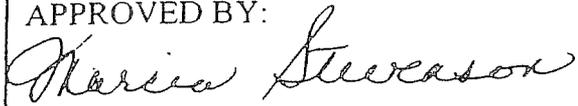


THE CITY OF NEW YORK
DEPARTMENT OF HOMELESS SERVICES
ADULT SERVICES

PROCEDURE 00-421

SUBJECT: Automated Finger Imaging System	APPLICABLE TO: Adult Shelter Men's Intake and Women's Assessment/Triage and Referral Facilities	EFFECTIVE DATE: 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 guidelines and detailed instructions for the finger imaging of any member of a household eighteen years of age or older and the head of a household who is receiving or applying for Safety Net Assistance, Emergency Safety Net Assistance, Public Institutional Care for Adults (PICA) and emergency temporary housing assistance (shelter) at Department of Homeless Services facilities, in compliance with Section 351.2 (a) of Title 18 of New York State Code Rules and Regulations ("the Regulation").

II. APPLICABILITY

Applicable to staff at the Adult Services Intake Facility, Women's Assessment/Triage and Referral facilities, Program Analysts, Program Administrators and Eligibility Unit.

III. FORMS

420A	Notice of Referral to Shelter
421A	Notice to All Applicants for Temporary Housing Assistance Regarding Finger Imaging
421B	Log for Denials of Temporary Housing Assistance
421C	Notice of Finger Imaging Results - Referral to Intake - Repeat Finger Imaging Process
421D	Notice of Finger Imaging Results - Referral to Intake - Follow-Up Interview
421E	Notice of Finger Imaging Results - Referral to Official Shelter
422A	Client Notice of Shelter Bed Assignment/Services
422B	Finger Image Referral
422C	Approval and Results of Request to Deny Temporary Housing Assistance
OTDA/AFIS	Match Result Notice
NYS/OTDA	Finger Imaging System-Enrollment
DHS/DSS-4002S	Action Taken on Your Request For Assistance To Meet an Immediate Need or a Special Allowance

IV. RELATED PROCEDURES

99-420	Screening and Shelter Referral
	AFIS Training Manual

V. INTRODUCTION

Automated Finger Imaging System (AFIS) workstations will finger image and photograph all single homeless adults requesting shelter for identification purposes as a condition of eligibility for shelter. AFIS compares applicants' finger images with those on file in the Department of Homeless Services (DHS) database and the Office of Temporary and Disability Assistance (OTDA) database. AFIS workstations are located at the Men's Intake facility and at the Women's Assessment/Triage and Referral facilities.

The Men's Intake Triage Unit and Women's Assessment/Triage and Referral Screening Units first see shelter applicants to identify their shelter status and determine at which facilities they should receive services. Intake/Screening staffs refer applicants and clients to appropriate facilities, according to Official Shelter policy.

OFFICIAL SHELTER POLICY

- Refers New Applicants (not known to SCIMS) and Returnee Applicants (absent six or more months from the shelter system) to the on-site AFIS Workstation. Intake/Screening staff must finger image New/Returnee Applicants.
- Refers Returnees (absent less than six months from the shelter system) to their Official shelters. Returnees are not finger imaged.

Finger imaging does not replace Screening and other program requirements where applicants must verify their identities through personal documentation. Applicants must be finger imaged even if they have previously been finger imaged by DHS or for public assistance benefits.

The AFIS Workstation Operator enrolls applicants twenty-four hours a day, seven days a week. AFIS enrollment consists of imaging each applicant's index fingers and photographing the applicant. The Operator transmits all enrollments to search the DHS and OTDA databases (during hours 7 a.m. to 6 p.m.) and receives a coded printout of the findings. Either:

Match Found

- If Screening does not find an administrative error, such as a misspelled name, then the applicant has an OTDA and/or DHS case recorded under another name or case number. Either s/he has used another name to obtain public assistance or shelter services in New York City, or has a case recorded under another name or case number in another county.
- The Screening Supervisor must interview the applicant. If the applicant cannot explain the match, the Supervisor may accept the case if the applicant appears to be eligible. If s/he is a Returnee absent less than six months, Screening refers the applicant to his/her Official Shelter or Last Transfer Shelter as identified on SCIMS.
- DHS will not deny shelter to applicants who give information that conflicts with DHS and/or HRA records.

Match Not Found

- The applicant does not have a DHS and/or OTDA case.
 If the applicant does not appear to be eligible, Screening refers the applicant for an assessment bed assignment.

