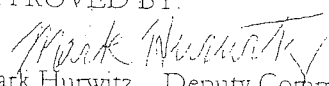


Procedure No. 04-416

SUBJECT: Client Responsibility	APPLICABLE TO: All Single Adults Eligible for Temporary Shelter, Shelter Providers, and DHS Staff	ISSUED: November 17, 2003
ADMINISTERED BY: Division of Adult Services		APPROVED BY:  Mark Hurwitz, Deputy Commissioner

FORMS USED

416A/aa	Client Acknowledgment of Responsibility Form/Spanish
416B	Client Responsibility Sanction Recommendation Form
416C	Notice to Provider of Sanction Denial
416D	Notice to Client of Continued Shelter Eligibility
416E	Program Administrator Sanction Recommendation Form
416F	DHS Sanction Review Committee Form
416G/gg	Notice to Client Upon Return from Sanction/Spanish
DHS-10A/aa	Notice of First ILP Violation/Spanish
DHS-10B/bb	Notice to Discontinue Temporary Housing Assistance (Shelter)/Spanish
DHS/DSS-4002S	Action Taken On Your Request For Assistance To Meet An Immediate Need Or A Special Allowance

PURPOSE

The DHS principles state, "all homeless individuals and families should receive safe, temporary shelter; planning for permanent housing should begin immediately." This procedure sets forth policy guidelines and detailed instructions to implement standards of responsibility in shelters for single adults. The goal of Client Responsibility is not to sanction clients, but to create a safe environment for clients and to encourage clients to take steps that will lead to independence. To achieve that goal, the Client Responsibility procedures will foster the positive social and service environments that will enable clients to make the transition to independent living while ensuring that clear and fair standards of responsibility promote mutual respect between clients and staff. Providers will work closely with clients to plan and expeditiously obtain appropriate assessment, evaluations, services, and treatment necessary to help clients prepare for and obtain permanent or other appropriate housing.

OVERVIEW

A client residing in temporary shelter has responsibility for his or her personal conduct and has an obligation to stay in temporary shelter only as long as necessary. The client will be required to develop, carry out and complete an Independent Living Plan; actively seek and accept suitable housing; and refrain from acts which endanger the health or safety of oneself or others or that substantially and repeatedly interfere with the orderly operation of the shelters.

If the client unreasonably fails to comply with these standards, the client's shelter will be temporarily discontinued. This procedure includes exemptions that would excuse sanction for noncompliance by distinguishing between clients who are unwilling as opposed to unable to comply with the standards of responsibility. Specifically, DHS will not subject a client to discontinuance of shelter for failure to comply with the Client Responsibility rules when such failure is due to the physical or mental impairment of the individual.

A client has the right to challenge DHS' decision to discontinue shelter by requesting a State Fair Hearing. Further, if the client requests the Hearing within ten (10) days of receipt of the DHS' notice to discontinue shelter temporarily, the client may continue receiving temporary housing assistance (shelter) pending the decision of the State Administrative Law Judge.

A client has the right to present grievances to the shelter operator and/or to DHS without fear of reprisal. The Provider has the responsibility for working closely with the client and using appropriate case management to aid the client in complying with his or her responsibilities and achieving permanent or other appropriate housing. Shelter staff is responsible for providing assistance, if necessary, to a client to meet these requirements.

The word "shelter" will mean "temporary housing assistance" throughout this document.

PART I: CLIENT RESPONSIBILITY REQUIREMENTS

A. INFORMING A CLIENT OF CLIENT RESPONSIBILITY REQUIREMENTS

The Provider must inform the client of his or her rights and responsibilities from the time the client begins receiving shelter until the acquisition of suitable housing. Shelter rules, rights, and responsibilities must be conspicuously posted in public areas of shelters. Each client must be given the Client Acknowledgment of Responsibility Form (CARF), which sets forth the requirements for remaining eligible for shelter, at the following times:

- Immediately upon arrival at the Men's Intake facility or at a Women's Intake-Assessment facility;
- Within three (3) calendar days of assignment or transfer to a shelter;
- Within ten (10) calendar days of the effective date of this procedure;
- Upon return from discontinuance of shelter;
- Immediately upon discovering that the client's case file lacks an original of the CARF, either signed by the client or indicating that the client refused to sign.

Staff must explain the Client Responsibility rules to a client before asking him or her to sign the CARF to acknowledge receipt. This ensures that every client knows his or her responsibilities, understands how he or she must work toward the goal of independent living, and is aware of the possibility of sanction for failure to comply with the requirements. Staff must countersign the CARF, give a copy to the client, place the original in the case file, and make the appropriate entry in the case file.

If a client refuses to sign the CARF, the Provider will indicate a failure to sign by placing a check in the box in the lower right-hand corner of the form and indicate the date of refusal on the form. However, the client will still be expected to meet the requirements of the CARF.

After the client has signed the CARF, he or she must fulfill his or her obligation to cooperate with an assessment, develop, carry out and complete a personalized ILP, seek and accept suitable housing, and refrain from Gross Misconduct [as defined in Part I, Section B (3)].

B. COMPONENTS OF CLIENT RESPONSIBILITY

1. Independent Living Plan (ILP)

The ILP is a document developed and completed by the Provider together with the client, which establishes how the client will work towards the goal of living independently as expeditiously as possible. The ILP must be tailored to the specific circumstances of the client, based on the assessment of the client's housing and housing-related needs. The Provider must guide and reinforce compliance with the ILP in a manner that takes into account the unique characteristics and service needs of each client. The Provider should be aware of and assist the client in addressing issues, such as a physical or mental impairment or domestic violence safety needs, and develop, with the client, an ILP consistent with his or her circumstances.

The Provider may develop or use its own ILP format, service plan or other case management document, such as a treatment summary, social contract or Applicant Interview Document (AID), consistent with the requirements set forth in this procedure. The Provider's specific ILP document must reflect a client's current situation and give an ongoing picture of the nature of the Provider's services to the client. It must include a specific plan to obtain suitable housing and address tasks and responsibilities in light of the client's abilities.

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Revisions to an ILP should be made when a client's circumstances have changed, such as a newly diagnosed illness or recently discovered safety concerns due to domestic violence, which the Provider needs to help the client address before obtaining suitable housing. The Provider must approve any revisions to an ILP. (See Appendix 1 "Independent Living Plan Sample").

A client must cooperate in the development of an ILP, such as an AID at an Assessment Facility, commensurate with the client's ability to complete it. The Provider of the Official Shelter may conduct a more in-depth assessment of the client's needs, as required by the specific program, including, but not limited to MICA, mental health, substance abuse, or employment.

The client has the right to present grievances pertaining to ILP requirements to the Director of Social Services without fear of reprisal.

a. Client Responsibility

The client works with the Provider to create the ILP and any subsequent revisions to it. Completing the ILP consists of carrying out the steps the client and Provider have drawn up to achieve the goal of independent living. The client must adhere to the ILP's tasks and activities, including time frames with any necessary assistance from the Provider. The client's responsibilities to ensure ILP compliance must be relevant and appropriate to his or her personal circumstances. Examples include the following:

- Signing the ILP/Updates, as an indication that he or she has participated in its development, understands it, and agrees to carry it out;
- Submitting all required documentation within thirty (30) days of request. A client who cannot submit required documentation must cooperate in securing it or must demonstrate a valid reason for not doing so, in order to be considered in compliance with the ILP;
- Obtaining eligibility for any available housing assistance;
- Pursuing employment options, particularly for the client ineligible for supportive housing;
- Participating in a savings plan consistent with applicable laws and regulations, when in receipt of income;
- Participating in drug and alcohol treatment programs, when substance abuse interferes with the client's ability to seek, secure, or retain suitable housing;
- Participating in evaluations and treatment for physical or mental illness when physical or mental illness interferes with a client's ability to seek, secure, and retain suitable housing;
- Making every reasonable effort to resolve legal and other matters, including court issues and outstanding warrants, which interfere with the client's ability to move into suitable housing; and
- Complying with all housing eligibility and search requirements (as described in Section 2).

