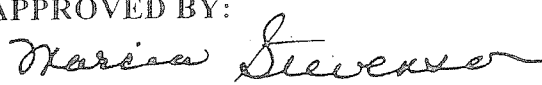


THE CITY OF NEW YORK  
DEPARTMENT OF HOMELESS SERVICES  
ADULT SERVICES

Procedure No. 01-423

<b>SUBJECT:</b>  Public Assistance Benefits for Shelter Clients	<b>APPLICABLE TO:</b>  Adult Shelter Facilities	<b>ISSUED:</b> December 8, 1999 <b>RE-ISSUED:</b> September 28, 2000
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<b>ADMINISTERED BY:</b>  Division of Adult Services	<b>APPROVED BY:</b>  Marcia Stevenson Deputy Commissioner
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**I. PURPOSE**

This procedure provides guidelines and detailed instructions for the referral of shelter clients to the Human Resource Administration's Riverview Center for public assistance benefits, including Temporary Cash Assistance, Food Stamps and grants to meet emergency needs.

**II. APPLICABILITY**

Applicable to Adult Services shelter staff, Riverview Center Liaisons, Program Analysts, and Program Administrators.

**III. DEPARTMENT OF HOMELESS SERVICES FORMS USED**

423A	Benefits Clearance Form
423B	Referral to Riverview Center
423C	Referral to Riverview Center Service Section
423D	Daily Appointments Tracking Form
423E	CASAC Outcome Referral
423F	Initial Appointments Reschedule Form

**IV. HUMAN RESOURCES ADMINISTRATION FORMS USED**

M-3	Action Taken On Your Application
W-111G	Application Assessment Receptionist Daily Log
W-270	Client Routing Pass
ADM01	Notification of Pending Rejection/Closing

**V. RELATED PROCEDURES**

00-426	Triage and Referral Procedure
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Issued: 12/8/99	Reissued: 9/28/00	Number: 01-423	Page: 423-2
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## VI. INTRODUCTION

The Department of Homeless Services (DHS) and the Human Resources Administration (HRA) have jointly developed a continuum of shelter and public assistance services for single homeless adults. DHS will inform all shelter clients of their right to apply for public assistance. HRA's Riverview Center, similar to an Income Support Center, is available to DHS clients who wish to apply for public assistance.

Shelter clients first enter a DHS Adult Services Intake facility where staff queries the Shelter Care Information Management System (SCIMS) to identify each client's shelter history, if any. Clients new to the shelter system and those reapplying for shelter after an absence of more than six months are finger imaged and assigned to Assessment shelters. All other clients must return to their official shelters. The Triage and Referral process at the Assessment shelters begins with an assessment of the shelter and care needs of clients and concludes with their assignments to shelter programs in accordance with their needs. During the DHS shelter care continuum, clients not in receipt of public assistance for which they may be eligible are encouraged to apply for these benefits at HRA/Riverview Center.

### A. HRA/RIVERVIEW CENTER – MISSION AND PROCESS

HRA/Riverview Center will determine public assistance eligibility and administer public assistance benefits to shelter clients by referral only from DHS. Shelters will refer clients who request public assistance to HRA/Riverview Center, regardless of current income, other benefits or work situation. The only exceptions are shelter clients who are currently in receipt of public assistance. DHS will refer these clients to their current Income Support/Job Centers.

HRA/Riverview Center's structure, staffing and work flow enhance services to DHS clients in the following ways:

1. The initial application steps will be compressed into one-day visits, which will enable clients to complete the application process with fewer follow-up appointments.
2. More services, such as the need for a substance abuse program and investigations of income and resources, will be conducted on-site, respectively, by Credentialed Alcohol and Substance Abuse Counselors (CASAC) and an Eligibility Verification Review (EVR) unit. HRA/Riverview Center also contains a HRA Fair Hearing and Conciliation Unit.
3. The HRA Service Section at Riverview Center will visit physically disabled/frail and mentally ill clients at their shelters, upon referral from DHS, to process applications for public assistance. Service Section workers will conduct follow-up assessments to recertify public assistance eligibility, pending receipt of other benefits (for example, SSI).

