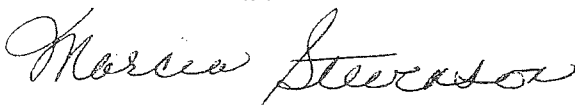


THE CITY OF NEW YORK  
DEPARTMENT OF HOMELESS SERVICES  
ADULT SERVICES

PROCEDURE NO. 00-409

SUBJECT:  Suspension of Services	APPLICABLE TO:  Adult Shelter Facilities	ISSUED: November 5, 1998 RE-ISSUED: March 28, 2000
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ADMINISTERED BY:  Division of Adult Services	APPROVED BY:   Marcia Stevenson, Deputy Commissioner
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### I. PURPOSE

To provide instructions for implementing the Department of Homeless Services' (DHS) system-wide policy to temporarily suspend the shelter services of Adult Services clients for serious infractions of Shelter Rules and Responsibilities.

### II. APPLICABILITY

Applicable to staff at all directly operated and contracted Adult Services shelters, and to Contract Officers and Program Administrators.

### III. FORMS USED

IR-1	Homeless Programs Incident Report
DHS-100	Report of Illegal Entry into Agency Locations or Theft of Agency Property
DSS-3123	New York State Incident Report
402A/aa	Client Notification of Transfer/Spanish
402B/bb	Shelter Client Transfer Referral/Spanish
409A/aa	Notice of Temporary Suspension of Shelter Services/Spanish
409B/bb	Review of Service Suspension/Spanish
410A/aa	Adult Shelter Rules and Responsibilities/Spanish

### IV. RELATED PROCEDURES

97-001	Criteria for Reporting Incidents
98-401	Control and Confiscation of Contraband
00-402	Client Transfer Process
99-410	Adult Shelter Client Rights, Rules and Responsibilities

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## V. INTRODUCTION

The Department of Homeless Services defines suspension of shelter services as the temporary denial of residence in an Adult Services shelter not to exceed seven (7) days. The case of Weiser v. Koch established the City's authority to suspend shelter services. The following five types of behavior are examples of circumstances under which shelter services can be suspended in and around the shelter premises:

- o VANDALISM - willful destruction or defacement of shelter property - and ARSON - intentional fire setting and burning of shelter property.
- o POSSESSION, USE or SALE of ILLEGAL DRUGS or ALCOHOL.
- o ASSAULT - physical attacks against another person - or THREATENING BEHAVIOR - which is immediately dangerous to another person - or WEAPONS POSSESSION.
- o ARREST for criminal activity including, but not limited to, trespassing, theft, harassment, extortion, loan-sharking, intimidation or victimization of clients or staff.
- o SMOKING in unauthorized shelter areas.

Notices of shelter rules and responsibilities warning of suspension of services for the reasons outlined above are posted conspicuously in shelters at all times and are issued individually to all clients according to the Adult Shelter Rights, Rules and Responsibilities Procedure 99-410.

Client behavior that results in a suspension of shelter is called a "shelter incident". This procedure details the steps needed to decide, approve and carry out suspension as the result of such an incident up the chain of command within the Adult Services system. Therefore, all the steps contained in the Criteria for Reporting Incidents 97-001 and Control and Confiscation of Contraband 98-401 (for weapons or drug possession) must also be carried out, or suspension may be revoked.

Supervisory level staff must carefully investigate all shelter incidents. The senior Shift Supervisor on duty informs the Shelter Director of the incident in person or by phone if the Director is not on the premises. The Shelter Director decides whether to recommend suspension for incidents involving client behavior. The covering DHS Program Administrator must then be phoned or paged to approve the suspension of services.

Clients must, wherever possible, be given the Notice of Temporary Suspension of Shelter Services (Form 409A), the right to rebut the suspension in writing, and the telephone number to call for the results of the Program Administrator's review of the suspension. The client collects his/her belongings under escort and leaves the shelter upon notification by the Shift Supervisor of the suspension.

The Shelter Director and Program Administrator may decide to reassess and transfer a client to a more appropriate shelter as an alternative to suspension or following the client's return from suspension.