Issued: 3/28/00	Revised:	Number: 00-421	Page: 421-3
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FINGER IMAGING AFTER 6 P.M. AND WEEKENDS

The DHS and OTDA databases are not accessible after 6 p.m. Monday to Friday, nor are the databases accessible at any time of the day on Saturday or Sunday. Intake/Screening staff will assign assessment beds to applicants finger imaged after 6 p.m. and on the weekend. At 7 a.m. the next business day, the AFIS Operator transmits the finger images for a match search of the DHS and OTDA databases. The Supervisor reviews the results received by the AFIS Workstation on the same day.

If the Supervisor finds a match for an applicant finger imaged after 6 p.m. or on the weekends and this match is NOT due to an administrative error (e.g., data entry error), s/he notifies the applicant's current shelter to either:

- Refer applicant back to Intake/Screening to explain the match, or
- Refer applicant identified by AFIS as a client to his/her Official Shelter or Last Transfer Shelter.

When an applicant's finger image was temporarily unobtainable due to injured or soiled index fingers, Intake/Screening staff will assign an assessment bed and schedule a date for the applicant to return to the AFIS Workstation and repeat the finger imaging process.

Facilities prominently post the Notice to All Applicants for Temporary Housing Assistance Regarding Finger Imaging (Form 421A) in all public areas. During the Intake/Screening process, applicants receive the form as part of the orientation to the shelter system.

SHELTER APPLICANT REFUSAL OF FINGER IMAGING REQUIREMENT

Shelter applicants may withdraw their applications before they report to the AFIS Workstation. Applicants who withdraw their applications or leave the facility on their own accord prior to finger imaging may reapply at any time, but must again undergo finger imaging.

When an applicant refuses to be finger imaged after reporting to the AFIS Workstation, s/he may be subject to a denial of temporary housing assistance (shelter).

PHYSICAL OR MENTAL IMPAIRMENT

If staff cannot convince an unwilling applicant to finger image, the Supervisor will request clinical/specialist staff assistance to obtain the applicant's cooperation and evaluate whether s/he is physically or mentally impaired. Clinical/specialist staff must evaluate the applicant within 72 hours of the date the applicant refused to be finger imaged. At Men's Intake, the Service Engagement Team (SET) provides this service. At the Women's Assessment/Triage and Referral facilities, staff will not assign the applicant to an Official Shelter until clinical/specialist staff has evaluated the applicant for physical or mental impairment. Intake/Assessment must complete the required evaluation before DHS will consider action to deny the applicant's eligibility.

DHS will not deny the application for shelter of a physically or mentally impaired applicant who refuses to be finger imaged or photographed, in accordance with the Regulation. In these situations, staff will attempt to gain the applicant's cooperation.

Issued: 3/28/00	Revised:	Number: 00-421	Page: 421-4
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DENIAL OF TEMPORARY HOUSING ASSISTANCE (SHELTER)

When SET at Men's Intake determines that an applicant who refuses to be finger imaged is not physically or mentally impaired, the DHS Supervisor, acting upon SET's recommendation, may deny the application for shelter by completing the Action Taken on Your Request Assistance to Meet an Immediate Need or a Special Allowance (Form DSS/DHS-4002S) and serving it upon the applicant.

At Women's Assessment/Triage and Referral facilities, the Supervisor must first telephone or page designated Adult Services Eligibility Unit staff to report the refusal and the results of the clinical/specialist evaluation. If the covering Eligibility staff decides to deny shelter, senior level shelter staff gives a completed Action Taken on Your Request Assistance to Meet an Immediate Need or a Special Allowance (Form DSS/DHS-4002S) to the applicant.

The applicant must leave the premises and may reapply at 9 a.m. the next morning at which time s/he will again be required to undergo finger imaging. The applicant has the right to request a Fair Hearing on the denial of assistance without aid continuing.

VI. DETAILED INSTRUCTIONS

1. TRIAGE WORKER/Men's Intake or SCREENING WORKER/Women's Assessment/Triage and Referral
 - a. Checks SCIMS to determine the status of each individual applying for shelter, according to Official Shelter policy. Follows Screening and Shelter Referral Procedure (99-420).
 - b. Refers Returnee absent under six months to his Official Shelter or Last Transfer Shelter, or
 - c. At Women's Assessment/Triage and Referral, lodges New Applicant/Returnee Applicant.
 - d. At Men's Intake, provides escort for New Applicant/Returnee Applicant to the Screening Waiting Room. Escort places Client Notice of Shelter Bed Assignment/Services (Form 422A) into designated basket in Screening Room.
2. SCREENING WORKER/Men's Intake/Women's Assessment/Triage and Referral Facilities
 - a. Issues and explains Notice to All Applicants for Temporary Housing Assistance Regarding Finger Imaging (Form 421A/aa) to the applicant.
 - b. Directs applicant to AFIS Workstation.
 - c. Gives Client Notice of Shelter Bed Assignment/Services (Form 422A) to AFIS Operator.