A client shall not be required to produce documentation of domestic violence when production of such documentation would put the client at risk of violence perpetrated against him or her or make it harder for the client to stay safe from the abuser.

b. Provider Responsibility

The Provider is responsible for working closely with the client to develop, carry out, and complete an individualized ILP, as well as using appropriate case management to obtain evaluations and services designed to help the client live independently. The Provider must be aware of a client's needs related to housing, including physical and mental conditions that may impact on the client's ability to carry out an ILP and the choice of suitable housing options. In selecting ILP tasks, referrals, and time frames, the Provider must consider the individual's abilities and factors outside the client's control that affect or prevent ILP compliance as well as the availability of services. The Provider is responsible for the following:

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- Advising a client of his or her responsibility to cooperate in ILP development, implementation, and completion;
- Assisting a client in securing all appropriate documentation;
- Completing a client's initial ILP, or revising a client's ILP, within two (2) weeks of his or her arrival at the Official Shelter;
- Providing the client with a copy of the ILP, including any subsequent revisions to it;
- Conducting meetings with the client at least once every two (2) weeks to discuss ILP implementation and updating the ILP, if appropriate;
- Updating an ILP at least once a month or whenever new case information necessitates a revision of an ILP. The case file must include the reasons why the caseworker revised the ILP;
- Exploring employment options with a client, when appropriate;
- Assisting the client in addressing issues such as mental illness, substance abuse and domestic violence safety needs, and by initiating referrals for evaluations and programs, when appropriate;
- Assisting the client in obtaining an evaluation of his or her health or mental health needs by a certified, licensed, or accredited health or mental health care provider. This evaluation should identify any physical or mental impairment the client may have;
- Documenting an impairment or any refusal by a client to be evaluated, and making appropriate modifications to the ILP, based on the evaluation(s);
- Updating an ILP at any point when additional information demonstrates a safety risk in connection with domestic violence; and
- Implementing and documenting progressive supervisory case review, approval of ILP/Updates, and administrative intervention to achieve compliance with the ILP.

The first time a client unreasonably fails to comply with the development, implementation or completion of his or her ILP, DHS or the Provider must inform the client of this determination. DHS or Provider staff will serve the Notice to First ILP Violation (DHS-10A) to the client. A client, who has violated his or her ILP for the first time, may remain in the shelter. The client also has the right to a Fair Hearing to contest the finding of the first ILP violation. The Director of Social Services/Supervisor and Caseworker will conference the client regarding the consequences of further noncompliance, that is, a second violation may result in the discontinuance of shelter for 30 days or longer, and will seek the client's cooperation. ILP infractions and notes from the conference(s) must be fully documented in the case file.

After the first ILP violation, if the Shelter Director believes that the failure of the client to comply with an ILP two or more times warrants the discontinuance of shelter eligibility, he or she may recommend a durational sanction as described in Part II, Section A "Sanction Initiation Process."

A client's unreasonable failure to comply with individualized ILP requirements two or more times may result in a sanction from shelter for 30 days, or until the failure ceases, whichever period of time is longer.

The noncompliance will be excused, and discontinuance action will not be taken, when the noncompliance is due to a mental or physical impairment. This will be evaluated on a case-by-case basis. The Provider must document the impairment and make any appropriate modifications to the ILP.

Noncompliance with an ILP may also be excused if the Provider determines that the ILP goals, tasks, and/or time frames do not accurately reflect the needs of the client or are not commensurate with his or her ability to complete them. The client may also demonstrate that a situation beyond his or her control prevented compliance, including, but not limited to, a medical emergency, a death in the family, or a lack of notification of an appointment time and place.

2. Seeking and Accepting Housing

The client must cooperate in the search for permanent or other appropriate housing consistent with the ILP. Specifically, a client is required to look for housing, on his or her own when appropriate, and to accept suitable housing referrals from the Provider and DHS, including permanent housing, reunification with family members or other appropriate housing. Other appropriate housing includes, but is not limited to, supportive housing, residential drug treatment programs, and Job Corps placements.

a. Client Responsibility

A client must cooperate in the search for suitable housing, consistent with the ILP, as follows:

- Informing the Provider of any affordable permanent housing options with relatives or friends;
- Actively looking for permanent or other appropriate housing;
- Obtaining and completing appropriate housing applications, including submitting in a timely manner all information, which is required by a landlord or housing agency, provided that the request is legally permissible and appropriate;
- Documenting, for the Provider, his or her efforts to find housing;
- Appearing on time for all housing appointments and interviews;
- Viewing and accepting suitable housing options consistent with the individualized goals, tasks and needs in the client's ILP;
- Signing and executing a lease for housing on the scheduled date; and
- Moving into secured housing on the designated date and time.

b. Provider Responsibility

The Provider is responsible for assisting the client in his or her transition into permanent or other appropriate housing. This assistance includes, but is not limited to:

- Advising the client of the responsibility to seek and accept housing;
- Assisting the client in obtaining and completing all relevant housing applications in an appropriate and timely manner;
- Documenting and following-up on all housing appointments and applications;
- Preparing the client for housing interviews;
- Escorting the client on housing appointments, when appropriate;
- Documenting all housing rejections, including the reason for such rejections;
- Asking the client about any domestic violence safety needs that must be considered in locating suitable housing; and
- Securing a medical or psychiatric evaluation for the client, when appropriate, to determine whether there is a physical or mental condition that may affect the suitability of particular housing.

A client may not unreasonably refuse any housing that is suitable to the client, as long as the housing is suitable to the client's recognized needs consistent with any domestic violence status as defined by local law, and are compliant with applicable local codes and regulations. At any point where additional information demonstrates a safety risk in connection with domestic violence, the ILP must be modified to address the circumstances, which may include revising suitable housing options.

If the client fails to cooperate in seeking and accepting suitable housing, a Provider shall document the client's noncompliance.

If the Shelter Director believes that failure of the client to seek or accept suitable housing warrants the discontinuance of shelter eligibility, he or she may recommend a sanction as described in Part II, Section A "Sanction Initiation Process."

The client's unreasonable failure to comply with "seeking and accepting housing" requirements may result in the discontinuance of shelter for 30 days, or until the failure ceases, whichever period of time is longer.

Any noncompliance will be excused, and sanction will not be taken, when the noncompliance is due to a mental or physical impairment. This will be evaluated on a case-by-case basis. The Provider must document the impairment and make any appropriate modifications to the ILP.

3. Gross Misconduct

Shelter residents and staff are entitled to a safe environment that protects their personal safety and is conducive to the provision of services, which will help the client achieve independence.

a. Client Responsibility

A client must refrain from engaging in acts that endanger the health or safety of him or herself or others in the shelter, or repeatedly and substantially interfere with the orderly operation of the shelter. Prohibited acts of dangerous conduct within a shelter include, but are not limited to:

- Violence or other conduct significantly impacting the safety of clients, staff or others;
- Possession or sales of illegal drugs, firearms, or deadly weapons;
- Destruction or theft of property;
- Reckless behavior that creates a safety hazard in the shelter or that may result in evacuation and/or injury, including, but not limited to, fire-setting and smoking in the shelter; and
- Rape or sexual assault of clients or staff.

b. Provider Responsibility

The Provider must advise the client that incidents of Gross Misconduct may result in the temporary discontinuance of the client's eligibility for shelter, and may result in notification to the NYPD. The Provider is also responsible for the following:

- Documenting in a client's case file all incidents which endangered the health or safety of the client or others in the shelter, or which repeatedly and substantially interfered with the orderly operation of the shelter;
- Completing a NYC Department of Homeless Services Incident Report; and
- Notifying the NYPD, if appropriate.

If the Shelter Director believes that the misconduct of the client warrants the discontinuance of shelter eligibility, he or she may recommend a sanction as described in Part II, Section A "Sanction Initiation Process."

In seeking a sanction, the Shelter Director may take into account previous incidents, even those that occurred at another shelter, as long as the client's current case file contains documentation of the previous infractions.

