

CLIENT RIGHTS AND RESPONSIBILITIES

Desk Guide



Department of
Homeless Services

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Client Rights and Responsibilities

Client Rights and Responsibilities

The Department of Homeless Services' Client Rights and Responsibilities policy helps families with children exit temporary shelter and return to permanent housing in their communities. The policy outlines the responsibility, accountability and partnership needed among families, shelter providers and DHS, so clients can return to the community as quickly as possible. Client Rights and Responsibilities encourages open and honest communication of standards and expectations from the first day a family enters shelter.

Client Rights and Responsibilities

CLIENT RIGHTS

Families who stay in emergency, temporary shelter have the following rights:

- The right to exercise their civil rights and religious freedoms;
- The right to have their personal, financial, social and medical information kept confidential by DHS and shelter staff;
- The right to meet and have written communications with their legal representatives in private;
- The right to receive courteous, fair and respectful treatment;
- The right to remain in the facility, and not be involuntarily transferred or discharged except in accordance with State regulations and the DHS procedures implementing those regulations;
- The right to present grievances on behalf of themselves and other residents to shelter staff or DHS without fear of retaliation and to receive a timely response;
- The right to manage their own finances;
- The right to receive visitors in common areas of the facility Monday through Friday between 6 pm and 9 pm and on Saturday and Sunday between 12 pm and 4 pm;
- The right to leave and return to the facility in accordance with the 10 pm curfew;
- The right to send and receive mail without interference or interception;
- The right to be free from physical restraint or confinement; and
- The right to end their shelter stay at any time.

Client Rights and Responsibilities

CLIENT CODE OF CONDUCT

The Client Code of Conduct is an essential tool. It sets standards of behavior that help DHS and shelter providers offer temporary shelter services, while encouraging a sense of responsibility in families. The Client Code of Conduct ensures a safe environment where families acknowledge shelter is temporary and that they must perform all necessary steps to move into permanent housing. Providers must discuss the Client Code of Conduct with families when they enter shelter.

The Client Code of Conduct has four core principles for clients:

1. Refrain from Gross Misconduct
2. Follow the Independent Living Plan
3. Seek Permanent Housing
4. Maintain Public Assistance

Client Rights and Responsibilities

GROSS MISCONDUCT

Families in shelter and provider staff are entitled to a safe environment that protects their personal safety and encourages families to achieve independence.

Family Responsibilities

- Refrain from violent, dangerous or other reckless behavior impacting the safety of individuals in the facility;
- Do not use, possess or sell controlled substances, firearms or deadly weapons;
- Do not engage in the destruction or theft of property;
- Do not refuse to vacate a unit; and
- Do not violate the Client Code of Conduct, including but not limited to, leaving children unattended, unauthorized visitors and curfew violations.

Provider Responsibilities

- Advise clients on appropriate behavior while in shelter;
- Document in the case record all actions that endanger the family's health or safety or that of others in the shelter, interfere with the orderly operation of the shelter, or violate the Client Code of Conduct;
- Notify the police and other appropriate agencies; and
- Report incidents to DHS.

Client Rights and Responsibilities

INDEPENDENT LIVING PLAN

The Independent Living Plan (ILP) establishes tasks, based on a family's individual circumstances and housing-related needs, to be completed by the family (with the shelter provider's active participation and assistance), in order to achieve independence.

Family Responsibilities

- Work with shelter staff to create an ILP;
- Follow their ILP;
- Help document their compliance with their ILP and their service needs;
- Comply with Public Assistance requirements and participate in budget counseling and money management planning;
- Participate in physical and/or mental health evaluations or treatment services when such issues interfere with a family member's ability to seek, secure and retain permanent housing; and
- Make every reasonable effort to resolve legal matters, including family court issues, landlord-tenant issues and outstanding warrants that interfere with the ability to move into permanent housing.

Provider Responsibilities

- Complete all intake and assessment forms;
- Conduct meetings at least bi-weekly with all adult family members to discuss and update the ILP;
- Assist in ensuring all necessary documentation;
- Develop an appropriate exit strategy to locate and move into permanent housing;
- Document progress or noncompliance;
- Identify any mental or physical impairments, assist in obtaining health and/or mental health services and modify the ILP accordingly;
- Assist in identifying, addressing or obtaining referrals for issues such as domestic violence or child abuse;
- Ensure access to childcare services;
- Help obtain permanent housing; and
- Assist in establishing or maintaining eligibility for all forms of Public Assistance.

Client Rights and Responsibilities

INDEPENDENT LIVING PLAN (CONTINUED)

A family's ILP should incorporate any physical and/or mental health impairments that are present.

Family Responsibilities

- Cooperate with the Provider to complete the *Conditional Placement Intake Assessment* form and the *Family Admission Assessment* form and notify an appropriate shelter worker of any relevant physical or mental health condition;
- Submit a letter from a certified, licensed or accredited health or mental health care provider stating the diagnosis and explaining how the condition may affect the family's ability to comply with the Client Responsibility policy and/or influence criteria for suitable housing;
- Alert the Provider to any change in a family member's physical or mental condition, if that change will interfere with the family's ability to comply with the Client Responsibility policy, including the search for housing or the determination of what constitutes a suitable apartment; and
- If an apartment must be rejected for medical reasons, submit documentation confirming the condition and the specific reasons why the apartment is not suitable.