## VI. DETAILED INSTRUCTIONS

1. WITNESSING STAFF [or staff notified by clients] report incidents at once to shelter security and the nearest available supervisor.
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### 2. SHIFT SUPERVISOR

- a. Takes charge to bring the immediate danger or disruption under control. Calls 911, if necessary, for police, fire or EMS assistance. Even if the police or EMS remove the perpetrator(s) from the shelter, the suspension process proceeds.
  - b. Investigates, documents and reports incidents involving dangerous and/or disruptive client behavior, as follows:
    - (1) Interviews all the known witnesses, client/staff victims (in assault cases). The supervisor must give the perpetrator the opportunity to explain his or her involvement (if s/he poses no danger to others). Uses Homeless Programs Incident Report (Form IR-1) as a guide/checklist to ask pertinent questions and to record the incident, according to Criteria for Reporting Incidents, Procedure 97-001.
    - (2) Locates Shelter Director if on premises or pages/phones Shelter Director if off premises to: (1) report the incident, (2) recommend whether to suspend the client, (3) receive instructions on how to proceed.
    - (3) Contacts covering DHS Program Administrator if the Shift Supervisor cannot reach the Shelter Director within a reasonable time (e.g., 15 minutes).
    - (4) Records Shelter Director's and Program Administrator's decisions in cases involving telephone approvals on Homeless Programs Incident Report (Form IR-1).
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### 3. SHELTER DIRECTOR

- a. Reviews the incident, either in person or as described over the phone by Shift Supervisor. Examines case record(s), if possible, for pertinent data, e.g., past infractions, mental illness. Consults relevant staff, as needed, to clarify any outstanding issues or to fill any gaps in the findings. Decides whether to recommend suspension.
  - b. Pages/phones covering DHS Program Administrator to report the incident and to recommend suspension or alternative action, such as transfer.
  - c. Countersigns Homeless Programs Incident Report (Form IR-1) upon return to shelter in cases involving telephone approvals.
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4. DHS PROGRAM ADMINISTRATOR approves suspension via the telephone. Determines the number of days (up to 7) the client will be suspended.

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5. SHIFT SUPERVISOR, upon notification by the Shelter Director or Program Administrator that suspension has been approved, carries out the following steps at once:
- a. Fills out, signs and dates Notice of Temporary Suspension of Shelter Services (Form 409A). Issues the form to the client, whenever possible (e.g., client does not pose a threat), as follows:
    - (1) Advises the client that the agency has suspended his/her shelter services and s/he must leave the shelter.
    - (2) Points out the number of days the client has been suspended and the date when s/he may return to the shelter system. Discusses services available at non-DHS facilities that s/he may use during the suspension period.
    - (3) Explains the client's right to rebut suspension in writing and the Suspension Review process. Notes phone number on Notice of Temporary Suspension of Shelter Services (Form 409A) to call for the results of the review.
  - b. Asks the client to surrender his/her photo ID and meal ticket (or any other forms of shelter ID). Places items along with copy of Notice of Temporary Suspension of Shelter Services (Form 409A) and copy of rebuttal (if written) into case record.
  - c. Issues client carfare. Allows client reasonable amount of time to collect - under escort - his/her belongings. The client leaves premises.
  - d. Codes the suspension into SCIMS, as follows:
    - (1) Accesses Screen 2 (Lodging Termination) from Master Menu - Inserts client's H.A.#. Presses (T)ERMINATION. Enters CODE 86 (Suspension of Services) in Field 3 and the date in Field 8.
    - (2) Accesses Screen 9 (Suspended From Facility). Inserts H.A.#. Selects (N)EW suspension. Enters Yes in IND(icator) Box and date of suspension. Enters REASON:
      - Code 1 - Arson/vandalism of facility/equipment in or around shelter premises.
      - Code 2 - Possession/sale/use of illegal drugs or alcohol in or around the shelter premises.
      - Code 3 - Violent/assaultive behavior/weapons possession in or around the shelter premises.
      - Code 4 - Arrest for criminal activity including, but not limited to, trespassing, theft, harassment, extortion, loan-sharking, intimidation or victimization of clients or staff in or around the shelter premises.
      - Code 5 - Smoking in unauthorized shelter areas.
    - (3) Prints Screen 22 - Lodging History for perpetrator(s) and victim(s). Attaches printout(s) to the Homeless Programs Incident Report (Form IR-1).

(Do not forget to remove the suspension code when the suspension period expires. Access SCIMS Screen 9 and press (D)elete key function [whether or not the client will be re-lodged]).

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- e. Completes and submits the Incident/Suspension package consisting of all relevant case material and the following forms to the Shelter Director, as follows:
- (1) Homeless Programs Incident Report (Form IR-1).
  - (2) New York State Incident Report (Form DSS-3123) (if client or staff death or injury).
  - (3) Report of Illegal Entry into Agency Locations or Theft of Agency Property (Form DHS-100 [if theft]).
  - (4) Copy of Notice of Temporary Suspension of Shelter Services (Form 409A), and client rebuttal, if written.
- f. Makes necessary Shelter Log entries on the incident and suspension.
- g. Notifies security and entrance screening staff that the shelter has suspended the client.