Except in extraordinary circumstances, the Provider should not consider a single instance of disruption of shelter operations that is not dangerous as Gross Misconduct. When a client repeatedly and substantially disrupts shelter operations, the Provider must at some point determine when the infractions, taken together, become grounds for discontinuance of shelter.

The discontinuance of shelter for Gross Misconduct is for 30 days, or until the failure ceases, whichever period of time is longer. The noncompliance will be excused, and discontinuance action will not be taken, when the noncompliance is due to a mental or physical impairment. This will be evaluated on a case-by-case basis. The Provider must document the impairment and make any appropriate modifications to the ILP.

C. PHYSICAL AND MENTAL IMPAIRMENT EXCEPTION TO CLIENT RESPONSIBILITY

A client will not be sanctioned when noncompliance with Client Responsibility Requirements is due to a physical or mental impairment that prevents compliance.

A physical or mental impairment is defined as a physical or mental illness or condition that interferes with a person's ability to function, including, but not limited to dementia, mental illness, mental retardation, and substance abuse disorders.

The presence of a physical or mental impairment does not automatically exempt a client from sanction, unless the client's noncompliance is due to the physical or mental impairment. If a client, despite his or her impairment, is able, but unwilling, to comply with Client Responsibility rules, the noncompliance is not due to the impairment. In addition, an exemption from sanction, due to a physical or mental impairment in one instance, does not imply future exemptions from Client Responsibility requirements.

1. Client Responsibility

If a client has a physical or mental impairment that may impede his or her ability to comply with Client Responsibility rules, he or she should take the following actions to the extent feasible:

- Cooperating with the Provider in completing the assessment process, within 21 days, and notifying his or her caseworker of any relevant medical or psychiatric condition;
- Allowing a History and Physical as well as a Brief Psychiatric Assessment to be performed by on-site medical providers or submitting the equivalent (e.g., materials sent, via PRU, from a recent hospitalization or medical examination and psychiatric screening done at an Assessment facility). A letter from a qualified health or mental health care provider, confirming the medical or psychiatric diagnosis and explaining how the condition may affect the client's ability to comply with Client Responsibility rules and/or influence criteria for suitable housing will be considered sufficient for these purposes;
- Alerting his or her caseworker to any change in his or her physical or mental condition, if that change will interfere with the client's ability to comply with Client Responsibility rules or interfere with the ability to search for housing or the determination of what constitutes a suitable housing; and
- Submitting documentation, as expeditiously as possible, after refusal of an identified permanent housing option, confirming the physical or mental illness or condition and the specific reasons why the identified housing option was not suitable.

2. Provider Responsibility

A Provider must help a client to secure documentation regarding whether and how his or her impairment may affect the client's ability to comply with the ILP, seek and accept suitable housing, and adhere to the rules regarding Gross Misconduct. A Provider's responsibilities in this regard are the following:

- Requesting that a client sign appropriate releases of information, if necessary;
- Requesting, during the assessment process, information about prior medical and mental health treatments;
- Facilitating, upon the client's transfer to a program shelter, an on-site History and Physical as well as a Brief Psychiatric Assessment or its equivalent (e.g., materials sent, via PRU, from a recent hospitalization or medical examination and psychiatric screening done at an Assessment facility), or securing, within a reasonable time frame, a letter from the client's certified, licensed, or accredited health or mental health care provider with the medical or psychiatric diagnosis and explanation as to how the condition may affect the client's ability to comply with Client Responsibility rules and/or influence criteria for suitable housing;

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- Updating the ILP by integrating a client's physical and/or mental illness or condition into it;
- Continuing to counsel the client to accept services and participate in an updated ILP; and
- Proceeding to obtain the necessary services and treatment, which may include transferring the client to another shelter program or seeking more appropriate housing or placement.

The Provider must alert a DHS Program Analyst if the client's cited condition impairs his or her ability to comply with Client Responsibility rules, and if all efforts to arrange for the client to undergo an evaluation or obtain documentation have been exhausted or if there is a question as to whether the documentation obtained accurately reflects the condition. The Program Analyst will alert the Program Administrator, who will contact the DHS Agency Medical Director or designee for appropriate assistance and may ask the Provider to consult directly with the DHS Agency Medical Director or designee. This information must be documented in the client's case file.

The Provider must assist a client whose mental or physical impairment interferes with the ability to comply with the individualized ILP by providing appropriate assistance and referrals and developing a specialized plan that will assist the client in overcoming homelessness. Exemption from a sanction must not prevent the client from obtaining permanent or other appropriate housing. Provider assistance is critical to a client's securing suitable housing.

If, at any time, the client raises any health or mental health related issues that interfere with his or her ability to comply with the Client Responsibility rules or if shelter staff has reason to believe there are health or mental health related issues, the Provider must request documentation and assist the client in submitting the documentation within ten (10) days. The Provider must work with the client to address any problems obtaining the necessary documentation to ensure that an impaired client is not erroneously deemed to be non-compliant.

The Provider will provide pamphlets and/or display informative posters which detail clients' rights and protections under the American with Disabilities Act (ADA). Providers will also inform clients of the name, address, and telephone number of the individual within the Department of Homeless Services (to be designated by the Commissioner) to whom a client may file a grievance if they feel their rights have been violated due to a mental or physical impairment. This individual will coordinate the agency's efforts to comply with the ADA.

PART II: DISCONTINUANCE OF TEMPORARY SHELTER

A. SANCTION INITIATION PROCESS

Proper evaluation and documentation is critical to a sanction process. A client's case file must include, but not be limited to: Client Acknowledgment of Responsibility Form (CARF), ILP and subsequent biweekly reviews, documentation of any intervening case management provided by the shelter's staff, documentation of incidents, housing assistance applications and correspondence, domestic violence information, if any, and medical or psychiatric records, from on-site and/or outside health care providers.

1. Provider Responsibility

The Provider has the primary responsibility for initiating a recommendation, at its discretion, to sanction a client it identifies as non-compliant with the Client Responsibility rules, taking into consideration the distinguishing characteristics of each client's case. The sanction process should only be initiated after the Provider has interviewed the client about the reasons for the alleged noncompliance, using the checklist contained in the Client Responsibility Sanction Recommendation Form (416B), and informed the client that a recommendation for a sanction is being made and about the consequences if a sanction is approved.

The Director of Social Services recommends a sanction to the Shelter Director, based on the facts and circumstances of the case. If, after reviewing the merits of the case, the Shelter Director decides to pursue a sanction recommendation, he or she completes the appropriate sections of the Client Responsibility Sanction Recommendation Form (416B) and submits with all appropriate documentation to the DHS Program Administrator. The Shelter Director must give a copy of the form to the client. A decision not to proceed with a sanction recommendation requires no further action on the part of the Shelter Director, other than to document the decision in the client's case file.

2. DHS Staff Responsibility

As part of DHS' oversight of Providers, DHS Program Analysts may review whether Providers are requesting sanctions for appropriate cases. During a review of a case file, and after consulting with the Shelter Director and client, if necessary, a Program Analyst can recommend sanction if the Provider has not taken appropriate action. The Analyst must notify the Shelter Director immediately of a sanction initiation, using the Client Responsibility Sanction Recommendation Form (416B), and forward copies of the appropriate documentation to the DHS Program Administrator. The Provider must give the client a copy of the form. Conversely, DHS Program Analysts can request corrective actions when a Provider is seeking sanctions for inappropriate cases.

B. REVIEW OF SANCTION RECOMMENDATION

At all levels of review to discontinue shelter, DHS staff will review the client's case file in order to determine whether the client's noncompliance is the result of a physical or mental impairment, whether any relevant factors were beyond the client's control, or if the Provider's conduct or failure to act renders the noncompliance not subject to the sanction.

If the client alleges that a physical or mental impairment interferes with his or her ability to comply with Client Responsibility rules, and DHS believes that the allegation is credible, the client's eligibility for shelter will continue until DHS receives the results of an evaluation from a qualified health or mental health care provider, which provides a professional opinion whether a mental or physical impairment is the cause for the client's noncompliance.