Provider Responsibilities

- Request, during conditional placement intake or admission assessment, all physical and mental health documentation submitted during the application and eligibility determination process;
- Request signatures on appropriate releases for information, if necessary;
- Secure, within a reasonable time frame, a letter from a family's accredited health or mental health care provider describing the diagnosis and explaining how the condition may affect the family's ability to comply with the Client Responsibility policy and/or influence the criteria for suitable housing; and
- Make sure the Independent Living Plan takes into account the family's distinct physical and mental health condition.

Client Rights and Responsibilities

HOUSING

Because shelter is temporary, a family is required to look for housing and to accept a suitable housing resource found on their own or through help from their shelter provider or from DHS.

Family Responsibilities

- Attend housing readiness workshops;
- Inform the Provider of any alternative housing options with relatives or friends;
- Complete all appropriate permanent housing applications;
- Search for and view at least three apartments every week or the number of apartments specified in the ILP;
- Fulfill requirements for rental assistance programs;
- Complete a *Client Apartment Review Checklist* for each apartment seen;
- Sign a *Client Apartment Rejection Form* when refusing an apartment;
- Keep all housing appointments, and appear on time;
- Accept the first suitable housing offer;
- Sign and execute a lease for housing on the scheduled date and time; and
- Move into permanent housing on the designated date and time.

Provider Responsibilities

- Advise about responsibilities to seek and accept the first suitable housing option;
- Ensure all housing applications are completed in a timely manner and that a copy is retained in the case record;
- Document and follow up on permanent housing applications and housing appointments;
- Provide appropriate forms to document housing search efforts, and verify all housing rejections, including the reason for the rejections;
- Provide ongoing housing education through workshops and/or counseling;
- Prepare families for housing interviews and accompany families on housing searches, when appropriate;
- Assist in locating suitable housing and advise families they also are responsible for seeking additional housing on their own;
- Develop and monitor individualized permanent housing plans;
- Obtain an evaluation, when appropriate, of a family member to determine whether they have a mental or physical condition that affects the suitability of a particular housing option; and
- Seek the Human Resources Administration's advance permission of a request to be excused from Public Assistance requirements when they conflict with appointments to search for or view housing.

Client Rights and Responsibilities

PUBLIC ASSISTANCE REQUIREMENTS

A family found eligible for shelter must cooperate with their shelter's social services staff to locate available resources, including any Public Assistance benefits, and must apply for and use any benefits and resources that will reduce or eliminate the need for shelter.

Family Responsibilities

- Apply for Public Assistance;
- Complete all requirements necessary to establish and maintain Public Assistance eligibility, including producing all documents and keeping all appointments; and
- Update Public Assistance information on a timely basis when circumstances change.

Provider Responsibilities

- Assist in securing all appropriate documentation;
- Ensure access to childcare services when necessary to enable a parent, or adult family member who is caretaker of a child, to fulfill requirements; and
- Assist family in keeping track of and complying with all Public Assistance requirements and appointments.

Client Code of Conduct Process

Client Code of Conduct Process

The Client Code of Conduct outlines families' responsibilities in shelter.

RESPONSIBILITIES OF SHELTER STAFF WHEN ISSUING THE CLIENT CODE OF CONDUCT

- Help families understand all standards outlined in the Client Code of Conduct;
- Make sure all legal adults (age 18 and older) sign the *Statement of Client Rights and Client Code of Conduct*; and
- Document in a family's case record that they met with the family and explained the importance of the Client Code of Conduct.

WHEN TO ISSUE THE CLIENT CODE OF CONDUCT

- Families already in shelter – within 10 calendar days of this training.
- Families entering shelter after policy takes effect – within 48 hours of arriving at conditional shelter placement and again after a finding of eligibility for shelter.

IF A FAMILY REFUSES TO SIGN THE CLIENT CODE OF CONDUCT

- Shelter staff indicates the date of refusal on the *Statement of Client Rights and Client Code of Conduct* form; and
- Shelter staff informs the family they still must follow all of the detailed rules and responsibilities.

First Independent Living Plan (ILP) Violation Process

First Independent Living Plan Violation Process

When a family unreasonably fails to follow and complete their ILP, shelter staff may issue a First ILP Violation.

BEFORE ISSUING A FIRST ILP VIOLATION, SHELTER STAFF MUST

- Demonstrate and document attempts to engage the family;
- Ensure that the specific task for which the family is noncompliant was written in the ILP;
- Document the noncompliance in the family's ILP and in their case record;
- Advise the family that continued failure to complete and follow ILPs can lead to a discontinuance of shelter; and
- Document this advice in writing to the family and in their case record.

ISSUING A FIRST ILP VIOLATION

- A First ILP Violation is issued on the *Notice of First ILP Violation*.
- A valid *Notice of First ILP Violation* must be filled out completely.
- In describing the violation, shelter staff must be as detailed as possible.
- The DHS Program Administrator will review every First ILP Violation before it is issued to a family.
- Shelter staff must:
 - Inform the family they have not complied with their ILP;
 - Inform the family that continued noncompliance could lead to their shelter being discontinued; and
 - Explain all the rights detailed in the *Notice of First ILP Violation*, including:
 - A violation does not go into effect until 10 days after the date the family is served with the violation.
 - A family has the right at any time to request an Agency Conference to challenge the violation in addition to a State Fair Hearing.

First Independent Living Plan Violation Process

- Even though a family may request a State Fair Hearing within 60 days, a family is presumed to have violated their ILP after 10 calendar days if they have not yet requested the State Fair Hearing.
- A family has a right to bring a representative to an Agency Conference or State Fair Hearing.
- If a family does not challenge a First ILP Violation in a State Fair Hearing, and is later served with a *Notice to Temporarily Discontinue Temporary Housing Assistance*, the family may challenge the prior First ILP Violation if they then request a State Fair Hearing.
- The Shelter Director must document, with a specific appointment slip, that they requested to meet with the family to issue the First ILP Violation.