Upon arrival at HRA/Riverview Center from DHS shelters, public assistance applicants will report to the HRA Application Assessment Unit Receptionist and receive Application Kits and screening forms for domestic violence and EVR. The HRA Receptionist will check that applicants have completed the screening forms, will register cases on the Welfare Management Systems (WMS), and refer applicants to the Finger Imaging Unit. Individuals finger imaged by DHS must also be finger imaged at HRA/Riverview.

HRA/Eligibility Specialists then conduct the initial or "I" interviews to comprehensively review public assistance applications for eligibility. The interviewers refer all applicants to the on-site CASAC for an evaluation and to the on-site EVR. Applicants with possible alternatives-to-shelter are referred to the on-site HRA Homelessness Diversion Unit. Applicants scheduled for morning appointments can complete their "I" interviews and proceed on the same day to the Referral and Tracking Unit.

The HRA/Referral and Tracking Unit (RTU) at Riverview Center will refer public assistance applicants to the appropriate resources and ensure that Riverview Center communicates accurate case information to all HRA components and to DHS, as follows:

1. Assesses applicants' job skills and work experience, completes employment plans, and refers employable applicants to the Employment Contractor.
2. CASAC decides on the types of treatment needed by applicants evaluated as substance abusers. DHS then places them in appropriate shelter programs.
3. Schedules applicants, who claim a physical or mental condition as a barrier to employment, for an evaluation at Health Services Systems (HSS).
4. Tracks EVR, CASAC, HSS, and Employment Contractors' case appointments and dispositions. Inputs case data into the NYCWAY database.

#### **B. DHS LIAISON STAFF AT HRA/RIVERVIEW CENTER**

Full-time DHS staff are permanently stationed at Riverview Center. The co-location of DHS and host HRA staff enhance inter-agency communication and operations. DHS staff at Riverview Center is responsible for the following tasks:

1. Facilitate flow of applicants to Riverview Center by shelters.
2. Ensure the accurate and timely exchange of case information between shelters, DHS and Riverview Center.
3. Track and document case progress, actions and dispositions through the WMS, NYCWAY, and SCIMS database systems.
4. Provide technical support for shelter staff regarding public assistance applications and the Riverview Center process.
5. When HRA staff requests assistance, mediate to obtain DHS clients' cooperation in completing the HRA process.
6. Troubleshoot, problem solve and reconcile case statuses and dispositions with the relevant shelter and Riverview Center staffs.
7. Communicate in writing to HRA case address changes upon clients' assignments from Assessment facilities to other shelters.

Issued: 12/8/99	Reissued: 9/28/00	Number: 01-423	Page: 423-4
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Shelter Directors must assign a staff member to the duties of Site Coordinator. The Site Coordinator initiates the referral of clients for public assistance by contacting the DHS Liaison staff at HRA/Riverview Center. DHS Liaisons will conduct the necessary WMS case clearances before scheduling the initial appointments. Site Coordinators will ensure that clients receive timely notification of initial appointments by working closely with caseworkers or other relevant staff.

HRA may deny public assistance because the applicant's income or resources exceed public assistance standards of need or the applicant does not cooperate with the eligibility process. HRA case denials do not effect the shelter-eligibility of DHS clients.

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## VI. DETAILED INSTRUCTIONS

### A. REFERRAL OF CLIENTS TO HRA/RIVERVIEW CENTER

#### 1. CASEWORKER / DHS Shelter

- a. Upon assignment to the shelter, as part of casework interview process, queries client on current income/benefits and discusses client's right to public assistance.
- b. If client wishes to apply for public assistance, gives case name, H.A. Number, Social Security Number, Date of Birth to the Site Coordinator.

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#### 2. SITE COORDINATOR / DHS Shelter

- a. Obtains from Social Services the names of clients who have requested public assistance.
- b. Completes Shelter Benefits Clearance (423A). Enters name on "Name Site Coordinator" line and initials. Faxes 423A to DHS Liaison at HRA/Riverview Center. Copy to files.

