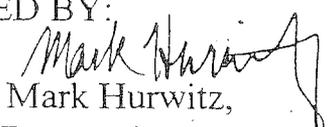


THE CITY OF NEW YORK
DEPARTMENT OF HOMELESS SERVICES
ADULT SERVICES

PROCEDURE 03-402

SUBJECT: Client Transfer Process	APPLICABLE TO: Adult Shelter Facilities	ISSUED: November 5, 1998 REVISED: August 7, 2003
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ADMINISTERED BY: Division of Adult Services	APPROVED BY:  Mark Hurwitz, Deputy Commissioner
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I. PURPOSE

To provide a formal policy framework and detailed instructions in accordance with the agency's Strategic Plan to monitor and reduce client transfers from one shelter to another.

II. APPLICABILITY

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

III. FORMS USED

402A/aa	Client Notification of Intent to Transfer/Spanish
402B/bb	Shelter Client Transfer Referral/Spanish
402C	Transfer Intervention Tracking Report
410A/aa	Adult Shelter Rules and Responsibilities/Spanish
420A/aa	Notice of Referral to Shelter/Spanish

IV. RELATED PROCEDURES

00-409	Suspension of Services
00-412	Locker Assignment and Client Belongings
03-003	Criteria for Reporting Incidents

V. INTRODUCTION

This procedure details the process by which staff review/carry out, document, and systematically track client transfers. The required communication between the referring shelter, the client, and the receiving shelter is intended to ensure that the shelter continuum of care is maintained.

The Department of Homeless Services (DHS) defines the term **official shelter** as the facility to which an adult client has been assigned to receive shelter services after intake and assessment. The official shelter authorizes the case under Code 1 (New Authorization) on SCIMS. DHS requires that the client remain at his/her Official Shelter to benefit from a rational and consistent plan of services. If the client is subsequently transferred to another facility, the receiving shelter becomes the client's

The reason for each client transfer must be recorded in the client's case record. Examples are: acceptance into or release from a shelter-related program, client or staff safety, failure to comply with facility rules and responsibilities, or in response to a reasonable client request.

The Social Service Director will personally review all transfer cases and submit the client's case record to the Shelter Director for approval. If approved, the Social Service Director makes the transfer arrangements with the receiving shelter. Caseworkers then process and carry out the transfer. The Shift Supervisor on duty will carry out the transfer when Social Service staff is not available. The referring shelter must contact the covering Program Administrator to resolve any dispute as to the appropriateness of a transfer. The Program Administrator will review the matter and authorize appropriate action.

Clients must be given written notice, Client Notification of Intent to Transfer (Form 402A), including the reason(s) for the transfer, at least 48 hours before the scheduled transfer.

A client who opposes a transfer must be given the opportunity to explain why s/he should not be transferred. The client may request an on-site supervisory review for this purpose which should be held before the actual transfer where possible. The Shelter Director or Deputy Director meets with the client and considers the client's objections including any written material s/he may wish to present. Director/Deputy Director must provide a decision upholding, revising or withdrawing the transfer on the Client Notification of Intent to Transfer (Form 402A) to the client before the transfer date where possible.

UNDER NO CIRCUMSTANCES (Except for listed exceptions-to-policy)

1. is a client to be transferred unless the case record clearly reflects appropriate intervention services offered and/or utilized to address the issues described in the client's case record.
2. is a client to be transferred without being given written notice of his/her transfer and without an opportunity for a supervisory review.
3. is a transfer to take place without prior notification to the receiving shelter.
4. is a client to be turned away by the receiving shelter once the client has been accepted by that shelter. Clients will be informed that they must arrive at the receiving shelter before curfew.

EXCEPTIONS TO POLICY

1. Clients who voluntarily request and/or accept transfers may waive the 48-hour notice and the right to a supervisory review.
2. Administrative transfers, once approved by a Program Administrator, are not subject to the 48-hour notice or the right to a supervisory review.

VI. DETAILED INSTRUCTIONS

1. CASEWORKER/REFERRING SHELTER

- a. Determines the need for client transfer. Records reason(s) for the transfer in the client's case

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program that is appropriate for the client's needs.

- b. Conducts a pre-transfer conference with the client, as follows:
 - (1) Issues and serves the Client Notification of Intent to Transfer (Form 402A).
 - (2) Explains why s/he is being transferred.
 - (3) Provides the name and location of the shelter to which a referral may be made.
 - (4) Discusses alternatives (if any) and the right to a supervisory review.
 - (5) Checks-off on Client Notification of Intent to Transfer (Form 402A) whether the client consents to the transfer and/or requests a supervisory review. Client's signs and dates. If the client refuses to sign form, checks-off "Client Refused to Sign" line. Worker prints name, signs and dates.
- c. Submits Client Notification of Intent to Transfer (Form 402A) with the client's case record to the Social Service Director for review.
- d. Submits the client's case record with the transfer recommendation to the Social Services Director.

2. SOCIAL SERVICE DIRECTOR/REFERRING SHELTER

- a. Reviews case record to ensure case record is current and reflects revisions in service plan, case conferences, entries detailing client contacts and any interventions utilized to avoid transfer.
- b. Submits case record to Shelter Director for review along with Transfer Intervention Tracking Report.

3. SHELTER DIRECTOR/DEPUTY REFERRING SHELTER

- a. Reviews the case record. Looks carefully for pertinent data or possible circumstances that may suggest alternatives to transfer. Enters decision to approve or disapprove the transfer on history sheet in case record.
- b. If the client requests a supervisory review, Shelter Director or Deputy will schedule a review within 48 hours to meet with the client. Enters scheduled date, time and place of review on Client Notification of Intent to Transfer (Form 402A). Issues copy to the client. Retains original to record results of the supervisory review.
- c. Conducts supervisory review if requested by client. Staff who initiated the transfer and Social Service Director who recommended the transfer should be present if possible. Records in case record the results of the supervisory review on Form 402A.
- d. Provide a decision to client, upholding, revising or withdrawing the transfer. Returns case record to Social Services Director for follow-up.