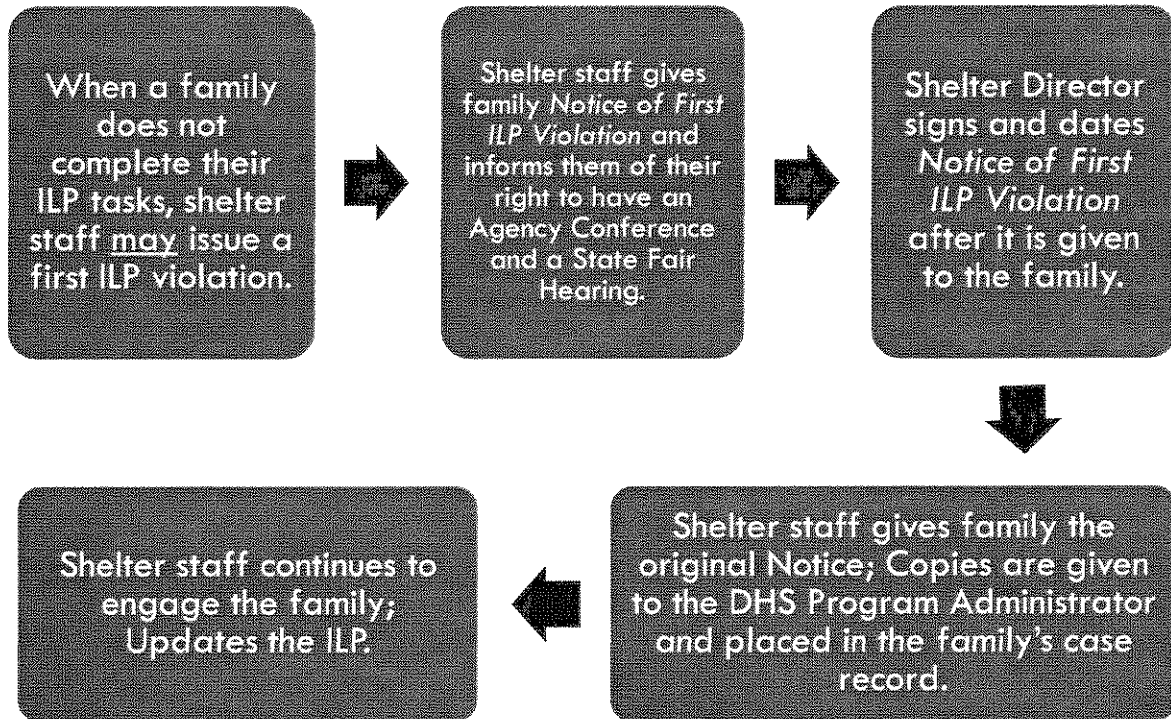
SERVING THE FIRST ILP VIOLATION

- A family's Case Manager serves a *Notice of First ILP Violation* by:
 - Personal delivery; or
 - Placing the form in the family's room and/or in the family's mailbox (only if personal service fails).
- The Case Manager must document service, or attempted service, to the family on the *Notice of First ILP Violation*.
- The *Notice of First ILP Violation* is effective only when it is signed by:
 - Family's head of household (if family refuses to sign, the date and time of refusal must be documented, or if family is not present, date of attempted service must be documented);
 - Case Manager; and
 - Shelter Director.
- After giving a First ILP Violation to a family, shelter staff must:
 - Document in the case record that the family was served and informed of their right to a State Fair Hearing or Agency Conference;

First Independent Living Plan Violation Process

- Give the family the original violation notice, and place another copy in the case record and forward a copy to the shelter's DHS Program Administrator.
- Continue to meet with and engage the family; and
- Continue to update the ILP.

Issuing a First Independent Living Plan (ILP) Violation



Temporary Discontinuance of Shelter Process

Temporary Discontinuance of Shelter Process

Recommendation to Temporarily Discontinue Shelter

If a case worker or other social service staff believes that, as a last resort, a family's shelter should be temporarily discontinued, he or she must present all relevant information to the Shelter Director.

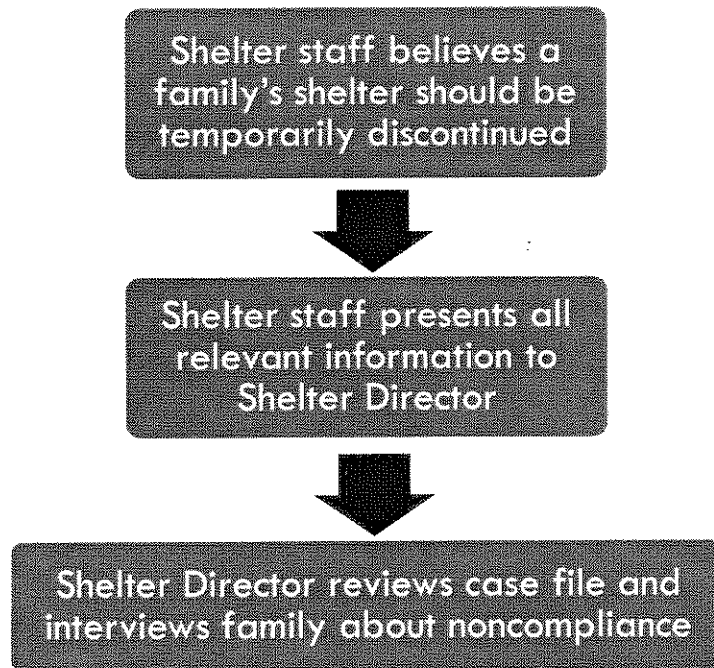
BEFORE RECOMMENDING TEMPORARY DISCONTINUANCE OF A FAMILY'S SHELTER, THE SHELTER DIRECTOR MUST

- Schedule an appointment to meet with the family to discuss the recommendation to temporarily discontinue shelter (the appointment slip will be placed in the case record);
- Review the case record;
- Interview the family about the reasons for noncompliance;
- Inform them of his/her decision to recommend temporary discontinuance of their shelter;
- Inform them of the consequences if that recommendation is approved; and
- Confirm there are no mental or physical impairments that prevent the family's compliance.