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#### 3. DHS LIAISON /HRA Riverview Center

- a. Upon receipt of Shelter Benefits Clearance (423A) form, checks name(s) on WMS to determine public assistance case history, if any.
  - b. Calls Site Coordinator to schedule an appointment for the client at HRA/Riverview Center:
    - (1) Schedules appointments either at 8:30AM, 10:00AM, 1:00PM or 2:30PM for the next business day (M-F).
    - (2) Enters name and H.A. number into appropriate time on Daily Appointments Tracking Form (423D). Submits to Staff Analyst.
  - c. Enters appointment time on Shelter Benefits Clearance (423A) for each client. Faxes completed Form 423A to Site Coordinators.
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Issued: 12/8/99	Reissued: 9/28/00	Number: 01-423	Page: 423-5
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#### 4. SITE COORDINATOR/DHS Shelter

- a. Upon notification of appointment date and time from the DHS Liaison, fills out and gives Referral to Riverview Center (423B) to client. Client signs form. Copy to case file. Issues one-way carfare to client (Riverview issues return fare). Advises client:
  - (1) To obtain and maintain public assistance benefits, the client must keep this appointment and all subsequent appointments at HRA/Riverview.
  - (2) If client cannot keep initial appointment, notify Site Coordinator to cancel and reschedule the appointment.
- b. If instructed by Shelter Director, fills out and gives Referral to Riverview Center (423B) forms to Caseworkers, Shift Supervisors or House Manager for distribution to clients.
- c. To refer physically disabled/frail and/or mentally ill client, fills out and faxes Referral to HRA/Riverview Service Section (423C) to DHS Liaison at HRA/Riverview.
- d. If WMS clearance identifies an open public assistance case, does not refer the client to HRA/Riverview Center. Advises client to contact his/her current Income Support/Job Center.

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#### 5. DHS STAFF ANALYST LIAISON/HRA Riverview Center

- a. Reviews Daily Appointments Tracking Form (423D). Reconciles any scheduling conflicts or overbooking. Signs form.
- b. Gives Daily Appointments Tracking Form (423D) to HRA/Riverview Deputy Director daily by 8:30 a.m. on the next business day (M-F). Copy to files.
- c. Reviews and delivers Referral to Riverview Service Section (423C) to HRA/Riverview Service Section Supervisor. Copy to files.

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### B. TRACKING OF CASES REFERRED TO HRA RIVERVIEW CENTER

#### 6. DHS STAFF ANALYST LIAISON/HRA Riverview Center

- a. Disseminates the following logs and forms received from the HRA/Riverview Application Assessment Unit/Deputy Director of Eligibility Determination to the DHS Liaisons:
    - (1) Daily Appointments Tracking Form (423D). (HRA staff completes Outcome Section) due by 11:00 AM on the next business day (M-F).
    - (2) Application Assessment Receptionist Daily Log (HRA W-111G) due by 11:00 AM on the next business day (M-F).
    - (3) Client Routing Pass (HRA W-270) forms.
    - (4) Action Taken On Your Application (M-3) for case acceptances or denials.
-

## 7. DHS LIAISON/HRA Riverview Center

- a. Cross-checks case data from daily logs (423D, W-111G) and forms (W-270, M-3) with WMS and NYCWAY case data below. Reconciles any omissions or discrepancies with HRA staff. Inputs case data from logs, forms, WMS and NYCWAY into the DHS Case Database **only**:

(1) Interview Appointment Report: Checks application status codes: PD (pending), AC (accept), RJ (rejection - failure to report) or NA (did not apply).

(2) Deferred Appointments List.

(3) Selection 13 (MAPPER): Option 5 (Record Kept Appointment) to begin 1-5 day resource investigation process on the EVR/FEDS main menu screen.