1. DHS Program Administrator

A DHS Program Administrator must review the case within one (1) business day of receipt of the sanction recommendation and case file. At any point, the Program Administrator may request additional documentation from the Shelter Director, and extend the time for review up to three (3) business days from the date the requested documents were received. The Program Administrator will approve or disapprove a sanction recommendation based on the merits of the individual case.

A decision to disapprove a sanction recommendation by the Program Administrator must be documented with the reasons for the decision, on the Notice to Provider of Sanction Denial (416C), which is given to the Shelter Director. The client will be notified of his or her continued shelter eligibility with the Notice to Client of Continued Shelter Eligibility (416D), given to the Provider by the Program Administrator. A copy of each form is kept for DHS files. The client will remain in a shelter and no further action is required.

A decision to approve a sanction recommendation, based on the circumstances of the case, must be documented on the Program Administrator Sanction Recommendation Form (416E), which the Program Administrator submits with the case file to the DHS Sanction Review Committee. The Program Administrator will also notify the Shelter Director of the decision to forward the recommendation to the Committee for its review.

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2. Sanction Review Committee

The Sanction Review Committee, which includes DHS managers and agency counsel, will make a determination to approve or disapprove the recommended sanction within three (3) business days of receiving both the Program Administrator's sanction recommendation and case file, and will notify, in writing, the DHS Program Administrator and the Shelter Director of its decision. At any point, the Committee may request additional documentation from the Shelter Director, and extend the time for review up to three (3) business days from the date the requested documents are received.

A decision to disapprove a sanction recommendation must be documented on the DHS Sanction Review Committee Form (416F). This document will be provided to the Shelter Director, who is responsible for notifying the client, using the DHS Notice to Client of Continued Shelter Eligibility (416D) signed by DHS staff, as soon as possible, but no later than two (2) business days of receipt of the decision. The client will remain in a shelter and no further action is required.

A decision to approve a sanction recommendation must be documented on DHS Sanction Review Committee Form (416F). This document will be provided to the Program Administrator and the Shelter Director who will follow the steps in Section C "Implementing the Sanction Recommendation."

All final determination forms must be placed in a client's case file.

C. IMPLEMENTING THE SANCTION RECOMMENDATION

Upon the decision to discontinue shelter eligibility, DHS or Provider staff will personally serve the Notice to Discontinue Temporary Housing Assistance (Shelter)(DHS-10B) on the client and request the client's signature. If the client is currently residing in the shelter, he or she must be served as soon as possible, but no later than two (2) business days after receiving the decision. If the client has left the shelter, this Notice must be served as soon as possible, but no later than two (2) business days after the client returns to the shelter.

DHS or Provider staff will inform the client that he or she has the right to a pre-discharge State Fair Hearing to appeal the DHS decision to discontinue shelter. In order to remain in the shelter pending the hearing decision, the client must request the Hearing within ten (10) days of receiving the Notice. The Notice will specify that the Provider will make a fax machine at the shelter available during regular business hours for the client to make a Fair Hearing request.

If the client does not request a Fair Hearing within ten (10) days, the Provider will advise the client that he or she must leave the premises no later than 10:00 p.m. on the effective date stated on the Notice or sooner.

If the client requests a Fair Hearing within ten (10) days of receiving the Notice, he or she may remain in the shelter until a Fair Hearing decision is issued. As soon as the client informs the Provider that he or she is requesting a Fair Hearing, the Shelter Director must notify the DHS Legal Unit.

If the State overturns a sanction, the client's shelter eligibility will continue; if the State upholds a sanction, the Provider will direct the client to leave the facility by 10:00 p.m. on the day notification of the Fair Hearing decision is received.

The Provider will give the client the opportunity to collect his or her belongings before leaving the premises. If the client leaves without emptying his or her locker, staff will open it to remove and store the belongings for seven (7) days, in accordance with the Locker Assignment and Client Belongings Procedure (00-412).

The Provider accesses the Shelter Care Information Management System (SCIMS) to enter the appropriate codes, as detailed in Appendix 2 "Guidelines for Coding Discontinuance of Shelter into SCIMS."

D. SANCTION ENFORCEMENT/READMISSION

When a sanctioned client reapplies for shelter, the Provider will check SCIMS to confirm the sanction, identify the client's Official Shelter, and determine whether the discontinuance period has elapsed.

1. READMISSION FOLLOWING 30-DAY SANCTION PERIOD

If a client who has been sanctioned for noncompliance returns to his or her Official Shelter after the 30-day sanction period has elapsed, the Shelter must agree to readmit the client if the client demonstrates that the behavior that caused the sanction has ceased, or if the continued noncompliance is due to a physical or mental impairment, provided the applicant is otherwise eligible.

The Shelter Director or designee will explain the Client Responsibility requirements to the client before asking him or her to sign the Notice to Client Upon Return From Sanction (Form 416G). This reasonably ensures that the client knows his or her responsibilities and is aware of the possibility of further sanction for failure to comply with the requirement that he or she violated. If a client refuses to sign the form, staff will indicate the date of refusal on the form and explain to the client that the sanction period may then continue.

If the client signs the form, the Shelter Director or designee must inform the client that he or she will be conditionally provided shelter until the Shelter Director determines whether the behavior that resulted in the sanction has ceased. This determination must be made as soon as possible, but no later than two (2) business days after the client's return to the facility.

If the Shelter Director determines that the behavior that led to the sanction has ceased, the Shelter Director records the decision to accept the individual into the shelter on the Action Taken On Your Request For Assistance To Meet An Immediate Need Or A Special Allowance (DHS/DSS-4002S) and serves the form to the client.

If the Shelter Director determines that the behavior that resulted in the sanction has not ceased, the Shelter Director must seek approval from the DHS Program Administrator to continue the individual's sanction beyond 30 days. If the Program Administrator concurs, the Shelter Director records the decision to deny the individual's request for shelter on Action Taken On Your Request For Assistance To Meet An Immediate Need Or A Special Allowance (DHS/DSS-4002S) and serves the form to the individual. The Shelter Director informs the individual that he or she has the right to a Fair Hearing to appeal DHS' action, but that such a request does not entitle the individual to the continued receipt of shelter. The Shelter Director directs the individual to leave the premises and advises that he or she may apply for shelter when the behavior that caused the sanction has ceased or a Fair Hearing finds in favor of the client.

2. READMISSION PRIOR TO 30-DAY SANCTION PERIOD

If a client who has been sanctioned for noncompliance returns to his or her Official Shelter before the 30-day sanction period has elapsed, the Shelter may on rare exception and pursuant to the paragraph below agree to readmit the client. The client must demonstrate that the behavior that resulted in the sanction has ceased, or that continued noncompliance is due to a physical or mental impairment. A client, who has been sanctioned for acts of violence, will not be eligible for readmittance to the shelter before the 30 day sanction period has elapsed.

The Director of Social Services or Designee will explain the Client Responsibility rules to the client before asking him or her to sign the Notice to Client Upon Return From Sanction (Form 416G). This reasonably ensures that the client knows his or her responsibilities and is aware of the possibility of further sanction for failure to comply with the requirement that he or she violated. If a client refuses to sign the form, staff will indicate the date of refusal on the form and explain to the client that the sanction period will then continue. If the client signs the form, the Shelter Director must determine whether the behavior that caused the sanction has ceased. The Shelter Director must confer with the DHS Program Administrator and secure approval of the Deputy Commissioner of Adult Services on all decisions to readmit a client before the end of the 30-day sanction period. The client may not be readmitted to the shelter without Deputy Commissioner of Adult Services approval. Once a decision has been made to readmit a client before the end of the 30-day sanction, this decision cannot be reversed.

If the client's Official Shelter does not have a bed available, the client may be transferred to a temporary shelter until a bed becomes available at the Official Shelter.