IF THE SHELTER DIRECTOR RECOMMENDS TEMPORARY DISCONTINUANCE OF SHELTER, HE/SHE MUST

- Complete the *Client Responsibility Temporary Discontinuance of Shelter Recommendation*.
- Note on the form that he/she is not aware of any mental or physical impairment of any family member that would prevent compliance.
- Forward the *Client Responsibility Temporary Discontinuance of Shelter Recommendation* and the family's complete case record to the shelter's DHS Program Administrator.

Temporary Discontinuance of Shelter Recommendation Process



Temporary Discontinuance of Shelter Recommendation Process

If Shelter Director decides to
recommend temporary
discontinuance of shelter...

Shelter Director sends case file
and *Client Responsibility
Temporary Discontinuance of
Shelter Recommendation* form to
DHS Program Administrator



Shelter Director informs family of
recommendation and of the
consequences of a temporary
discontinuance of shelter.

If Shelter Director decides not to
recommend temporary
discontinuance of shelter...

No action taken; Shelter
staff engages family and
encourages compliance

Temporary Discontinuance of Shelter Process

DHS Review

DHS REVIEW

- DHS will submit each recommendation to temporarily discontinue shelter to a multi-layer review process. As part of this process, DHS:
 - Reviews each recommendation to temporarily discontinue shelter within 10 business days of receipt by the DHS Program Administrator.
 - Reviews the stated basis for the recommendation to discontinue shelter and determines whether the family's case record supports the recommendation, including whether shelter staff appropriately has worked with the family.
 - Ensures that the *Client Responsibility Temporary Discontinuance of Shelter Recommendation* is complete and properly filled out, and completes the *Client Responsibility Temporary Discontinuance of Shelter Recommendation Checklist*.
 - May recommend other courses of action.
- DHS may request additional information, which extends the review period.
- During the review period, the Shelter Director may contact the Program Administrator with any questions or concerns.
- The Assistant Commissioner for Client Responsibility and/or the Program Administrator may speak directly with the family during the review period.
- When there are two legally responsible adults in a family, DHS will explore whether to discontinue shelter only for the noncompliant adult, and not for the entire family.
- For each recommendation to discontinue shelter, DHS will check to see whether the family has a current child welfare case or is receiving services through the Administration for Children's Services (ACS).

DHS APPROVAL/DENIAL

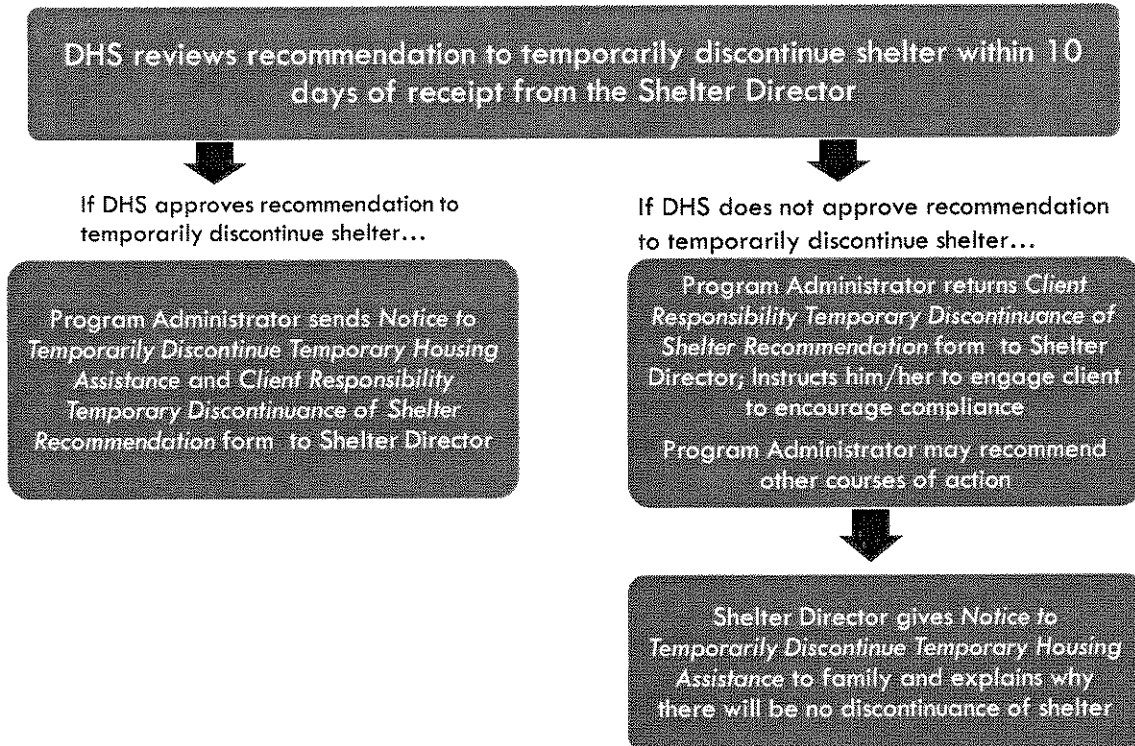
- If DHS decides to approve a recommendation to temporarily discontinue shelter:
 - DHS will record that decision on the *Client Responsibility Temporary Discontinuance of Shelter Recommendation*, and complete a *Notice to Temporarily Discontinue Temporary Housing Assistance*.
- If DHS decides not to approve a recommendation to temporarily discontinue shelter:

