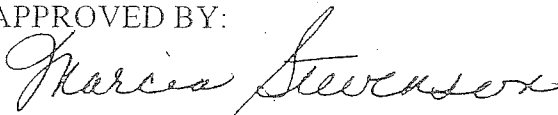


CITY OF NEW YORK
DEPARTMENT OF HOMELESS SERVICES
ADULT SERVICES

PROCEDURE No. 00-411

SUBJECT: Client Carfare Distribution	APPLICABLE TO: Adult Services Facilities	ISSUED: October 28, 1998 REISSUED: March 28, 2000
ADMINISTERED BY: Division of Adult Services	APPROVED BY:  Marcia Stevenson Deputy Commissioner	

I. PURPOSE

To provide guidelines and detailed instructions for the authorization and distribution of carfare to Adult Services shelter clients.

II. APPLICABILITY

Applicable to staff at all Adult Services shelters, Program Administrators and Vacancy Control.

III. FORMS USED

- W719 Department of Homeless Services Sub-Imprest Fund Receipt for Cash, Tokens or MetroCards Issued to Clients
- W719G Department of Homeless Services Sub-Imprest Fund Client Carfare Authorization

IV. RELATED PROCEDURES

- 00-402 Client Transfer Process
- 00-420 Screening and Shelter Referral
- Sub-Imprest Fund Procedures Manual

V. INTRODUCTION

Adult Services facilities provide MetroCards and tokens upon request for shelter clients ~~without income~~ to engage in the business of daily living, as described below. Carfare is not ordinarily available for those in receipt of any income, except in emergencies. Shelters may authorize carfare to transfer clients to other Adult Services facilities, consistent with the Client Transfer Process (Procedure 00-402) and to refer clients to Intake or assessment facilities, consistent with the Screening and Shelter Referral (Procedure 00-420). Intake facilities authorize carfare only for referrals to assessment facilities. Assessment facilities may provide carfare for clients when assigned to Official Shelters.

The business of daily living refers, but is not limited to activities that contribute to the completion of an Independent Living Plan (ILP), such as: the acquisition of personal identification documents; entitlement, medical, psychiatric and substance abuse program appointments; job search appointments and employment; housing interviews; family visits for reunification purposes; and recreation events attended by shelter staff.

Clients should request carfare from their caseworkers in advance of the date needed. ~~Caseworkers must verify requests by means of appointment letters or documentation of attendance.~~ Social Service supervisors should review carfare requests for emergencies and special situations. Supervisors ensure that clients who cannot be present at the shelter during their caseworkers' office hours have the opportunity to request carfare. Clients may appeal rejections of carfare requests to the next level supervisor.

Caseworkers complete and forward the Department of Homeless Services Sub-Imprest Fund Client Carfare Authorization (Form W719G) to shelter financial staff. MetroCards or tokens are then distributed to clients by financial staff during specified office hours.

Adult Services clients are ~~no longer entitled to carfare issued by the shelter once they begin receiving income.~~ In expectation of income, the client and caseworker mutually agree upon an amount budgeted into the ILP for monthly personal expenses, which includes a percentage allocated for carfare. Shelters should issue carfare for transportation to and from verified employment until clients receive their first paycheck.

Income includes, but is not limited to, wages from employment, stipends from training or work experience programs, private pensions, Supplemental Security Income, Social Security Disability Income, Social Security retirement benefits and carfare allowance received as part of public assistance budgets. Enrollees of Medicaid-reimbursed treatment programs are entitled to carfare through their Income Support Centers.

Cab fare for special cases, such as infirm clients, must be fully documented in the case record and approved by the Shelter Director.

-- POINTS TO REMEMBER --

- Carfare is not ordinarily available for those in receipt of income, except in emergencies.
- Carfare for referrals to other Adult Services facilities is limited to New Applicants and Returnee Applicants (absent six months or more from shelter system) to Intake or assessment facilities. See Screening and Shelter Referral (Procedure 00-420).
- Carfare is available for transfers of clients to other Adult Services facilities, if alternate transportation is not available. See Client Transfer Process (Procedure 00-402).
- Carfare is not given to Returnees (absent less than six months) referred to their Official Shelters.
- Clients who were lodged under Code 4 (Temporary) the previous night are given carfare to return to their Official Shelters the next morning.
- Once clients begin receiving income, they are no longer entitled to carfare issued by the shelter.
- Shelters should issue carfare for verified employment until clients receive their first paycheck.
- Shelters must retain documentation of carfare issuance in case records and in shelter financial records.
- Completes Department of Homeless Services Sub-Imprest Fund Client Carfare Authorization Form W719G by following "Instructions for Completion of Form W719G Client Carfare Authorization."
- Carfare authorization and issuance are separate duties that should not, wherever possible, be handled by the same worker.
- Shift Supervisors are responsible for the steps listed in this procedure whenever Social Services and/or office financial staff are not available.