(4) Employment Codes:

Code 20 (Employable)

Code 64 (Non-Exempt Substance Abuse)

Code 36 (Temporarily Incapacitated) Code 126 (Client in WEP)

Code 63 (Substance Abuse)

(5) HSS Codes: Code 1 (No Exemption; Work Required)

Code 2 (Limited Employability; Modified Work)

Code 3 (Temporarily Unemployable/Temporarily No Work Required)

Code 4 (Permanently Unemployable; No Work Required)

(6) CASAC Codes 200-299

## C. FOLLOW-UP OF CASES REFERRED TO HRA RIVERVIEW CENTER

### 8. DHS LIAISON/HRA Riverview Center

- a. Fills in names of "no shows" for initial appointment at HRA/Riverview Center on Initial Appointments Reschedule Form (423F) and faxes to Site Coordinator at the client's current shelter. Copy to file.
- b. Checks the address of public assistance applicant on SCIMS Screen 22/Client Lodging History Inquiry **daily** until case acceptance or denial, or at Day 45. Reports a change of address on Client Routing Pass (HRA W-270) and gives to HRA/Riverview Deputy Director. Copy to file.
- c. Upon receipt of Notification of Pending Rejection/Closing (ADM01) from HRA/Riverview staff:
- (1) Contacts Site Coordinator at the client's current shelter to notify the client of the reasons for the pending HRA action (e.g., missed appointment with CASAC).
  - (2) Based on a follow-up call to Site Coordinator or to client's Caseworker, fills out DHS Status Report RE Section of Notification of Pending Rejection/Closing (Form ADM01). Signs form and returns to HRA Riverview staff within 5 business days. Copy to file.

Issued: 12/8/99	Reissued: 9/28/00	Number: 01-423	Page: 423-7
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- d. If CASAC requires alcohol/drug treatment for client and the client is not already in a substance abuse program:

- (1) Faxes CASAC Outcome Referral (423E) to Site Coordinator at client's current shelter.
- (2) Upon return of Form 423E completed within 5 days by shelter, gives copies to HRA/Riverview Deputy Director and to CASAC. Copy to file.

#### 9. SITE COORDINATOR / DHS Shelter

- a. Reviews Initial Appointments Reschedule Form (423F). Follows **Step 4** (see page 5) to notify client of the date and time that the missed appointment has rescheduled.
- b. Gives CASAC Outcome Referral (423E) to client's Caseworker for follow-up.
- c. Confers with DHS Liaison regarding reasons for the pending HRA case denial or closing action. Requests copy of Notification of Pending Rejection/Closing (Form ADM01), if needed. Notifies client's Caseworker for follow-up.
- d. Completes case progress forms as required periodically by HRA (e.g., for CASAC, employment).

#### 10. CASEWORKER /DHS Shelter

- a. If HRA/Riverview accepts DHS client for public assistance, assists the client as necessary to comply with the HRA case requirements.
- b. Completes CASAC Outcome Referral (423E) and faxes to DHS Liaison at HRA/Riverview within 5 days. If client refuses placement, note refusal on form.
- c. If HRA/Riverview denies DHS client for public assistance, advises client to cooperate with the public assistance process and to contact his/her HRA worker at Riverview Center. Calls DHS Liaison at HRA/Riverview Center to report on efforts to obtain client's cooperation.

To: **Riverview Center**

From: \_\_\_\_\_

Shelter

Site Liaison

Telephone

Re:

**BENEFITS CLEARANCE FORM**

Please check the following clients for public assistance benefits:

DHS Staff Riverview Use Only				Comments
Name	H.A. No.	Social Security No.	Date of Birth	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

DHS Liaison Signature

e



## REFERRAL TO RIVERVIEW CENTER

APPLICANT'S NAME	LAST	FIRST	MI
SOCIAL SECURITY NUMBER	DATE OF BIRTH	H.A. No.	

AN APPOINTMENT HAS BEEN MADE FOR YOU AT:

RIVERVIEW CENTER:	1951 Park Avenue (Between 131st and 132nd Streets)
DATE:	
TIME:	
REPORT TO:	APPLICATION ASSESSMENT UNIT RECEPTIONIST - 1 <sup>st</sup> Floor
DIRECTIONS:	<ul style="list-style-type: none"><li>4,5,6 Lexington Line Train to 125<sup>th</sup> Street Station. Walk uptown six blocks on Lexington Avenue. Turn left on 131<sup>st</sup> Street and proceed one block west to Riverview Center on the right.</li><li>M-35, M-60, M-100 or BX-15 Bus to 125<sup>th</sup> and Lexington Avenue. Follow above instructions.</li><li>2,3 IRT Train to 125<sup>th</sup> Street Station. Walk east four avenues to Lexington Avenue. Follow above instructions.</li></ul>