Temporary Discontinuance of Shelter Process

DHS Review

- DHS will record that decision on the *Client Responsibility Temporary Discontinuance of Shelter Recommendation*.
- The DHS Program Administrator will provide the completed form(s) to the Shelter Director.
- If DHS does not approve a recommendation to discontinue shelter, the Shelter Director must give the completed *Client Responsibility Temporary Discontinuance of Shelter Recommendation* to the family, explain the decision and place a copy in the family's case record.

DHS Review of Temporary Discontinuance Recommendation



Temporary Discontinuance of Shelter Process

Informing the Family

SERVING A NOTICE TO TEMPORARILY DISCONTINUE TEMPORARY HOUSING ASSISTANCE

- If DHS approves a recommendation to temporarily discontinue shelter, senior-level shelter staff will personally serve the *Notice to Temporarily Discontinue Temporary Housing Assistance* to the family.
- In order to be considered officially served, the notice must be signed and dated by:
 - Family's head of household (if refuse to sign, shelter staff must note date and time of refusal), and/or a specific family member if he/she is the only family member recommended for discontinuance of Temporary Housing Assistance;
 - Case Manager; and
 - Shelter Director.
- The Shelter Director must complete the Acknowledgement of Receipt section of the form.
- A copy of the form will be placed in the family's case record and provided to the shelter's DHS Program Administrator – original must be given to the family.

EXPLAINING A FAMILY'S RIGHTS

- Shelter staff must explain to a family all the rights detailed in the *Notice to Temporarily Discontinue Temporary Housing Assistance*, including:
 - A family's shelter will be discontinued 10 days after the effective date of the *Notice to Temporarily Discontinue Temporary Housing Assistance*, unless the family requests a State Fair Hearing.
 - A family has 60 days to request a State Fair Hearing. If requested within 10 days, a family will remain in shelter until a State Fair Hearing decision is issued.
 - A family has the right to request an Agency Conference to review the decision to discontinue shelter, in addition to a State Fair Hearing.
 - A family has a right to have a representative be present at an Agency Conference or State Fair Hearing.
 - A family has the right to access their case record and copies of all relevant documents. Shelter staff should call DHS' Office of Legal Affairs (212-607-6252) for assistance.

Temporary Discontinuance of Shelter Process

Informing the Family

- As soon as the family informs shelter staff that they are requesting a State Fair Hearing, the Shelter Director immediately must notify DHS' Office of Legal Affairs (212-607-6252).

Temporary Discontinuance of Shelter Process

Carrying Out Temporary Discontinuance of Shelter

TIMING FOR CARRYING OUT A TEMPORARY DISCONTINUANCE OF SHELTER

- 10 days after a family is served with a *Notice to Discontinue Temporary Housing Assistance*, or earlier if the family requests a State Fair Hearing, the DHS Program Administrator will provide the Shelter Director with a *Temporary Discontinuance of Shelter Instruction Notice to Shelter Director*.
- The *Temporary Discontinuance of Shelter Instruction Notice to Shelter Director* will indicate one of the following:
 - The family requested a State Fair Hearing – they can remain in shelter pending the outcome of the Fair Hearing.
- OR
- The family did not request a State Fair Hearing – they must leave shelter by noon on the effective date stated in the *Notice to Temporarily Discontinue Temporary Housing Assistance*.
- Following receipt of the *Temporary Discontinuance of Shelter Instruction Notice to Shelter Director*, the shelter may proceed with the temporary discontinuance of a family's shelter only after being instructed to do so by DHS.
- If the State Fair Hearing Judge overturns DHS' decision to discontinue a family's shelter, the family will remain in shelter.

CARRYING OUT TEMPORARY DISCONTINUANCE OF SHELTER

- If the shelter can proceed with the temporary discontinuance of shelter, the DHS Program Administrator completes the *Temporary Discontinuance of Temporary Housing Assistance Enforcement Letter* and provides it to the Shelter Director.
- The Shelter Director serves the enforcement letter to the family whose shelter is temporarily discontinued no later than 9:00 am on the date the family is to leave shelter. If shelter staff does not serve the family by 9:00 am, service must be re-attempted the following day.
 - The family must be provided with a copy of the State Fair Hearing decision upholding the discontinuance of their shelter.
 - A family must leave the shelter by 12:00 pm on the day they are served with the *Temporary Discontinuance of Temporary Housing Assistance Enforcement Letter*.

Temporary Discontinuance of Shelter Process

Carrying Out Temporary Discontinuance of Shelter

- The shelter only is responsible to store belongings left behind for three days after the family leaves shelter.

PREVENTIVE OR PROTECTIVE SERVICES FOR FAMILIES

- Before carrying out temporary discontinuance of a family's shelter, the Shelter Director must evaluate their need for preventive and/or protective services and make any necessary referrals.
- The DHS Program Administrator may be contacted if assistance is needed.
- Once a decision is made on whether a family needs a referral, the Shelter Director fills out the *Family Referral Form for Temporary Shelter Discontinuances*, places a copy of the form in the family's case record and provides a copy to the DHS Program Administrator.