Issued: 3/28/00	Revised:	Number: 00-421	Page: 421-5
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- d. Contacts Supervisor immediately whenever an applicant:
 - (1) Objects to finger imaging and refuses to be finger imaged.
 - (2) Elects to withdraw his/her application for shelter rather than be finger imaged.
 - (3) Appears unable to comprehend the finger imaging requirement.
- e. If applicant withdraws his/her application rather than report to the AFIS Workstation, enters reason on Log of Finger Imaging Enrollments and Applications Withdrawn (Form 421B).

3. AFIS WORKSTATION OPERATOR/Men's Intake /Women's Assessment/Triage and Referral

- a. Writes applicant's Social Security Number (if known), enrollment number, and today's date across top of Client Notice of Shelter Bed Assignment/Services (Form 422A).
- b. Finger images applicant's index fingers and photographs applicant. Transmits case enrollment to DHS and OTDA databank. Follows AFIS Training Manual.
- c. Prints NYS/OTDA Finger Imaging System-Enrollment screen. Does not discuss findings with applicant.
- d. At Men's Intake, directs applicant to Bed Assignment Waiting Room.
- e. Gives Match Result Notice, Client Notice of Shelter Bed Assignment/Services (Form 422A) and two NYS/OTDA Finger Imaging System-Enrollment printouts to Supervisor.

4. SUPERVISOR/Men's Intake /Women's Assessment/Triage and Referral

- a. Reviews Match Result Notice after applicant is finger imaged and photographed. If match not found or if match results from administrative error:
 - (1) Directs applicant to the Bed Assignment Waiting Room (Men's Intake) or to screening area for bed assignment (Women's Assessment/Triage and Referral).
 - (2) Gives one copy Client Notice of Shelter Bed Assignment/Services (Form 422A) and two NYS/OTDA Finger Imaging System-Enrollment printouts to Bed Assignment Worker (Men's Intake) or to designated shelter staff for bed assignment (Women's Assessment/Triage and Referral).
 - (3) Places Match Result Notice in case file.

Issued: 3/28/00	Revised:	Number: 00-421	Page: 421-6
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- b. If match found that is not due to an administrative error, interviews the applicant. Gives applicant opportunity to explain match and identify self.
- (1) Cross-checks SCIMS Screen 1(Personal Data) with Match Result Notice data. Inputs correct case personal identification in appropriate fields on Screen 1, including entries, if applicable, in Field 17 (Aka Name I), Field 18 (Aka Name II) and Field 31 (Cross Reference HA Number).
 - (2) If applicant is New Applicant or Returnee Applicant, makes assessment bed assignment. The applicant must be assigned a bed regardless of the match found. See Steps 5a below.
 - (3) If SCIMS identifies client absent less than six months, refers client to his/her Official shelter or last transfer shelter as identified on SCIMS. Completes and issues Notice of Referral to Shelter (Form 420A/aa) to client. Copy to case file.

5. BED ASSIGNMENT WORKER/Men's Intake or SCREENING WORKER/Women's Assessment/Triage and Referral

- a. If no match found or it is after 6 p.m. and on weekends, makes assessment bed assignment. Inputs Code 1/New Authorization on SCIMS Screen 2/Lodging Authorization.
- b. Issues applicant NYS/OTDA Finger Imaging System-Enrollment printout and Client Notice of Shelter Bed Assignment/Services (Form 422A). Copies of each form to case file.

6. SUPERVISOR/Men's Intake /Women's Assessment/Triage and Referral

- a. For applicants finger imaged after 6 p.m. the previous evening or on the weekend, reviews Match Result Notices received from the DHS and OTDA databases on the next business day. For cases in which a match is found, cross-checks SCIMS Screen 1(Personal Data) with Match Result Notice data.
 - (1) If the match finds that the applicant is in fact a client, completes and gives/faxes Notice of Finger Imaging Results - Referral to Official Shelter (Form 421E) to the Shelter Director at the client's current shelter. This form notifies the current shelter to refer the client to his/her Official Shelter or Last Transfer Shelter.
 - (2) If the match identified a New Applicant or Returnee Applicant, completes and gives/faxes Notice of Finger Imaging Results - Referral to Intake/Screening - Follow-Up Interview (Form 421C) to the Shelter Director of the facility at which the applicant was assigned a bed. This form notifies the current shelter to refer the applicant back to either Men's Intake or Women's Assessment.