PLEASE KEEP ALL APPOINTMENTS, SUBMIT ALL DOCUMENTATION REQUESTED, AND COMPLY WITH PUBLIC ASSISTANCE REQUIREMENTS, INCLUDING THE EFFORTS OF THE AGENCY TO DETERMINE YOUR ELIGIBILITY FOR PUBLIC ASSISTANCE, TO COMPLETE AND PROCESS YOUR APPLICATION.

IF YOU CANNOT KEEP THE APPOINTMENT, CALL YOUR DHS CASEWORKER AT:

( ) \_\_\_\_\_

BY SIGNING BELOW, YOU ARE ACKNOWLEDGING THAT YOU HAVE RECEIVED NOTIFICATION OF YOUR APPOINTMENT AT RIVERVIEW CENTER, AND THAT YOU UNDERSTAND ALL THE REQUIREMENTS AS OUTLINED ABOVE.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Worker:	Shelter:	Telephone No.:
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REFERRAL TO RIVERVIEW CENTER SERVICE SECTION

APPLICANT'S NAME	LAST	FIRST	MI
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:	H.A. NUMBER:
NAME OF REFERRING SHELTER:		ADDRESS OF REFERRING SHELTER:	

Service Section Application Criteria

Medical Status

- ☐ Physically disabled.
- ☐ Mentally ill.

Income Status

- ☐ Not currently in receipt of public assistance.
- ☐ Public assistance case closed over thirty days at Income Support/Job Center.
- ☐ No documented income.
- ☐ Other : \_\_\_\_\_

Comments:

refer this client to the Service Section of HRA/Riverview Center because the client has a mental and/or physical isability.

Shelter Staff Signature                      Telephone Number                      Date

# DAILY APPOINTMENTS TRACKING FORM

We are referring the following Adult Services applicants to Riverview Center on:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Time	Name	H.A. No.	Social Security No.	Date of Birth	Shelter	Comments	OUTCOMES
8:30 AM	1.						1.
	2.						2.
	3.						3.
	4.						4.
	5.						5.
	6.						6.
	7.						7.
10:00 AM	8.						8.
	9.						9.
	10.						10.
	11.						11.
	12.						12.
	13.						13.
1:00 PM	14.						14.
	15.						15.
	16.						16.
	17.						17.
	18.						18.
	19.						19.



## DEPARTMENT OF HOMELESS SERVICES

### Riverview Center

1951 Park Avenue  
New York, New York  
10037-2916

212-690-6430  
212-690-9373  
Fax: 690-9279

### CASAC Outcome Referral

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

Mr./Ms. \_\_\_\_\_, H.A. No. \_\_\_\_\_  
an applicant for public assistance benefits at Riverview Center, has been assessed by  
CASAC. CASAC has determined that the client is in need of a substance abuse  
program.

Please place the client into an appropriate treatment program and fax the outcome  
of your placement to the DHS Liaison Staff at Riverview Center.

\_\_\_\_\_  
DHS Liaison

For Shelter Staff: Fax to DHS Liaison Staff at Riverview Center immediately after placement.

Mr./Ms. \_\_\_\_\_, H.A. No. \_\_\_\_\_  
has been referred to the following DHS shelter for treatment:

\_\_\_\_\_  
Name of Shelter Referred to

\_\_\_\_\_  
Date

\_\_\_\_\_  
Shelter Social Service Staff Signature



## DEPARTMENT OF HOMELESS SERVICES

Riverview Center  
1951 Park Avenue  
New York, New York  
10037-2916

212-690-6430  
212-690-9373  
Fax: 690-9279

### INITIAL APPOINTMENTS RESCHEDULE FORM

ate:

o: \_\_\_\_\_  
DHS Facility

rom: \_\_\_\_\_, 212 - 690 - \_\_\_\_\_.

e: Names of Public Assistance Applicants Who Were "No Shows" for initial Appointment at HRA/Riverview Center

Following applicant(s) did not keep their initial Riverview Center appointment. Please refer the applicant(s), with Referral to Riverview Center, at the date and time in the "Rescheduled Appointments" Column. If an applicant cannot keep the rescheduled appointment, contact the DHS Liaison to arrange a date and/or time convenient to the applicant.