FAMILIES REFUSING TO LEAVE SHELTER

- Contact the DHS Program Administrator and DHS' Office of Legal Affairs.
- Do not attempt to forcibly remove the family from the shelter.
- Do not call the police unless directed to do so by DHS.

CODE BLUE WINTER WEATHER ALERT

- DHS' Cold Weather Emergency Procedure, called Code Blue, is implemented when winter weather conditions make it unsafe for homeless individuals to remain unsheltered.
- DHS will notify the Shelter Director if a Code Blue is in effect.
- If the temporary discontinuance of shelter is to be implemented during Code Blue conditions, shelter staff must not temporarily discontinue a family's shelter.
- Once the Code Blue alert is lifted, shelter staff can proceed with the temporary discontinuance of shelter.
- If a family whose shelter has been temporarily discontinued returns to the shelter during a Code Blue, shelter staff will direct them to PATH, the family intake center.

Informing the Family and Carrying Out Temporary Discontinuance of Shelter

Shelter Director gives *Notice to Temporarily Discontinue Temporary Housing Assistance* to the family and informs of right to a State Fair Hearing

If family requests a State Fair Hearing...

Shelter Director notifies DHS
Office of Legal Affairs and the
family remains in shelter

If State Fair
Hearing overturns
DHS' decision...

Family remains
in shelter

If State Fair
Hearing
upholds DHS'
decision...

If family does not request a State
Fair Hearing within 10 days...

Program Administrator will give
Shelter Director a *Temporary
Discontinuance of Shelter
Instruction Notice* and a
*Temporary Discontinuance of
Temporary Housing Assistance
Enforcement Letter* to Shelter
Director

Carrying Out Temporary Discontinuance of Shelter



Temporary Discontinuance of Shelter Process

Readmission to Shelter

FAMILIES SEEKING READMISSION TO SHELTER

Any family who has their shelter discontinued must seek re-admission to shelter at PATH, DHS' intake center for families with children.

- Once at PATH, if:
 - A family has cured the violation that led to the discontinuance of their shelter;
 - AND
 - The time period for the discontinuance of shelter has passed (with the exception of PA violations);
 - AND
 - A family completes and signs the *Family/Family Member Readmission from Temporary Shelter Discontinuance*;
- They will be readmitted to shelter, and DHS' Assistant Commissioner for Client Responsibility will forward the family's case record to the admitting shelter.

TIME PERIOD FOR TEMPORARY DISCONTINUANCE OF SHELTER

- Gross Misconduct
 - 30 days or until compliance, whichever period is longer.
- Failure to seek and accept housing
 - 30 days or until compliance, whichever period is longer.
- Repeated and unreasonable non-compliance with ILP
 - 30 days or until compliance, whichever period is longer.
- Public Assistance violation
 - Until compliance.

FAQs

Forms



SHELTER NAME: _____

DATE: ____ / ____ / ____

FAMILY COMPOSITION: # ADULTS ____ # CHILDREN ____

LAST NAME (HEAD OF HOUSEHOLD)	FIRST NAME	MI
DATE OF BIRTH	CASE #	

STATEMENT OF CLIENT RIGHTS AND CLIENT CODE OF CONDUCT

The **Statement of Client Rights and Client Code of Conduct** sets out the standards for staying in short-term temporary housing assistance ("shelter"). Since shelter is not a home, but rather a stepping stone to permanent housing and rejoining the community, there are certain expectations for you while in shelter. These standards ensure shelters are safe for everyone and that we work together to help you move as quickly as possible from emergency housing to a home.

While in shelter, your rights include:

1. The right to exercise your civil rights and religious freedoms;
2. The right to have your personal, financial, social and medical information kept confidential by DHS and shelter staff;
3. The right to meet and have written communications with your legal representatives in private;
4. The right to receive courteous, fair and respectful treatment;
5. The right to remain in the facility, and not be involuntarily transferred or discharged except in accordance with State regulations and the DHS procedures implementing those regulations;
6. The right to present grievances on behalf of yourself and other residents to your shelter or DHS without fear of retaliation and to receive a timely response;
7. The right to manage your own finances;
8. The right to receive visitors in common areas of the facility Monday through Friday between 6 pm and 9 pm and on Saturday and Sunday between 12 pm and 4 pm;
9. The right to leave and return to the facility in accordance with the 10 pm curfew;
10. The right to send and receive mail without interference or interception;
11. The right to be free from physical restraint or confinement; and
12. The right to end your shelter stay at any time.

Single acts of the following misconduct may lead to the loss of shelter:

1. You are forbidden to bring weapons and any illegal substances into the shelter.

2. Violence, threatened violence, or other illegal conduct is not permitted and will be reported to law enforcement authorities.
3. Acts that endanger the health and safety of yourself or others or which substantially interfere with the orderly operation of the facility will not be tolerated.

Single violations of the following may lead to the loss of shelter:

4. Since shelter is temporary housing, you must look for permanent housing and accept any suitable housing that is found.
5. You must cooperate with and complete an assessment conducted by DHS or shelter staff.
6. You must cooperate in developing an independent living plan (ILP) together with facility staff.
7. You must apply for and, if eligible, keep open a Public Assistance (PA) case with HRA.