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## 6. SHELTER DIRECTOR

- a. Reviews Incident/Suspension package for accuracy and completeness.
- b. Completes Section 16, Box C (Shelter Director Review/Follow-Up), Homeless Programs Incident Report (Form IR-1). Checks off whether suspension or transfer was recommended. Signs and dates form.
- c. Compiles and E-mails and/or FAXes/hand delivers Incident/Suspension package to the Program Administrator by 3:00 p.m. the next business day.
- d. Makes sure copies of all necessary incident and suspension forms and relevant case materials have been placed into case record and case entries are up-to-date.

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## 7. DHS PROGRAM ADMINISTRATOR

- a. Reviews Incident/Suspension package to assure that:
    - (1) the client's behavior meets the criteria for suspension.
    - (2) the shelter staff has followed the Incident Reporting and Suspension of Services procedures correctly and has submitted the necessary paperwork.
    - (3) the suspension has been communicated to all the parties within the deadlines.
  - b. Completes Section 16/Box D (Program Administrator Review/Follow-Up), Homeless Programs Incident Report (Form IR-1). Checks off whether suspension or transfer was approved and whether this is a final report.
  - c. Prepares the Program Administrator Review of Service Suspension (Form 409B). Places completed Form 409B and one copy into the central file (see below). Additional copies go to Assistant Commissioner and to the shelter for inclusion in case record.
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8. CONTRACT OFFICER

- a. Maintains a suspension file for each shelter under his or her supervision.
  - b. Informs suspended clients (if contacted) of the suspension review results. A copy of the Program Administrator Review of Service Suspension (Form 409B) must be given
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9. SHELTER DIRECTOR

- a. May consult at any time with the Program Administrator to have a client reassessed or transferred as an alternative to suspension or when s/he returns from suspension, if his or her needs might be better serviced at another shelter. Clients must receive Client Notification of Transfer (Form 402A) (which details the suspension infraction as the reason for the transfer) and Shelter Client Transfer Referral (Form 402B) according to Client Transfer Procedure 00-402.
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## VII. WINTER ALERT

POSTPONE SUSPENSIONS ON WINTER ALERT DAYS (temperature falls below 32° F). The Shelter Director must always seek confirmation from Outreach that the Department of Health has declared a Winter Alert. Uses the information to recommend suspension or alternative action.

If a Winter Alert has been declared, the Program Administrator decides to defer a suspension until the Winter Alert is lifted or to involuntarily transfer a client to another shelter.

**Do not** turn away a client whose suspension period has not expired and who returns on a Winter Alert day. Readmit the client. The Program Administrator will then decide whether to retain or transfer the client. The suspension is completed when the Winter Alert has been lifted.

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# ADULT SHELTER CLIENT RIGHTS

## As a Shelter Applicant/Client I Have the Right To:

- Exercise my civil and legal rights including freedom of speech and worship.
- \* Private written and verbal communications, including sending or receiving mail or other correspondence without interception or interference.
- \* Present complaints for myself or other residents to shelter administrators or anyone else without fear of reprisal.
- \* Join with other residents or individuals to work for improvements in resident care.
- \* Manage my own finances, in accordance with shelter requirements and financial eligibility standards.
- \* Privacy in treatment and caring for my personal needs.
- \* Have my shelter records protected in accordance with confidentiality standards.
- \* Leave from my assigned shelter and return there (by curfew).
- \* Courteous, fair and respectful treatment by staff.
- Have my version of an incident in which I am involved included in an incident report.

## I Also Have the Right Not To:

- \* Be restrained or locked in a room at any time.
- \* Be made to perform work by force or threat. I understand that I must, however, comply with all work requirements mandated by Public Assistance Regulations, and that I may be required to participate in work related to my participation in particular shelter programs.
- \* Be made to give tips or gratuities to any shelter employee, security guard or other resident. *If anyone should ask for such payment, report it immediately to the Shelter Director.*

I understand my rights as a shelter client and that I have the responsibility to comply with all Adult Shelter Rules and Responsibilities, as well as to respect the rights and private property of other shelter residents. I have received a copy of Rights, Rules and Responsibilities.

Date	Client Print Name	Client Sign Name
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I have reviewed the Adult Shelter Rights, Rules and Responsibilities with the client and have provided him/her with a copy.

Date	Staff Print Name	Staff Sign Name	Staff Title
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# NOTICE OF REFERRAL TO SHELTER

CLIENT'S SURNAME, FIRST NAME:	H.A. NUMBER:
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NAME OF SHELTER REFERRED TO:	ADDRESS OF SHELTER REFERRED TO:
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REFERRED FROM SHELTER:	Date Referred: / /	Time Referred: A.M. P.M.
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### NEW APPLICANT/RETURNEE APPLICANT

The agency is referring you to the above-named facility. All homeless male applicants who are new to the shelter system or have been absent more than six months from the shelter system are referred to the Men's Intake facility for processing and referral to an Assessment/Triage and Referral facility. New Applicants to the Adult Services Women's system will be referred directly to an Assessment/Triage and Referral facility.