DHS Staff Riverview Use Only

Name	H.A. No.	Social Security No.	Date of Birth	Comments	Rescheduled Appointment
				1.	
				2.	
				3.	
				4.	
				5.	
				6.	
				7.	
				8.	
				9.	
				10.	



*The City of New York*  
Human Resources Administration  
Income Support Programs

M-3 (Rev. 10/28/91) Faso:  
DSS-4013 LE

**ACTION TAKEN ON YOUR APPLICATION:  
PUBLIC ASSISTANCE, FOOD STAMPS AND MEDICAL ASSISTANCE COVERAGE**

Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Load: \_\_\_\_\_  
General Telephone No.  
for Questions, Help, Conference,  
Record Access, Legal Assistance,  
Information: \_\_\_\_\_  
Fair Hearing Information and assistance:  
(See Reverse)

The action(s) taken on your application dated \_\_\_\_\_ are explained below next to the boxes that have been checked ☒

**PUBLIC ASSISTANCE**

☐ ACCEPTED for the period \_\_\_\_\_ to \_\_\_\_\_. You will receive \$ \_\_\_\_\_ which will cover the period \_\_\_\_\_ to \_\_\_\_\_. These benefits will be available for you beginning on \_\_\_\_\_ semi-monthly.

After this you will receive \$ \_\_\_\_\_.  
☐ A RECOUPMENT at the rate shown on the enclosed budget is being taken against your grant. If you believe that this reduction will cause your family an undue hardship, you may contact your worker to explain your reasons. An undue hardship occurs when a person does not have enough income to eat, to pay for shelter or utilities, to clothe and purchase personal incidentals, or to pay for extraordinary medical needs that are not covered by medical assistance. Your worker will let you know what kind of evidence you will need to support your undue hardship claim. If it is determined that the recoupment will cause an undue hardship, the recoupment may be changed to a reduction between 5 and 10 percent ( % ). The regulation which allows us to do this is 18 NYCRR 352.31 (d). The reason for this recoupment is explained below.

☐ DENIED because \_\_\_\_\_

The LAW(S) AND/OR REGULATION(S) which allows us to do this is \_\_\_\_\_

**FOOD STAMPS**

☐ ACCEPTED for the period \_\_\_\_\_ to \_\_\_\_\_. You will receive \$ \_\_\_\_\_ which will cover the period \_\_\_\_\_ to \_\_\_\_\_. This amount will be available to you on \_\_\_\_\_ a month.

After this you will receive \$ \_\_\_\_\_.  
☐ A RECOUPMENT is being taken against your food stamp benefits.

☐ DENIED because \_\_\_\_\_

If your denial is based on failure to provide documentation, you are not required to file a new application if you return these documents within thirty days.

The LAW(S) AND/OR REGULATION(S) which allows us to do this is \_\_\_\_\_

☐ PENDED because \_\_\_\_\_

**MEDICAL ASSISTANCE**

☐ ACCEPTED - All members of your household accepted for public assistance have been accepted for Medical Assistance effective \_\_\_\_\_ except for \_\_\_\_\_. You will be issued a Medical Assistance authorization entitling all eligible applicants to full services. The enclosed letter will clarify your coverage under the Medical Assistance Program.

☐ DENIED - All members of your household denied for Public Assistance have been denied Medical Assistance effective \_\_\_\_\_ except for \_\_\_\_\_.  
because \_\_\_\_\_

In the event that you are hospitalized you may be eligible for Medical Assistance and should contact this Department.

The LAW(S) AND/OR REGULATION(S) which allows us to do this is \_\_\_\_\_

☐ PENDED - Your application for Medical Assistance is being reviewed. We will send you our decision or request additional information within thirty days.

If you have an EPFT Photo ID card, you can use it to receive your benefits. If you do not have an EPFT Photo ID card, you must go to your IS Center and pick up a Photo ID referral form.