E. WINTER ALERT

The Provider will not carry out a sanction on winter alert days declared by the Department of Health or when temperature within New York City falls below 32° F. When the Winter Alert is lifted, the client must leave the shelter to begin the sanction.

The Provider will not turn away a client whose sanction period has not expired and who returns on a Winter Alert day. The Provider informs the client that he or she must leave the shelter when the Winter Alert ends. The time spent in the shelter during the winter alert does not reduce the sanction period.

If, during Winter Alert, the client's Official Shelter does not have a bed available, the client may be transferred to a temporary shelter until a bed becomes available at the Official Shelter.

APPENDIX 1

INDEPENDENT LIVING PLAN

SAMPLE

CLIENT NAME		First	M Intl	H.A. Number:
Social Security Number		Date of Birth	Current Shelter	
Assessment completed on:		ILP Update interview completed on:	Date of Entry Into Current Shelter:	

A standardized list of case goals are categorized under three broad goal headings reflecting comprehensive client needs: Life Skills, Income and Housing. The Life Skills and Income Goal Categories contain critical short-term goals that need to first be attained first to achieve the housing goal. The long-term Housing Category goal identifies how the client will realistically be able to live independently of the shelter system within a reasonable period of time.

Case goals should be carefully posted in the most appropriate category and should be as specific as possible. The goals should be prioritized in the plan in order of importance. Describe the client's ability to accomplish the goal or tasks and any existing or anticipated problems that could affect goal attainment. Goals may be re-chosen as new case data becomes available or initial goals have been met. Indicate the reason for goal changes.

The client has the right to present grievances pertaining to ILP requirements to the Director of Social Services without fear of reprisal.

LIFE SKILLS - SHORT-TERM GOALS:

1. BASIC NEEDS (HYGIENE, FOOD, CLOTHING):

REQUIRED TASK(S) TO ACHIEVE GOAL; THE RESPONSIBLE PARTIES: LIST ANY BARRIERS TO GOAL ACHIEVEMENT:

TIMEFRAMES/ACTION/DUE DATES:

2. HEALTH (MEDICAL, MENTAL, SUBSTANCE ABUSE) and DOMESTIC VIOLENCE:

REQUIRED TASK(S) TO ACHIEVE GOAL; THE RESPONSIBLE PARTIES: LIST ANY BARRIERS TO GOAL ACHIEVEMENT:

TIMEFRAMES/ACTION/DUE DATES:

3. EMPLOYMENT, TRAINING, EDUCATION:

REQUIRED TASK(S) TO ACHIEVE GOAL; THE RESPONSIBLE PARTIES: LIST ANY BARRIERS TO GOAL ACHIEVEMENT:

TIMEFRAMES/ACTION/DUE DATES:

4. PROGRAM PARTICIPATION/ACTIVITIES:

REQUIRED TASK(S) TO ACHIEVE GOAL; THE RESPONSIBLE PARTIES: LIST ANY BARRIERS TO GOAL ACHIEVEMENT:

TIMEFRAMES/ACTION/DUE DATES:

ISSUED: 11/17/03

REISSUED:

NUMBER: 04-416

PAGE: 14

5. INTERPERSONAL RELATIONSHIPS, PERSONAL DEVELOPMENT:

REQUIRED TASK(S) TO ACHIEVE GOAL; THE RESPONSIBLE PARTIES: LIST ANY BARRIERS TO GOAL ACHIEVEMENT:

TIMEFRAMES/ACTION/DUE DATES:

6. TIME MANAGEMENT (MAKING APPOINTMENTS):

REQUIRED TASK(S) TO ACHIEVE GOAL; THE RESPONSIBLE PARTIES: LIST ANY BARRIERS TO GOAL ACHIEVEMENT:

TIMEFRAMES/ACTION/DUE DATES:

INCOME SHORT-TERM GOAL (S): employment, benefits or entitlements, managing and saving money

REQUIRED TASK(S) TO ACHIEVE GOAL; THE RESPONSIBLE PARTIES: LIST ANY BARRIERS TO GOAL ACHIEVEMENT:

TIMEFRAMES/ACTION/DUE DATES:

HOUSING LONG-TERM GOAL:

REQUIRED TASK(S) TO ACHIEVE GOAL; THE RESPONSIBLE PARTIES: LIST ANY BARRIERS TO GOAL ACHIEVEMENT:

TIMEFRAMES/ACTION/DUE DATES:

I understand my responsibility to comply with the goals listed on the above Client Service Plan/Independent Living Plan and to agree to work earnestly to achieve these goals in the planned timeframes.

Client's Signature (X)

Date

[] Client refused to sign; however,
Independent Living Plan was explained to client.

Caseworker Signature

Date

SUPERVISORY REVIEW/COMMENTS:

Date Follow-up required:

Supervisor Signature

Date

Appendix 2

Guidelines for Coding the Discontinuance of Shelter into Shelter Care Information Management System (SCIMS)

- ① Accesses SCIMS Screen 1 (Change Personal Data). Enters Code 42 (Shelter Discontinued) in Field 23 (Alert).
- ② Accesses Screen 2 (Lodging Termination). Enters Code 69 (Shelter Discontinued) in Field 3 and the effective date in Field 8.
- ③ Accesses Screen 9 (Suspension/Discontinuance of Services) from the Master Menu.
 - Insert client's H.A. Number.
 - Enter Y(es) in IND(icator) Box.
 - Press N(ew) Discontinuance
 - In Field 2, enter Y(es). The prompt automatically goes to Field 3.
 - In Field 3, enter the date of Discontinuance. The prompt automatically goes to Field 4
 - In Field 4, enter the reason for the action from the Discontinuance Codes below:
 - Code 6 - Violation of ILP Req
 - Code 7 - Violation of Housing Req
 - Code 8 - Gross Misconduct
 - Choose Y/N or X to abort action
- ④ Do not forget to remove the discontinuance code when the sanction period expires whether or not the client will be re-lodged, as follows:
 - Access Screen 1 and press (C)hange to remove Code 42 from Alert Field
 - Access Screen 9 and press (D)eleate key function



NYC Department of Homeless Services

416A

Division of Adult Services

11/17/03

CLIENT ACKNOWLEDGMENT OF RESPONSIBILITY FORM

SHELTER NAME: _____

DATE: ____/____/____

CLIENT'S NAME	LAST	FIRST	MI
------------------	------	-------	----

SOCIAL SECURITY NUMBER	DATE OF BIRTH	H.A. NUMBER
------------------------	---------------	-------------

I am seeking Temporary Housing Assistance (shelter) from the Department of Homeless Services. I have received a copy of "Your Responsibilities in NYC Adult Services Shelters". I understand that I must follow the Client Responsibility rules explained in that brochure and by shelter staff. These responsibilities will help me to achieve independence and find a permanent place to live.

Listed below is a summary of the Client Responsibility rules (shelter staff will provide further details):

1. I must participate in developing, carrying out, and completing a service plan known as the "Independent Living Plan."
2. I will seek and accept housing other than emergency shelter.
3. I must follow shelter rules and avoid behavior that places other clients or shelter staff at risk.
4. I will not have my shelter discontinued if I cannot obey Client Responsibility rules due to an appropriately documented physical or mental condition or illness.
5. I have the right to complain to the shelter operator and/or the Department of Homeless Services (DHS) without being afraid of getting in trouble.

Listed below is what may happen if I do not follow the rules of Client Responsibility:

1. I may have to leave the shelter if I am able to obey the rules and I choose not to do so.
2. I will have the right to challenge DHS' decision to discontinue my shelter by requesting a New York State Fair Hearing.
3. If the Fair Hearing Judge agrees with the DHS' decision to discontinue my shelter, I will have to leave the shelter for a period of 30 days or until I decide that I will obey the rules, whichever period of time is longer.

CLIENT:

I have read and have had this form explained to me. I understand that I may be told to leave the shelter if I do not comply with my responsibilities as a shelter client, even if I refuse to sign this form.

Print Name_____
Signature_____
Date

STAFF:

I have explained this form to the client.

{ } Client refused to sign.