Issued: 3/28/00	Revised:	Number: 00-421	Page: 421-7
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- (3) At Men's Intake, interviews applicant referred from current shelter regarding the match. If appropriate, applicant returns to current shelter assignment.
 - (4) At Women's Assessment/Triage and Referral, where screening generally assigns a New/Returnee Applicant a bed at the same facility, the Social Service Director interviews applicant regarding the match.
- b. For cases in which the applicant's finger images could not initially be obtained, completes and faxes the Notice of Finger Imaging Results - Referral to Intake - Repeat Finger Imaging Process (Form 421D) to the Shelter Director at the applicant's current facility. This form notifies the current shelter that Intake/Assessment has rescheduled the applicant to be finger imaged a second time.

DENIAL OF TEMPORARY HOUSING ASSISTANCE (SHELTER) FOR REFUSAL OF APPLICANT TO FINGER IMAGE

1. SCREENING WORKER/ Men's Intake/Women's Assessment/Triage and Referral

- a. If applicant who refuses to finger image leaves premises before SET/clinical/specialist intervention:
 - (1) Terminates case on SCIMS Screen 2 (Lodging Termination) under Code 51 (Whereabouts Unknown).
 - (2) Enters Alert Code 44 (Applicant/Client Must Complete AFIS) in Field 23 (Alert) Screen 1 (Personal Data). Upon reapplication, Alert Code 44 will flash. The applicant will again be required to undergo finger imaging. Intake/Assessment staff will not assign (Code 87) or transfer (Code-84) the applicant until s/he is finger imaged or evaluated for impairment.

2. SUPERVISOR Men's Intake /Women's Assessment/Triage and Referral

- a. Counsels applicant who refuses to report to the AFIS Workstation or refuses to be finger imaged at the AFIS Workstation. If applicant continues to refuse, fills out top section of Finger Image Referral (Form 422B) and checks appropriate reasons for the request in Section A. Gives Form 422B to SET or clinical/specialist staff.
- b. Reviews SET or clinical/specialist evaluation results in Section B of Finger Image Referral (Form 422B). Checks Approve or Disapprove box in Section C.
- c. If SET/ clinical/specialist evaluation finds that the applicant is physically or mentally impaired, accepts the case as eligible. Accesses Screen 1 (Personal Data) and enters CODE 40 (EU: Impairment Exemption) in Field 23 (Alert).
- d. If applicant leaves premises before mental health intervention, SET/clinical/specialist checks appropriate box in Section B of Finger Image Referral (Form 422B). Places form in case file.

Issued: 3/28/00	Revised:	Number: 00-421	Page: 421-8
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e. At Women's Assessment/Triage and Referral, if applicant continues to refuse at the AFIS Workstation and is not impaired, telephones/pages covering DHS Eligibility staff to:

- (1) Report the refusal and results of evaluation.
- (2) Recommend whether to deny shelter.
- (3) Receive instructions on how to proceed.

3. ELIGIBILITY UNIT STAFF/ DHS Central Office

- a. Discusses case with Supervisor from Women's Assessment/ Triage and Referral via telephone.
- b. Reviews results of mental health evaluation and any relevant case history, such as previous infractions, medical or psychiatric reports.
- c. Approves/disapproves recommendation to deny the application via telephone.
- d. If decides not to authorize denial action, discusses follow-up with Social Service Director at Women's Assessment.

4. SUPERVISOR/Men's Intake/Women's Assessment/Triage and Referral

- a. At Women's Assessment/Triage and Referral, records Eligibility staff's telephone approval on Approval and Results of Action to Deny Temporary Housing Assistance (Form 422C).
- b. At Men's Intake/Women's Assessment denies the shelter application, as follows:
 - (1) Fills out and gives Action Taken on Your Request For Assistance to Meet an Immediate Need or a Special Allowance (Form DSS/DHS-4002S) to applicant. Copy to case file.
 - (2) Explains right to a Fair Hearing without aid continuing. Points out phone number on Form DSS/DHS-4002S to request a Fair Hearing.
 - (3) Advises applicant that s/he may reapply for shelter at 9 A.M. the following morning at his/her Official Shelter (generally the assessment shelter).
 - (4) Asks the client to surrender his/her photo ID and meal ticket (or any other forms of shelter ID). Places items into case file.
 - (5) Allows client reasonable amount of time to collect - under escort - his/her belongings. Directs applicant to leave facility.
 - (6) Enters case outcome on Log for Denial of Temporary Housing Assistance (Form 421B).
 - (7) Fills out Section B of Approval and Results of Action to Deny Temporary Housing Assistance (Form 422C) and faxes along with completed Finger Image Referral (Form 422B) to Eligibility Unit.