Multiple violations of the following conduct standards may lead to the loss of shelter. However, in some cases, a single violation of a serious nature may also lead to the loss of shelter:

8. You must cooperate in carrying out and completing your ILP with facility staff to achieve permanent housing. You must agree to and meet with shelter staff at least once every other week to discuss your progress in complying with the ILP.
9. You are required to keep your unit and the common areas of your temporary shelter clean and orderly. Shelter staff may conduct unannounced health and safety inspections of your unit on a weekly or more frequent basis. You must provide access to shelter staff for these inspections.
10. Each family member is limited to bringing two bags of personal belongings into the shelter.
11. You may not bring in and use: hot plates, space heaters; air conditioners, furniture; televisions larger than 19 inches; cable TV service; or animals (unless you have a disability and require the use of a service animal).
12. You are not permitted to smoke in the shelter.
13. You are not permitted to possess or consume alcoholic beverages in the shelter.
14. Excessive noise and disrespectful behavior towards fellow residents/shelter staff will not be tolerated.
15. All residents must be properly dressed while on the grounds of the residence. You may not appear outside your unit undressed or partially dressed.
16. When directed, you are required to leave your unit/the building during fire drills, evacuations, and other safety exercises.
17. You are responsible for supervising your children at all times, including in all common areas. You may not leave shelter without your children unless arrangements have been made for another adult to supervise the children and these arrangements have been approved by shelter staff.
18. Children under two years of age must sleep in cribs, in accordance with the "Safe Sleeping" guidelines that have been provided to you either in written or video form.
19. School-aged children are required to attend school.
20. With the help of your caseworker, you are expected to take part in activities that will help get you to a permanent home, such as working (or looking for work), looking for housing, or working with HRA. This may require you

to be outside of your unit during the day. If you remain in your unit without a valid reason, shelter staff will direct you to some activities, either in the shelter or elsewhere.

21. Shelter staff has the right to check your room every day.
22. Overnight stays outside of the shelter are not permitted unless pre-approved by shelter staff.
23. You must sign in and out with your children when entering and exiting the shelter and you may be required to leave your unit keys with shelter security staff when leaving the facility.
24. All shelters have a curfew of 10 pm and children must be in their units with a responsible adult by 9 pm, except in the case of a documented emergency or if you have an approved late pass.
25. Visitors are not allowed in units. Visitors are only permitted in common areas Monday through Friday between 6 pm and 9 pm and on Saturday and Sunday between 12 pm and 4 pm.
26. You may not change the locks on your unit or add additional locks.
27. If you have been placed in a shelter with on-site recreation, day care, or a cafeteria, you must abide by the rules established by the facility for using these services.
28. You must notify shelter staff whenever you or anyone in your family becomes ill.

My family is seeking shelter from the Department of Homeless Services. I have reviewed and have had the above "Statement of Client Rights and Client Code of Conduct" explained to me and I understand it. These rights and responsibilities will help my family achieve independence and find a permanent place to live. I understand that my family has the right to file a grievance with the shelter operator and/or DHS without fear of getting in trouble.

IF MY FAMILY DOES NOT FOLLOW THE CLIENT CODE OF CONDUCT:

1. *I or my family may have to leave the shelter and have our shelter/temporary housing assistance discontinued if we do not follow the Client Code of Conduct, even if we refuse to sign this document.*
2. *My family will not have its shelter/temporary housing assistance discontinued if we cannot obey the Client Code of Conduct due to an appropriately documented physical or mental impairment.*
3. *My family has a right to challenge a decision to temporarily discontinue shelter/temporary housing assistance by requesting a New York State Fair Hearing and/or an agency conference with DHS.*

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date

STAFF: *I have explained this form to the client.*

[] Client refused to sign.

Print Name/Title

Signature

Date

**TIER II FAMILY SHELTERS AND TEMPORARY HOUSING
SERVICE AND BI-WEEKLY PLAN/INDEPENDENT LIVING PLAN FOR FAMILIES
INSTRUCTION SHEET C51**

State regulations 18 NYCRR 900.10 and 352.35 require the development of either a written service plan (SP) or an Independent Living Plan (ILP) for families residing in temporary housing, including Tier II shelters. Both the SP and ILP are designed to help the family gain self-sufficiency and move to housing other than temporary housing. Since both the SP and ILP are designed to address the same objectives, the Office of Temporary and Disability Assistance (OTDA) requires the development of only one type of plan. The Model Plan has been designed to meet the requirements of both the SP and ILP.

The SP or ILP must be completed within 10 days of a family's admission to the facility. OTDA emphasizes that an intake and assessment of service needs should be completed within **48 hours** of the family's admission to the facility. The assessment describes the family's short and long term needs. This assessment is the basis for the development of the family's SP or ILP. The family's needs should be prioritized in the plan in the order of importance, the family's ability to accomplish the stated objective and the availability of necessary support services to achieve the desired outcomes. The facility or social services district (in those instances where the district completes the ILP) must document all direct and indirect services to be provided, as well as all service referrals, via the SP or ILP.

The family must cooperate in developing, carrying out and completing the plan. Each family must be provided with a copy of the initial plan, and subsequent revisions.

The plan must be reviewed with the family every **14 days** and revised as necessary. Staff completing the SP/ILP must document the provision of services to the family, including referrals **within 30 days** of the assessed need of the family, as outlined in 900.15(c)(4)(v) (**Rev. 10/02**).

Any modification, digital or hard copied, to this form must be approved by OTDA. OTDA staff is available for consultation and advisement regarding the use of this plan. Copies of this plan are on diskettes or CD's, request must be submitted to the Bureau of Shelter Services (**Rev. 10/02**).