Print Name_____
Signature_____
Date

Original to File; CC to Client

CLIENT RESPONSIBILITY SANCTION RECOMMENDATION FORM

To:	Department of Homeless Services Program Administrator		
From:	Shelter Director's Name:		
	Shelter Name:		
	Shelter Address:	Telephone Number:	Fax Number:

I hereby request that the shelter eligibility of the client listed below be discontinued due to (Check appropriate box):

- ☐ Violation of ILP Agreement two (2) or more times
- ☐ Failure to Seek and Accept Permanent or Other Appropriate Housing
- ☐ Gross Misconduct

Briefly summarize reason for recommendation:

Section I: CLIENT IDENTIFICATION INFORMATION			
Client Name:		H.A. Number:	
Date of Birth:		Social Security Number:	
Client Responsibility Form (CARF) Received & Signed: (Attach Copy)	Yes/Date	No/Explain	
Does client have a physical or mental health impairment? Was it previously documented? (If YES, please specify and attach documentation)			
Physical Impairment: (Specify)		Mental Impairment: (Specify)	
Any additional information to be taken into consideration: (Specify)			

Section II: INFRACTION(S): FAILURE TO COOPERATE WITH ASSESSMENT
Please indicate violation and include client's stated reason(s) for the noncompliance and efforts made to elicit compliance (attach case file documentation):

Section II: INFRACTION(S): VIOLATION OF THE ILP TWO (2) OR MORE TIMES
Please indicate violation and include client's stated reason(s) for the noncompliance and efforts made to elicit compliance (attach case file documentation):

Section II (continued) INFRACTION(S): FAILURE TO SEEK AND ACCEPT PERMANENT HOUSING			
Housing Type Rejected:			
Name of Landlord/Housing Organization:			Telephone Number:
Address of rejected housing:			
Please indicate violation and include client's stated reason(s) for the noncompliance and efforts made to elicit compliance (attach case file documentation):			
Housing ability/ suitability verified?	No	Yes	If Yes, indicate how verified:
INFRACTION(S): GROSS MISCONDUCT			
Client has engaged in behavior that (1) endangered the health or safety of others or (2) substantially and repeatedly interfered with the orderly operation of the shelter. Gross Misconduct constitutes acts of violence or criminal conduct, including, but not limited to: assault, arson, possessing or selling drugs, theft, and robbery, etc.			
Please describe violation include client's stated reason(s) for his or her behavior and efforts made to elicit compliance; attach a copy of case record including, when available, a NYPD and NYC/DHS Incident Report (attach case file documentation):			

Section III SIGNATURES			
Completed by: (Print Name):	Title:	Signature:	Date:
Reviewed by: (Print Name)	Title:	Signature:	Date:

If the client unreasonably fails to comply with the standards of Client Responsibility, his or her shelter will be temporarily discontinued for thirty (30) days, or until the failure ceases, whichever period of time is longer.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have the right to look at your case file. If you call or write to us, we will send you free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will send you free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at (212) 361-7080/6261/8984 or write us at the New York City Department of Homeless Services, Program Law Division, 33 Beaver Street, 17th Floor, New York, NY 10004.

If you want copies of documents from your file, you should ask for them ahead of time by calling us at the address on the front of this notice. Usually, they will be sent to you within three working days of when you asked for them. If your hearing is within five working days of when you ask for them, your case file documents will be given to you within five working days of the request or at the hearing.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at (212) 361-7080/6261/8984 or write us at the New York City Department of Homeless Services, Program Law Division, 33 Beaver Street, 17th Floor, New York, NY 10004.

Section IV DHS PROGRAM ADMINISTRATOR REVIEW (DHS INTERNAL USE ONLY)			
Documentation Attached? (Check appropriate response)	YES	NO	Date Request Received:
Violation Meets Criteria for Sanction? (Check appropriate response)	YES (Forward to Sanction Review Committee)	NO	Additional Info. Requested Date:
Reason for determination:			
Program Administrator's Signature:		Date Decision Rendered:	
		Date Shelter Notified:	



NYC Department of Homeless Services

Form 416C

Division of Adult Services

11/17/03

NOTICE TO PROVIDER OF SANCTION DENIAL

Client Name:	Social Security Number:	HA Number:
	/ /	

To:	Shelter Director's Name:		
	Shelter Name:		
	Shelter Address:	Telephone Number:	Fax Number:

DHS ADMINISTRATIVE REVIEW (Check Appropriate Box):			
<input type="checkbox"/>	Program Administrator		
<input type="checkbox"/>	Sanction Review Committee		
Date Request Received:		Date Shelter Notified of Decision:	
1. Your request to discontinue the shelter of the above client has been denied. 2. This client will remain in your facility.			
Check Appropriate Box	Reason for Sanction Denial		
<input type="checkbox"/>	ILP is incorrectly administered or did not meet the criteria of two or more violations		
<input type="checkbox"/>	Violation is not severe enough to warrant sanction (please explain below under "Other")		
<input type="checkbox"/>	Misconduct does not meet definition of Gross Misconduct as specified in Client Responsibility Procedure (04-416)		
<input type="checkbox"/>	Housing the client failed to seek or accept was not suitable for the client		
<input type="checkbox"/>	Case file lacks relevant information		
<input type="checkbox"/>	Noncompliance is due to impairment		
<input type="checkbox"/>	Other: (Specify reason)		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
DHS Representative: (Print Name):		Title:	Signature:
			Date:

Form 416D

Division of Adult Services

11/17/03

**DHS NOTICE TO CLIENT
OF CONTINUED SHELTER ELIGIBILITY**

To:	
Client Name:	H.A. Number:
Shelter Name:	Date of Original Recommendation:

Your case has been reviewed by DHS for the following:

- ☐ Violation of the ILP two or more times
- ☐ Failure to seek and accept permanent or other appropriate housing
- ☐ Gross Misconduct

You will not be sanctioned.

You will be able to continue to receive shelter services.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us (212) 361-7080/6261/8984 or write us at the New York City Department of Homeless Services, Program Law Division, 33 Beaver Street, 17th Floor, New York, NY 10004.

DHS

Representative: _____

Title: _____

Date: / /



NYC Department of Homeless Services

Form 416E

Division of Adult Services

11/17/03

PROGRAM ADMINISTRATOR SANCTION RECOMMENDATION FORM

Client Name:		Social Security Number / /		HA Number:	
To:	Shelter Director's Name:				
	Shelter Name:				
	Shelter Address:		Telephone Number:	Fax Number:	

DHS PROGRAM ADMINISTRATOR REVIEW

Date Request Received:

Date Shelter Notified of Decision:

Your request for discontinuance of shelter has been forwarded to the Sanction Review Committee for further review and determination.

Check Appropriate Box

Reason For Proceeding With Request For Discontinuance of Shelter:

Violation of the ILP two (2) or more times.

Failed to seek suitable housing or rejected suitable housing

Behavior specified in DHS Client Responsibility Procedure 04-416 as Gross Misconduct

Case has been reviewed and there is no evidence of impairment that precludes discontinuance of shelter.