A detailed assessment process will help us learn what your current needs are. After your assessment has been completed, you will be asked to go to a shelter, which is best able to provide the services you need. You may not transfer to any other Adult Services shelter during your Assessment/Triage and Referral facility stay without agency approval.

### RETURNEE

The agency is referring you to your Official Shelter for reevaluation and counseling by the same social service and clinical staff that the shelter assigned to you. It is the best way for you to get the specific services you need.

### TEMPORARY ASSIGNMENT

The agency is referring you to a Temporary Shelter tonight. You must return to the Official Shelter that you have been assigned or transferred to for services before 12 noon tomorrow.

### TO ALL CLIENTS:

**YOU ARE NOT ELIGIBLE FOR SERVICES AT ANY OTHER DEPARTMENT OF HOMELESS SERVICES SHELTERS, AND YOU MAY NOT TRANSFER TO ANY OTHER SHELTER WITHOUT AGENCY APPROVAL.**

The information in this notice has been explained to me and I understand its contents.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Client refused to sign; however, form was explained to client.



## SHELTER CLIENT TRANSFER REFERRAL

CLIENT'S SURNAME:	FIRST NAME:	H.A. NUMBER:
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° You are being OFFICIALLY transferred on \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_\_\_ because:

NAME OF SHELTER REFERRED TO:	ADDRESS OF SHELTER REFERRED TO::
CONTACT PERSON AT SHELTER REFERRED TO:	DATE REFERRED / TIME OF CALL:

° Beginning on \_\_\_ / \_\_\_ / \_\_\_, your new shelter is your OFFICIAL SHELTER. You are not eligible to transfer for services at any other DHS or DHS contracted Adult Services shelter. You may not transfer to any other DHS or DHS contracted Adult Services shelter without agency approval.

° Your Official shelter will provide the following services to you:

- |           |                      |               |                    |
|-----------|----------------------|---------------|--------------------|
| 1) bed    | 3) three meals a day | 5) toiletries | 7) recreation      |
| 2) locker | 4) clothing          | 6) carfare    | 8) social services |

TRANSFER APPROVED BY: \_\_\_\_\_  
Print Name
Signature
Date

I did NOT request a Supervisory Review and accept the transfer as a change in my official shelter.  
 Client's Signature (X) \_\_\_\_\_ Date: \_\_\_\_\_

I have had a Supervisory Review on \_\_\_ / \_\_\_ / \_\_\_ and I accept transfer to my new official shelter.  
 Client's Signature (X) \_\_\_\_\_ Date: \_\_\_\_\_

I have had a Supervisory Review on \_\_\_ / \_\_\_ / \_\_\_, but continue to disagree with the change in my official shelter.  
 Client's Signature (X) \_\_\_\_\_ Date: \_\_\_\_\_

Client refused to sign; however, form was explained to client.

WITNESSING WORKER: \_\_\_\_\_  
Print Name
Signature
Date

### CLIENT NOTIFICATION OF TRANSFER

Shelter: \_\_\_\_\_

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

CLIENT'S SURNAME:	FIRST NAME:	H.A. NUMBER:
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You are being OFFICIALLY transferred by \_\_\_ / \_\_\_ / \_\_\_, because \_\_\_\_\_

#### Right of Review

Upon receipt of this notice, you are entitled to meet with your caseworker to discuss why you are being transferred. If you disagree with the transfer, you may have a Supervisory Review to respond to the reason(s) for your transfer.

I accept the reason(s) for transfer and I do NOT request a Supervisory Review.

Client's Signature (X) \_\_\_\_\_

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

I do not accept the reason(s) for transfer and I request a Supervisory Review.

Client's Signature (X) \_\_\_\_\_

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

I do not accept the reason(s) for transfer and I do NOT request a Supervisory Review.

Client's Signature (X) \_\_\_\_\_

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

Client refused to sign; however, reason(s) for transfer was explained to client. Supervisory Review mandated.

WITNESSING CASEWORKER: \_\_\_\_\_  
Print Name Signature Date

SOCIAL SERVICE DIRECTOR/  
SHIFT SUPERVISOR: \_\_\_\_\_  
Print Name Signature Date

\_\_\_ I have scheduled a SUPERVISORY REVIEW with client on \_\_\_ / \_\_\_ / \_\_\_.

SHELTER DIRECTOR/DEPUTY: I have reviewed the reasons for transfer with the client, and find that the transfer is:  
( ) Withdrawn; no transfer at this time ( ) Upheld; transfer will proceed as above ( ) Revised; new Transfer Shelter and 402A.

Print Name

Signature

Date