledgment

**By signing below, I verify that the staff person identified on this form has completed the trainings as noted on this transcript.**

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| **Signature** | **Date** |