Issued: 3/28/00	Revised:	Number: 00-421	Page: 421-9
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c. Codes Denial into SCIMS as follows:

- (1) Enters Code 41 (Shelter Benefits Denied) in Field 23 (Alert) on Screen 1 (Personal Data).
- (2) Accesses Screen 2 (Lodging Termination) from Master Menu – Inserts applicant's H.A. number. Presses (T)ERMINATION. Enters Code 68 (Shelter Benefits Denied).
- (3) Screen 9 (Suspension) – Enters Code 6 (Denial).

d. If Intake/Assessment could not find applicant to issue the notice of denial, terminates case under Code 68 (Shelter Benefits Denied) on SCIMS and enter Alert Code 41 (Applicant/Client Must Complete AFIS) in Alert Field 23 on Screen 1.

e. Removes Code 41 from SCIMS Screen 1 and Code 6 from SCIMS Screen 9 when denial period expires the next day at 9 a.m. Does not remove Code 68 from Screen 2.

f. At end of the shift, reviews Log for Denial of Temporary Housing Assistance (Form 421B) for accuracy and completeness. Signs-off under the appropriate shift. Faxes Log to the Director of Eligibility after each shift.

g. If staff cannot find the applicant, documents the following in the case record and in SCIMS:

- (1) Records in case record the efforts to serve Form DSS/DHS-4002S to applicant.
- (2) Terminates case on SCIMS under Code 51 (Whereabouts Unknown) on Screen 22 (Lodging History).
- (3) Enters Alert Code 44 (Applicant/Client Must Complete AFIS) in Field 23 on Screen 1.

h. Postpones denial of shelter during a WINTER ALERT. When the Winter Alert has been lifted, the applicant must be finger imaged or must leave the facility.

5. ELIGIBILITY UNIT STAFF/ DHS Central Office

a. Reviews completed Approval and Results of Action to Deny Temporary Housing Assistance (Form 422C) faxed from Men's Intake or Women's Assessment.

b. If applicant denied shelter requests a Fair Hearing, requests up-to-date case record from Men's Intake or Women's Assessment/Triage and Referral to prepare for the Fair Hearing.

NOTICE OF REFERRAL TO SHELTER

CLIENT'S SURNAME, FIRST NAME:

H.A. NUMBER:

NAME OF SHELTER REFERRED TO:

ADDRESS OF SHELTER REFERRED TO:

REFERRED FROM SHELTER:

Date Referred:

Time Referred:

/ /

NEW APPLICANT/RETURNEE APPLICANT

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

Form 421A
Adult Services
March 2000

CITY OF NEW YORK
DEPARTMENT OF HOMELESS SERVICES

**NOTICE TO ALL APPLICANTS FOR
TEMPORARY HOUSING ASSISTANCE
REGARDING FINGER IMAGING**

Beginning April , 2000, ALL APPLICANTS for temporary housing assistance will be finger imaged for identification purposes at the Department of Homeless Services Intake facilities.

This process will take place after initial screening at the Intake facilities. You will be asked to provide your social security number and to place your index fingers on the sensors located at the finger imaging desk.

Your finger image will be used to verify your identity and your public assistance status.

Thank you for your cooperation.

NOTICE OF FINGER IMAGING RESULTS Referral to Intake – Repeat Finger Imaging Process

Date: / /

Client Name:	HA Number:
Shelter Referred to:	Contact Name:

The client listed above recently applied for temporary emergency housing assistance (shelter) at 30th Street Men's Intake or Women's Assessment/Triage and Referral facility. According to the Finger Exception Report provided by the Automated Finger Imaging System, the client's finger image was unusable for identification purposes.

Please refer this client to _____ so that we can repeat the finger imaging process.
(30th Street Men's Intake or Name of Women's Assessment/Triage and Referral facility)

The client may return to 30th Street Men's Intake or Women's Assessment/Triage and Referral facility on any day and time to be finger imaged.

Please explain this form to the client and give him/her travel directions to the 30th Street Intake or Women's Assessment/Triage and Referral facility. If the client cannot return to Intake on the dates listed above, please have him/her call (212) 481-5264 to schedule another appointment.