DHS Program Administrator: (Print Name)

Signature:

Date:

DHS SANCTION REVIEW COMMITTEE FORM

Client Name:		Social Security Number:	HA Number:
To:	Shelter Director's Name:		
	Shelter Name:		
	Shelter Address:	Telephone Number:	Fax Number:

Section I

DHS SANCTION REVIEW COMMITTEE ("SRC") - (Please answer yes or no)

Documentation Attached?	YES	NO	Date Request Received:
Case file complete?	YES	NO	Date Request Received:

Noncompliance is due to impairment?	YES	NO
-------------------------------------	-----	----

Violation meets criteria for sanction?	YES Sanction	NO Client Remains in
--	-----------------	-------------------------

Reason for Determination (Please answer yes or no and describe in further detail):

Violation of ILP two (2) or more times	YES	NO	Behavior meets definition of Gross Misconduct	YES	NO
--	-----	----	---	-----	----

Failure to seek or accept suitable housing	YES	NO
--	-----	----

Other: (Specify):

Please provide further detail:

SRC Reviewer:

Telephone Number: Fax Number: Date Decision Rendered

Print Name	Signature	(212) 361-	(212) 361-	/ /
Print Name	Signature	(212) 361-	(212) 361-	/ /
Print Name	Signature	(212) 361-	(212) 361-	/ /
Print Name	Signature	(212) 361-	(212) 361-	/ /
Print Name	Signature	(212) 361-	(212) 361-	/ /

Section II NYS FAIR HEARING REQUEST			
Client Accepted Sanction Review Committee's Decision (Please check a response)	YES	NO	
Client Requested NYS Fair Hearing? (Please check a response)	YES	NO	Date Hearing Requested

Sanction Request Sent to NYS Fair Hearing for Final Judgement (Please Indicate Date):

/ /

NYS Fair Hearing Upheld Sanction? (Please check a response)	YES	NO
Notify Shelter Director and Client (Please check a response) Attach NYS Hearing Decision	YES	NO

Section III DHS' IMPLEMENTATION OF SANCTION:		
Did Client Leave Voluntarily? (Please check a response)	YES	NO
NYPD involvement? (Please check a response) Indicate Shield No.:	YES	NO



NYC Department of Homeless Services

Form 416G

Division of Adult Services

11/17/03

NOTICE TO CLIENT UPON RETURN FROM SANCTION

DATE: ____/____/____

To:	
Client Name:	HA Number:
Shelter Name:	Date of Sanction:

My Temporary Housing Assistance (shelter) was discontinued because of the following:

- ☐ Violation of the ILP two or more times
- ☐ Failure to seek and accept permanent or other appropriate housing
- ☐ Gross Misconduct

I understand that in order to be readmitted to the shelter I must stop this behavior. I must, specifically:

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us (212) 361-7080/6261/8984 or write us at the New York City Department of Homeless Services, Program Law Division, 33 Beaver Street, 17th Floor, New York, NY 10004.

CLIENT:

I have read and have had this form explained to me. I agree to stop the behavior for which my Temporary Housing Assistance (shelter) was discontinued. I understand that if I refuse to sign this form, I will have to stay out of the shelter until I agree to comply with the Client Responsibility requirement.

Print Name

Signature

Date

STAFF:

have explained this form to the client.

{ } Client refused to sign.

Print Name

Signature

Date

Original to File, (1) Copy to DHS, (1) Copy to Client



TO:

Date:
Case Name:
Case Number:
Shelter:

General Telephone No. for Questions, Help,
Conference, Records Access, or Information:
(212) 361-
Fair Hearing Information and Assistance:
(See Below)

NOTICE OF FIRST ILP VIOLATION

This NOTICE is to tell you that EFFECTIVE _____, this agency has determined that you have failed to comply for the first time with your Independent Living Plan (ILP). If you are receiving other benefits (welfare check, SSI, food stamps, medical assistance, etc.), those benefits will not change unless you receive a separate notice telling you those benefits will change.

You may remain in your current shelter. You may challenge this determination by requesting a State Fair hearing before the effective date of this Notice.

If you do not ask for a Fair Hearing or if you lose a Fair Hearing, a second ILP violation may result in a 30-day sanction.

The REASON for this action is a first violation of the ILP:

The LAW(S) AND/OR REGULATION(S) which allow us to take this action is
18 NYCRR Section 352.35

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

YOU HAVE THE RIGHT TO APPEAL THIS DECISION

RIGHT TO A FAIR HEARING: If you believe that the action(s) we are taking are wrong, you may request a State Fair Hearing by:

- (1) TELEPHONE: (212)417-3614 (please have this notice with you when you call).
- (2) FAX: Sending a copy of this notice to (518) 473-6735 (While residing in the shelter, your provider will make the shelter's fax machine available during regular business hours to request a State Fair Hearing).
- (3) WALK-IN: Bring a copy of this notice to New York Office of Temporary and Disability Assistance at 14 Boerum Place, Ground Floor, (corner of Livingston), Brooklyn, New York. (By Subway: 2,3,4,5, to Borough Hall; N,R to Court Street).
- (4) MAIL: By sending a copy of both sides of this notice, completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance P.O. Box 1930, Albany NY 12201. Please keep a copy of this notice for yourself.
- (5) OR ONLINE: Complete request form at: <https://www.orda.state.ny.us/oah/oahforms/erequestform.asp>

If you cannot reach the Office of Temporary and Disability Assistance by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO ASK FOR A FAIR HEARING.

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative or friend or other person, or to represent yourself. At the hearing you and your representative will have the opportunity to present written and oral evidence to demonstrate why the action should not have been taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have the right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, police reports, medical verification, letters, etc., that may be helpful in presenting your case.

If your situation is extremely serious, the state will attempt to process your request for a fair hearing as quickly as possible. If you call to request a fair hearing, please be prepared to explain your situation to the person who answers the phone. If you write to the above address, please explain your situation.

CONTINUING YOUR BENEFITS: If you request a fair hearing before the effective date stated in this notice, you will continue to receive shelter and your benefits and any social services unchanged until the fair hearing decision is issued. During winter alert days (the temperature falls below 32°F and/or the Department of Health declares a winter alert), you will be permitted to receive temporary housing assistance at your Official Shelter. When the Winter Alert is lifted, you must leave the shelter to complete your discontinuance period. The time spent in the shelter during the Winter Alert does not count towards your discontinuance period.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers." If you need legal assistance related to shelter, single adults may contact the Urban Justice Center at (646) 602-5600 or the Coalition for the Homeless at (212) 964-5900.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have the right to look at your case file. If you call or write to us, we will send you free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will send you free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Records Access telephone number listed at the top of page 1 of this notice or write us at the address listed below.

If you want copies of documents from your file, you should ask for them ahead of time by calling us the address on the front of this notice. Usually, they will be sent to you within three working days of when you asked for them. If your hearing is within five working days of when you ask for them, your documents will be given to you within three working days of the request or at the hearing.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone number listed at the top of page 1 of this notice or write us at the New York City Department of Homeless Services, Program Law Division, 33 Beaver Street, 17th Floor, New York, NY 10004.

☐ I want a fair hearing. The Agency's action is wrong because:

ACKNOWLEDGEMENT OF RECEIPT OF THE NOTICE TO DISCONTINUE TEMPORARY HOUSING ASSISTANCE (SHELTER)

☐ I have been given a copy of the Notice to Discontinue Temporary Housing Assistance from shelter staff.

Client Signature: _____

Date: _____

Time: _____

☐ Client accepted notice but refused to sign acknowledgement:
Date and time of acceptance: _____

☐ Client presented notice and refused to accept:
Date and time: _____

☐ Client not present:
Date and time notice placed under door and/or in mailbox: _____

☐ Notice delivered to provider:
Date and time: _____

DHS Staff Signature: _____

Date: _____

Time: _____



TO:

Date:

Case Name:

Case Number:

General Telephone No. for Questions, Help,
Conference, Records Access, or Information:
(212) 361-

Fair Hearing Information and Assistance:
(See Below)

NOTICE TO DISCONTINUE TEMPORARY HOUSING ASSISTANCE (SHELTER)

This NOTICE is to tell you that this agency intends to DISCONTINUE YOUR SHELTER. If you are receiving other benefits (welfare check, SSI, food stamps, medical assistance, etc.), those benefits will not change unless you receive a separate notice telling you those benefits will change.

EFFECTIVE _____

Enter date (10 days from date client is served notice), ten (10) days from your receipt of this Notice, your shelter will be discontinued. As of this date, you will no longer be authorized to remain in your current shelter or any other municipal shelter for 30 days or until the failure to comply with Client Responsibility Rules ceases, whichever period of time is longer.