Worker/Date: \_\_\_\_\_ Supervisor/Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT  
OF ANY CHANGES IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

YOU HAVE THE RIGHT TO APPEAL THIS DECISION  
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION  
Medical Assistance you may be eligible for a discount

## Application Assessment Reception Daily Log

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

Line No.	Client's Name	Address	"E"/"NE"	"P"	Cat.	Registr./Case No.	Case-Load	Time
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
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21.								
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23.								
24.								
25.								
26.								
27.								
28.								
29.								
30.								
31.								

Form W-270  
Rev. 8/6/75
☐ PHOTO I.D. CARD  
☐ MEDICAID CARD

☐ NONE
The City of New York  
Human Resources Administration  
Department of Income Maintenance

## ROUTING CONTROL SHEET

RECEPTIONIST:

FILE NO. \_\_\_\_\_

☐ NUMBER  
IN PARTY

☐ SCHEDULED  
☐ NON-SCHEDULED

NAME

ASSIGNED TO:

TIME:

ADDRESS

DATE:

FORWARD TO:

A.

B.

PURPOSE OF VISIT:

 DOES CLIENT REQUIRE AN INTERPRETER? ☐ NO ☐ YES: LANGUAGE: \_\_\_\_\_  
 ACTIONS COMPLETED:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> A ADDRESS CHANGE          | <input type="checkbox"/> H SUSPENSION      | <input type="checkbox"/> O CHECK PICK-UP "RO"       |
| <input type="checkbox"/> B DISPOSSESS/EVICTION     | <input type="checkbox"/> I CLOSING         | <input type="checkbox"/> P CHECK UNDELIVERED        |
| <input type="checkbox"/> C UTILITY SHUT OFF        | <input type="checkbox"/> J RECERTIFICATION | <input type="checkbox"/> Q CHECK STOLEN             |
| <input type="checkbox"/> D CASE COMPOSITION CHANGE | <input type="checkbox"/> K RE-OPENING      | <input type="checkbox"/> R CHECK LOST               |
| <input type="checkbox"/> E BUDGET CHANGE           | <input type="checkbox"/> L ACCEPTANCE      | <input type="checkbox"/> S PHOTO I.D. CARD          |
| <input type="checkbox"/> SPECIAL GRANT             | <input type="checkbox"/> M REJECT          | <input type="checkbox"/> T MEDICAID CARD            |
| <input type="checkbox"/> RECLASSIFICATION          | <input type="checkbox"/> N PENDING         | <input type="checkbox"/> U FOOD STAMP AUTHORIZATION |
| <input type="checkbox"/> W OTHER _____             |  | <input type="checkbox"/> V ATO                      |

NARRATIVE OF SERVICE GIVEN AND CASE STATUS (HISTORY):



NOTIFICATION OF PENDING REJECTION/CLOSING

NAME/SS #:

ADDRESS:

FORWARD TO:

PLEASE BE ADVISED THAT THE ABOVE NAMED CASE WILL BE  
CLOSED EFFECTIVE DATE:

CASE WILL BE CLOSED DUE TO THE REASON/S LISTED BELOW:

◦ FAILURE TO KEEP EC APPOINTMENT ON:

◦ FAILURE TO KEEP HSS APPOINTMENT ON:

◦ FAILURE TO KEEP EVR APPOINTMENT ON:

◦ FAILURE TO COMPLETE APPLICATION PROCESS ON:

◦ FAILURE TO COMPLY ON:

◦ OTHER:

PLEASE FOLLOW-UP REGARDING THE AFOREMENTIONED AND  
NOTIFY HRA AS TO THE OUTCOME. YOUR RESPONSE IS DUE ON  
\_\_\_\_\_(DATE). UNIT CLERK \_\_\_\_\_ DATE: \_\_\_\_\_  
YOUR PROMPT ATTENTION IS APPRECIATED. THANK YOU.

ELIGIBILITY SPECIALIST: \_\_\_\_\_

UNIT: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

DHS STATUS REPORT RE:

DHS STAFF: \_\_\_\_\_ DATE: \_\_\_\_\_