|  |  |
| --- | --- |
|  | The Community Partnership for the Prevention of HomelessnessStaff Training Transcript – Transitional Housing,Permanent Supportive Housing, and Temporary 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. Certificates of completion may also be requested by TCP staff. Should TCP staff request certificates of completion, only trainings with an accompanying certificate will be considered. If you have any questions regarding this form, please contact the training team via email at training@community-partnership.org.

### Staff Information

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position Description (check all applicable): | Client Facing Staff  Administrative Staff | Case Manager  Client-Facing Specialist | Executive Director  Financial Staff | Program Director/Manager |

### Staff Trainings

**Please note that not all topics listed on this transcript are required for all staff or programs. Please review your contract to ensure you are in compliance with training requirements.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ANNUAL TOPICS\*  \*Topics requiring training every contract period | | | | | | | |
| Training Topic | **Training Title** | | **Date of completion** | **Mandatory Staff** | | **Time Frame for Completion** | |
| ADA and Reasonable Accommodation |  | |  | All client facing staff and ADA Liaison | | 90 days of hire and then annually\* | |
| Cultural Competency |  | |  | All client facing staff, security | | \* | |
| Customer Service |  | |  | All client facing staff, security | | \* | |
| Domestic Violence |  | |  | All client facing staff | | \* | |
| Emergency Preparedness |  | |  | Executive directors, administrative, program directors/manager, any additional staff involved in creating the emergency preparedness plan | | \* | |
| Fair Housing |  | |  | Program managers, case managers, housing specialists | | \* | |
| Housing Quality Standards |  | |  | Scattered site programs only (transitional, RRH, PSH) – all staff including facilities/maintenance personnel | | \* | |
| Language Access |  | |  | All staff, including administrative, executive, financial, security, and maintenance | | 90 days of hire and then annually\* | |
| LGBTQ+ Cultural Competency |  | |  | All client facing staff | | \* | |
| Mandated reporting for Children and Adults/Seniors |  | |  | Consistent with District Requirement | | 90 days of hire and then annually\* | |
| Trauma Informed Care |  | |  | All client facing staff | | 90 days of hire and then annually\* | |
|  |  | |  |  |  | |  |
| BI-ANNUAL TOPICS§  §Topics requiring training every other contract period after initial completion | | | | | | | |
| Training Topic | **Training Title** | | **Date of completion** | **Mandatory Staff** | | **Time Frame for Completion** | |
| *Assertive Engagement* |  | |  | All client facing staff | | § | |
| Boundaries and Confidentiality |  | |  | All client facing staff | | § | |
| Conflict Resolution |  | |  | All client facing staff | | § | |
| Crisis Intervention |  | |  | All client facing staff | | § | |
| *Critical Time Intervention* |  | |  | Program managers, case managers, and client facing specialists | | § | |
| *Financial Literacy* |  | |  | Program managers, case managers, and client facing specialists | | § | |
| *Financial Management and Grant Administration* |  | |  | Executive directors and financial staff | | § | |
| *Housing Based Case Management* |  | |  | Program managers, case managers, and client facing specialists | | § | |
| Housing First |  | |  | All client facing staff | | § | |
| Homeless Services Reformed Act (HSRA) 2005 Overview |  | |  | All client facing staff | | § | |
| Landlord-Tenant Rights and Responsibilities |  | |  | Program managers, case managers, housing specialists | | § | |
| *Motivational Interviewing* |  | |  | Program managers, case managers, client facing specialists | | § | |
| Non-coercive Approaches to Conflict Management |  | |  | All client facing staff | | § | |
| Non-violent Crisis Intervention |  | |  | All client facing staff | | § | |
| *Stages of Change* |  | |  | Program managers, case managers, client facing specialists | | § | |
| Suicide Risk Assessment and Prevention |  | |  | All client facing staff | | § | |
| Understanding the Office of Administrative Reviews/Hearings |  | |  | All client facing staff | | § | |
| Unusual Incident Reports |  | |  | Program managers, case managers, client-facing specialists | | 90 days of hire and then every other year § | |
|  |  | |  |  | |  | |
| CERTIFICATIONS AND SYSTEMS TRAININGS†  †Trainings required once or when a specific certification expires, after initial completion. | | | | | | | |
| Training Topic | **Date of completion** | **If Applicable:** Date of expiration | | **Mandatory Staff** | | | **Time Frame for Completion** |
| STEP Tool |  |  | | Program managers, case managers, housing specialists | | | † |
| VI-SPDAT/TAY VI-SPDAT and CAHP Overview |  |  | | All providers who participate in CAHP and complete or supervise case management tasks. (Requirements vary by program and position) | | | 90 days of hire† |
| CATCH |  |  | | Program managers, case managers, housing specialists | | | † |
| HMIS |  |  | | All HMIS users | | | 90 days of hire† |
| District Maintenance and Repair Tool |  |  | | Program managers, case managers, specialists | | | † |
| CPR/First Aid |  |  | | All client facing staff | | | † |
| HIPAA |  |  | | All staff, including administrative, executive, and financial staff | | | 90 days of hire† |
| Mental Health First Aid |  |  | | Program managers, case managers, specialists | | | † |
| SOAR |  |  | | At least one staff person per program, and any additional program managers, case managers, client facing specialists | | | † |

### Acknowledgment

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

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