The REASON for this action is _____

The LAW(S) AND/OR REGULATION(S) which allow us to take this action are: 18 NYCRR Section 352.35

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

YOU HAVE THE RIGHT TO APPEAL THIS DECISION

RIGHT TO A FAIR HEARING: If you believe that the action(s) we are taking are wrong, you may request a State Fair Hearing by:

- (1) TELEPHONE: (212)417-3614 (please have this notice with you when you call).
- (2) FAX: Sending a copy of this notice to (518) 473-6735 (While residing in the shelter, your provider will make the shelter's fax machine available during regular business hours to request a State Fair Hearing).
- (3) WALK-IN: Bring a copy of this notice to New York Office of Temporary and Disability Assistance at 14 Boerum Place, Ground Floor, (corner of Livingston), Brooklyn, New York. (By Subway: 2,3,4,5, to Borough Hall; N,R to Court Street).
- (4) MAIL: By sending a copy of both sides of this notice, completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance P.O. Box 1930, Albany NY 12201. Please keep a copy of this notice for yourself.
- (5) OR ONLINE: Complete request form at: <https://www.otda.state.ny.us/oah/oahforms/erequestform.asp>.

If you cannot reach the Office of Temporary and Disability Assistance by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO ASK FOR A FAIR HEARING.

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative or friend or other person, or to represent yourself. At the hearing you and your representative will have the opportunity to present written and oral evidence to demonstrate why the action should not have been taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have the right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, police reports, medical verification, letters, etc., that may be helpful in presenting your case.

If your situation is extremely serious, the state will attempt to process your request for a fair hearing as quickly as possible. If you call to request a fair hearing, please be prepared to explain your situation to the person who answers the phone. If you write to the above address, please explain your situation.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers." If you need legal assistance related to shelter, single adults may contact the Urban Justice Center at (646) 602-5600 or the Coalition for the Homeless at (212) 964-5900.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have the right to look at your case file. If you call or write to us, we will send you free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will send you free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Records Access telephone number listed at the top of page 1 of this notice or write us at the address listed below.

If you want copies of documents from your file, you should ask for them ahead of time by calling us at the address on the front of this notice. Usually, they will be sent to you within three working days of when you asked for them. If your hearing is within five working days of when you ask for them, your case file documents will be given to you within five working days of the request or at the hearing.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone number listed at the top of page 1 of this notice or write us at the New York City Department of Homeless Services, Program Law Division, 33 Beaver Street, 17th Floor, New York, NY 10004.

☐ I want a fair hearing. The Agency's action is wrong because:

ACKNOWLEDGEMENT OF RECEIPT OF THE NOTICE OF FIRST ILP VIOLATION:

☐ I have been given a copy of the Notice of First ILP Violation from shelter staff.

Client Signature: _____

Date: _____ Time: _____

☐ Client accepted notice but refused to sign acknowledgement:
Date and time of acceptance: _____

☐ Client presented notice and refused to accept:
Date and time: _____

☐ Client not present:
Date and time notice placed under door and/or in mailbox

Director of Social Services Signature: _____

Date: _____ Time: _____



NYC Department of Homeless Services

DHS/DSS-4002S (Rev. 11/03)

**ACTION TAKEN ON YOUR REQUEST FOR
ASSISTANCE TO MEET AN IMMEDIATE NEED OR A SPECIAL ALLOWANCE**

NOTICE DATE	EFFECTIVE DATE	NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE
CASE NUMBER	CIN NUMBER	New York City Department of Homeless Services 33 Beaver Street, 15 th Fl. New York, NY 10004
CASE NAME (And C/O Name if Present AND ADDRESS)		

GENERAL TELEPHONE NO. FOR
QUESTIONS OR HELP (212) 361-7080/6261/8984

Fair Hearing Information. (212) 417-3614
and Assistance

Record Access. (212) 361-8007

Legal Assistance Information. See Reverse

On ___/___/___ you asked for help with a special/immediate need of TEMPORARY HOUSING ASSISTANCE (SHELTER).

Upon review of your application, we have decided that:

☐ We will help you by:

☐ Providing you shelter and services: _____

☐ We cannot help you because you have failed to:

☐ demonstrate that the behavior that led to the discontinuance of your shelter has not stopped (enter reason for continued sanction):

The LAW(S) AND/OR REGULATION(S) which allow us to take this action are 18 NYCRR Section 352.35

If you are receiving other benefits (welfare check, SSI, food stamps, medical assistance, etc.), those benefits will not change unless you receive a separate notice telling you those benefits will change.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION

You will not be able to receive temporary housing assistance (shelter) while a decision is pending.

RIGHT TO A FAIR HEARING:

If you believe that the action(s) we are talking are wrong, you may request an expedited State Fair Hearing by:

- (1) TELEPHONE: (212) 417-3614 (please have this notice with you when you call); OR
- (2) FAX: Sending a copy of this notice to (518) 473-6735; OR
- (3) WALK-IN: Bring a copy of this notice to New York Office of Temporary and Disability Assistance at 14 Boerum Place, Ground Floor, (corner of Livingston), Brooklyn, New York. (Subway: 2,3,4,5, to Borough Hall; N, R to Court Street) or to 330 West 34th Street, Third Floor, New York, NY; OR
- (4) MAIL: By sending a copy of both sides of this notice, completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance P.O. Box 1930, Albany NY 12201. Please keep a copy of this notice for yourself.
- (5) OR ONLINE: Complete request form at <https://www.otda.state.ny.us/oah/oahforms/erequest.asp>

If you cannot reach the Office of Temporary and Disability Assistance by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative or friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not have been taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have the right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, eviction papers, police reports, medical verification, letters, etc., that may be helpful in presenting your case.

IF YOUR SITUATION IS EXTREMELY SERIOUS, THE STATE WILL ATTEMPT TO PROCESS YOUR REQUEST FOR A FAIR HEARING AS QUICKLY AS POSSIBLE. IF YOU CALL TO REQUEST A FAIR HEARING, PLEASE BE PREPARED TO EXPLAIN YOUR SITUATION TO THE PERSON WHO ANSWERS THE PHONE. IF YOU WRITE FOR A FAIR HEARING, PLEASE EXPLAIN YOUR SITUATION.

LEGAL ASSISTANCE:

If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers." If you need legal assistance related to a request for emergency housing aid, families with children may call the Legal Aid Homeless Rights Project toll-free at 1-800-649-9125; singles, individuals and households without children may contact the Urban Justice Center at (646) 602-5600 or the Coalition for the Homeless at (212) 964-5900.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS / INFORMATION:

To help you get ready for the hearing, you have a right to look at your file. The NYC Department of Homeless Services will provide you with free copies of the documents from your file, which will be given to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file, which you think you may need to prepare for your fair hearing.

If you want copies of documents from your file, you should ask for them ahead of time by calling us at the address on the front of this notice. Usually, they will be sent to you within three working days of when you asked for them. If your hearing is within five working days of when you ask for them, your case file documents will be given to you within five working days of the request or at the hearing.

If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, please call us at the phone numbers on the front of this notice or write to us at the address on the front of this notice.

[] I want a fair hearing. The Agency's action is wrong because:

Signature of Client: _____ Date: _____

Shelter Director's Signature: _____

Date: _____

Time: _____

CITY OF NEW YORK • DEPARTMENT OF HOMELESS SERVICES
DIVISION OF ADULT SERVICES

BANNED ARTICLES AND SUBSTANCES

Clients are forbidden to possess the following items in shelter facilities:

- Weapons, including guns, knives, brass knuckles, and firearm ammunition

Dangerous Instruments and Materials, including sticks, bats, scissors, ice picks, box cutters, caustic chemicals, flammable liquids, and fireworks

- Hazardous Tools and Utensils, including hammers, screwdrivers and carving forks (see your caseworker if you have tools you need for employment or training)
- Replicas of Weapons
- Illegal Drugs and Drug Paraphernalia
- Alcoholic Beverages

Possession of the above contraband items on shelter premises may result in arrest, suspension of services for up to seven days or discontinuance of shelter services for 30 days.

The following goods and articles are also not permitted in shelters and will be confiscated:

- Electric Appliances, including hotplates, hairdryers and electric heaters
- Incense and Candles