I have discussed this form with the client and referred him/her to 30th Street Men's Intake or Women's Assessment/Triage and Referral facility to repeat finger imaging.

I have also issued a copy of the form to the client and travel directions to the Intake facility.

Staff Signature/Title

Date

NOTICE OF FINGER IMAGING RESULTS Referral to Official Shelter

Client Name:	HA Number:
Shelter Referred to:	Contact Name:

The client listed above recently applied for temporary emergency housing assistance (shelter) at 30th Street Men's Intake or at a Women's Assessment/Triage and Referral facility. According to the Match Result Notice provided by the Automated Finger Imaging System, the client provided information that conflicts with our records.

According to the information we have obtained, the client currently has an Official Shelter. As a result, this client is no longer authorized to sleep or receive services at your shelter. S/he is authorized at his Official Shelter under the name and HA number listed below. Please refer the client to his/her Official Shelter immediately so that s/he may respond to this information. The client must be given Form 420A, Notice of Referral to Shelter, and travel directions to his/her Official Shelter. Do not issue the client carfare.

Client's Name:	HA Number:
Official Shelter:	Date of Notice:

If there are any questions regarding this matter, please call (212) 481-5264 for further information.

I understand that this client is no longer eligible to receive services at my shelter. I have explained this form to the client and referred the client to his Official Shelter. I have issued Form 420A, Notice of Referral to Shelter, and travel directions as required.

Staff Signature/Title

Date

Fax completed form to Kristin Miller, Director of Eligibility, at (212) 361-0570.
Original to Shelter Files.

CLIENT NOTICE OF SHELTER BED ASSIGNMENT/SERVICES

Client Name/Nombre (Last First)	HA# / BID# / SS#	Date of Birth
		/ /

I understand that I have been offered a bed at / Yo entiendo que me han ofrecido una cama a: _____ Shelter/Refugio

I accept the above bed assignment/services and I understand that I must accept transportation at the time provided / Yo acepto la cama asignada/servicios y entiendo que debo aceptar transportación al proveer

 (Client Signature/Firma del Cliente)

I do not accept the above bed assignment/services. I understand that by refusing to accept the bed assignment, I may be asked to leave this facility / Yo no acepto la cama asignada/servicios. Yo entiendo que si no acepto la cama asignada, pueden pedirme que deje el refugio.

 (Client Signature/Firma del Cliente)

Client refused to sign; however, form was explained to client in English Spanish

(Two staff signatures required)

Name/Title (Please Print)	Staff Signature
Supervisor Name/Title (Please Print)	Supervisor Signature

REMARKS: _____

Stamp Dates and Times Below:

SCIMS/ANCH UPDATE	REFUSAL	TRANSPORT	SCREENING	TRIAGE

Division of Adult Services
Department of Homeless Services
City of New York

APPROVAL AND RESULTS OF REQUEST TO DENY TEMPORARY HOUSING ASSISTANCE

APPLICANT'S NAME:	H.A. NUMBER:	SHELTER:
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A. APPROVAL OF REQUEST TO DENY TEMPORARY HOUSING ASSISTANCE

I, _____, spoke with _____ on ___/___/___
 (Shelter Supervisor) (DHS Eligibility)
 at ___ : ___ a.m./p.m. concerning my request to deny the Temporary Housing Assistance for
 _____ based on his/her failure to finger image.
 (Applicant's Name)

After reviewing available information about the applicant's refusal, _____ (DHS Eligibility)
 approved the request to deny the Temporary Housing Assistance and instructed _____
 to fill out and serve Action Taken On Your Request For Assistance To Meet An Immediate Need Or A
 Special Allowance (Form DHS/DSS-4002S) to the applicant, stating his or her refusal to be finger
 imaged as the basis for the denial action.

The applicant must vacate the premises on ___/___/___.
The applicant may return to the shelter after 9 a.m. on ___/___/___.

SIGNATURE: _____ (SHELTER SUPERVISOR)	DATE: _____
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B. RESULTS OF ACTION TO DENY TEMPORARY HOUSING ASSISTANCE

- Applicant complied with requirement by finger imaging. Applicant does not need to leave shelter.
- Applicant did not comply with requirement. Applicant was escorted from the shelter with his or her belongings
- Applicant left facility before staff could serve Form 4002S.

COMMENTS:

SIGNATURE: _____ (SHELTER SUPERVISOR/MANAGER COMPETING FORM)