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4. SOCIAL SERVICE DIRECTOR/REFERRING SHELTER

- a. If approved by the Shelter Director, the Social Service Director arranges for the transfer by calling the Social Service Director at the receiving shelter. Discusses the client's needs, program requirements (if any), and bed availability. Makes the transfer arrangements. Returns the case record to the assigned caseworker who carries out the transfer arrangements.
- b. If one or more shelters rejects an otherwise appropriate client who needs a transfer for programmatic, health or safety reasons, refers case to the covering Program Administrator.
- c. If a bed is not available at the receiving shelter within 48 hours - the referring shelter retains the client by extending lodging and meal ticket authorization for the number of day(s) it takes for a bed to open, or for an alternative referral to be arranged.

5. CASEWORKER or SHIFT SUPERVISOR/REFERRING SHELTER

- a. If the transfer is approved by the Shelter Director, completes the Client Notification of Intent to Transfer (Form 402A).
 - b. Makes contact with intake staff to receiving shelter to confirm the transfer date and estimated arrival time. Records name of the receiving shelter worker that confirmed the transfer.
 - c. Meets with the client as previously arranged to carry out the transfer, as follows:
 - (1) Checks-off on Shelter Client Transfer Referral (Form 402B) whether the client did or did not request a supervisory review and accepts transfer, and, if a supervisory review was held whether the client consents or disagrees with the transfer.
 - (2) Client signs and dates. If the client refuses to sign form, checks-off "Client Refused to Sign" line.
 - (3) Fills in the time the client will depart on Form 402B. Worker prints own name, signs and dates. Issues original of Form 402B to the client. Places a copy in the client's case record.
 - (4) Provides carfare and travel directions or transportation to the client.
 - (5) Prepares case record for transfer to the receiving shelter.
 - d. Accesses SCIMS Screen 2/ Lodging Authorization - Inputs Code 84 (Assigned to Another DHS Adult Service Shelter) to terminate the case. Next, enters client's new official shelter code on prompt.
 - e. If the referring shelter does not have SCIMS access, prepare and fax the SCIMS Data Entry Form -W601U to the SCIMS Unit. The SCIMS Unit then authorizes the code 84.
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6. SOCIAL SERVICE DIRECTOR/RECEIVING SHELTER

- a. Processes transfer request from the referring shelter. Determines whether the client is appropriate for program. If the client is deemed appropriate, accepts transfer and bed availability. If the client is deemed inappropriate informs the referring shelter of the reason client was rejected. Program may not add documentation or criteria for exclusion that are not outlined in the description included in the Program Criteria Directory. Staff should inform their Program Analyst if they encounter programs that do not follow the criteria outlined in the Program Criteria Directory. Arranges and processes transfer directly with the referring shelter. Reserves bed or assigns client to program waiting list if a bed is not immediately available. All shelters that are operating at capacity are expected to maintain waiting lists. Except where noted, shelters may only accept clients who are already on the waiting list. In other words, as long as a client fits the criteria for a shelter and the shelter has vacancies, the client must be accepted without an interview. As beds open up, clients on the waiting list should be accepted in the order in which they were placed on the waiting list.
 - b. If the receiving shelter does not have SCIMS access, complete and fax the W-601U to the SCIMS Unit. Review bed roster to ensure client is authorized and assigned a bed.
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7. SCREENING STAFF/RECEIVING SHELTER

- a. Forwards Shelter Client Transfer Referral (Form 402B) presented by the arriving client to the Social Service Director or Shift Supervisor.
 - b. Processes client for linen, lock, bed, locker, meal ticket and caseworker assignment.
 - c. Accesses SCIMS Screen 2/Lodging Authorization - Inputs Code 1 (New Authorization) and caseload assignment. If SCIMS is not available, check shelter roster or, if appropriate, contact the SCIMS Unit.
 - d. If the reserved bed is no longer available at the receiving shelter (e.g., client arrived after curfew), arranges through Intake and Vacancy Control for lodging at a temporary shelter. The temporary shelter lodges the client as Code 4 (temporary) in SCIMS. The temporary shelter then terminates the case under Code 84 and issues carfare so client may return to his/her official shelter.
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VII. ADMINISTRATIVE TRANSFERS

Administrative transfers are those which in the opinion of the referring shelter must be carried out immediately for the health and safety of clients and staff or for any other emergency circumstances. **Only a Program Administrator can approve administrative transfers.** Staff initiating such a transfer must:

- (1) Complete Incident Report
- (2) Contact the covering **Program Administrator** to request approval for an administrative transfer.
- (3) If approved, takes all appropriate steps to process the transfer.

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: _____

Signature Date Print Name

___ 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

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
- 2) locker
- 3) three meals a day
- 4) clothing
- 5) toiletries
- 6) carfare
- 7) recreation
- 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

Time that client left referring shelter _____ A.M. or P.M.

Transfer Intervention Tracking Report

m 402C

Shelter Name: _____ Date: _____
 Client Name: _____
 Client HA Number: _____

1. Please list reasons for transfer and describe each intervention prior to transfer.

Date	Reason for Transfer Request	Describe Each Intervention and Outcome	Outcome

2. Please describe any other significant issues concerning this particular client.

Name	Phone Number	Signature	Date
Completed by:			
Reviewed by (Director of Social Services):			