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VI. DETAILED INSTRUCTIONS

1. ASSIGNED CASEWORKER

- a. Asks the client why s/he needs carfare and checks income status of client (if not known). The request should be related to the completion of ILP goals and savings plans, if client in receipt of income. Denies carfare to client with income, if non-emergency.
- b. Requests verification from client without income by one of the following means:
 - (1) an appointment slip or letter. Original to client. Copy to case record.
 - (2) written proof of attendance. Original to case record.
 - (3) telephone confirmation. Records name, date and phone number of contact person in case record.
- c. Submits carfare requests for emergencies or special situations to Supervisor for review.
- d. Completes Department of Homeless Services Sub-Imprest Fund Client Carfare Authorization (Form W719G), as follows:
 - (1) Follows "Instructions for Completion of Form W719G Client Carfare Authorization."
 - (2) Fills out form in other than black ink.
 - (3) Issues W719G to client.
 - (4) Records carfare authorization in case record.

2. SOCIAL SERVICE SUPERVISOR

- a. Reviews carfare requests made for emergencies or special situations.
- b. If approves carfare, fills out and signs Department of Homeless Services Sub-Imprest Fund Client Carfare Authorization (Form W719G) and forwards to Office Manager.

3. FINANCIAL STAFF

- a. Processes Department of Homeless Services Sub-Imprest Fund Client Carfare Authorization (Form W719G).
 - (1) Accepts only the original Form W719G issued with that day's date.
 - (2) Rejects altered Form W719G. Use of whiteout or anything crossed out invalidates the form.
- b. Distributes carfare to clients during specified office hours, as follows:
 - (1) Requests shelter ID from the client.
 - (2) Directs client to sign the Department of Homeless Services Sub-Imprest Fund Receipt for Cash, Tokens or MetroCards Issued to Clients (W719).
 - (3) Compares the client's signatures on both the W719 and W719G forms for authenticity.
 - (4) Distributes MetroCard or tokens to the client.
- c. Batches and tabulates Department of Homeless Services Sub-Imprest Fund Client Carfare Authorization (W719G) forms for Sub-Imprest Fund reporting. Follows Sub-Imprest Fund Procedures Manual, Chapter III. Section G. and Chapter IV. Section F.

Department of Homeless Services
Sub-Imprest Fund Client Carfare Authorization

Form W719G (Revised 7/97)

Client's Name ①		Case No/SSN ②	
Address/Destination ③			
Purpose of Trip ④		Time ⑤	
If Double Fair, explain (e.g., bus and train). If other than public transportation (e.g., taxi), explain. ⑥			
No. of Persons Requesting Carfare	⑦	Client's Signature ⑩	Date
Cost Per Person	\$ ⑧	Worker's Authorization Signature ⑪	Date
Total Cost of Transportation	\$ ⑨	Supervisor's Authorization Signature ⑫	Date

INSTRUCTIONS for COMPLETION of FORM W719G ACLIENT CARFARE
AUTHORIZATION

1. Client's Name	Enter the clients name.
2. Case No./SSN	Enter the clients case number or Social Security Number.
3. Address/Destination	Enter the Address of the location to which the client is traveling. If the client is traveling to more than one location, indicate all addresses. If the client is being given return carfare, indicate Areturn in this section.
4. Purpose of Trip	Enter the reason why the client is leaving the shelter.
5. Time	Enter the time the client is leaving the shelter.
6. If Double Fare, explain	If the client is required to travel through more than one fare zone, provide an explanation. If the client is going to take a taxi, provide a justification for not using public transportation.
7. No. Of Persons Requesting Carfare	Enter the number of persons who will be given carfare.
8. Cost Per Person	Enter the amount of carfare that will be given each person.
9. Total Cost of Transportation	Multiply the number of persons requesting carfare (#7) by the cost per person (#8) and enter the total here.
10. Client's Signature	The client signs and enters the date in this section.
11. Worker's Authorization Signature	The caseworker or social worker who is authorizing the carfare signs and enters the date in this section.
12. Supervisor's Authorization Signature	If required, the supervisor signs and enters the date in this section.

Department of Homeless Services Sub-Interest Fund Receipt for Cash, Tokens or MetroCards issued to Clients	Location Name:	
	Batch #:	
	Page #:	of

We, the undersigned, hereby acknowledge by our signatures to have severally received in full the sum set opposite our respective names. The sum given has been or will be used for the purposes stated.

#	Date	Case #	Case Name	Description of Payment	Amount	Client's Sign
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
Total Disbursed						

Signature of Person Disbursing Funds: _____
Date: _____