INSTRUCTIONS

- Today's Date:** Enter the date the plan is developed with the family.
- Facility Name:** Enter the name of the facility providing service.
- Client's Name:** Enter the head of household's name.
- Apt. #:** Enter the family's assigned room or apartment number.
- Initial Service/
Independent Living Plan:** Enter a check mark in the box to indicate if the plan is an Initial Service Plan/ILP.
- Bi-weekly Review:** Enter a check mark in the box to indicate if plan is a Bi-weekly Review or Revised plan.
- Date of Admission:** Enter the date the family entered the facility.
- Other Adult(s):** Enter the name of any other adult who is residing in the facility and who is listed in the household case file or on the client's budget.
- Family Comp.:** Enter the total adults/total number of children in the family.

PA # or HRA #:	Enter the head of household's Public Assistance or HRA (NYC only) number. The HRA number is twelve digits and may contain an additional two-digit suffix.
S.S. #:	Enter the head of household's social security number.
OTHER #:	Enter other Identification Number for the head of household if necessary.
P.A. Status:	Enter a check mark in the appropriate box to indicate if the family's case is currently Open, Closed, Pending, Ineligible or Sanctioned. Note: the sanctioned box should be checked when one or more family members are sanctioned.
Housing Certified:	Enter a check mark in this box only if the family is currently approved or certified for permanent housing.
Housing Type:	Enter the type of housing for which the family is currently approved or certified for. For example, EARP, set-a-side, NYCHA, SIP, (these are NYC only), Public Housing, Section 8 or other types of housing.
Client's First Name:	Enter the first name of the family member identified as having a service need. For example, "Sam".
Service Need:	Enter the type of service needs from the "Type of Service Needs Review Checklist". For example, "Employment".
Task Description (Client/ Staff Responsibility):	Enter a description of the task that needs to be accomplished in order to address the service need. Include in the description the name or title of the individual responsible for carrying out the task. For example, the tasks may be a "Caseworker to make employment referral to FECS" or "Ms. Jackson to contact Dr. Pierson re: Jonathan's asthma" or "Ms. Jackson to start GED program" or "Housing Specialist to contact broker regarding apartment at 217 Brook Avenue, Bronx".
Service Provider/Agency:	Enter the name of the service provider or agency that the client will be referred to or is currently being serviced. For example, "Bank of NY."
Start Date:	Enter the date when the client or staff began the specific task. The date is to be entered on the previous SP/ILP if applicable. For example, 9/10/00 is the date that the school age child began school that he or she is currently attending. If the school age child transfers to a local school then the date that they started at the local school is to be entered.
Completion Date:	There are four possible entries for this item. If the client or staff completed the task, enter the actual date, e.g., "2/20/00". If the client or staff is currently engaged in a task, enter "Active". If the client or staff did not complete the task but may continue the task at a future time, enter "NC". If a task has been discontinued, enter "D". The previous SP/ILP must be used to enter the status of the tasks. This will eliminate the need to carry forward tasks that have been completed or discontinued.

Types of Service Needs Checklist:

The checklist consists of an inventory of 17 services that frequently are needs of homeless families. At a minimum, these needs should be discussed with the family during assessment, in developing the SP/ILP and at bi-weekly reviews and at any other time the caseworker determines to be appropriate. The caseworker should prioritize each service need in the order of its importance in assisting the family to achieve self-sufficiency and housing objectives.

Housing:

A primary objective of a family shelter is to assist families in securing housing other than temporary housing. The Housing Specialist, with the assistance of the client's Caseworker, must develop a plan to provide housing assistance. This may require the development of housing resources. All families must file for all available housing assistance. Families must also actively look for housing on their own.

Child Care/Rec:

Child care and recreation services may be provided on site or off-site. Families with children ages 2 months through 5 years may be eligible for child care. Children 6 years and older are eligible for recreation services. Both services must be available to families if they are verifiably seeking housing, employment, job training or education.

Counseling:

Counseling services include the provision of therapeutic or non-therapeutic services provided by qualified personnel. For example, services provided by a psychiatrist, a substance abuse counselor, a psychologist, a caseworker, a social worker or a therapist.

Education:

Education includes an adult resident actively seeking admittance to or enrolled in a certified program or an educational institution. For example, GED or ESL. Education for children includes any service required to address the educational needs of children.

Job Training:

Job training for adults includes a resident actively seeking entry into a job training program, or engaged in a certified job training program designed to assist the client in becoming self-sufficient. For example, LDSS approved trade schools or employment training programs.

Employment:

Employment for adults includes a resident actively seeking or engaged in gainful employment either part time or full time.

Benefits:

Includes addressing the family's application and continued eligibility for P.A., Medicaid, SSI, Food Stamps, WIC or other benefits.

Child Welfare:

Includes any apparent social or physical need of children, including services to address child abuse or neglect, or protective/preventive services program involvement.

Medical:

Includes any medical care needed by the family. Families who are new to the district's temporary housing system must have a preliminary health examination upon entry to the facility, or within 24 hours of admission. Families transferring within the district's system must have documentation of a current (less than one year old) health examination. If the family or medical examiner requests additional tests or examinations, the facility must assist the client in securing the needed care. It should be noted if a person is disabled and some reasonable accommodation for the disability is needed.

Parenting Skills:	Includes services that will enhance the family's ability to adequately address the needs of their children. These services may address a parent's skill in providing appropriate discipline, medical care, physical development, nutrition and social skills for the child(ren).
Undocumented Individual or Family:	Includes immigration assistance and other support services associated with this need.
Independent Living Skills:	Includes skills that will enhance the family's ability to become self-sufficient and to secure and retain housing. For example, budgeting, use of community resources, housekeeping and landlord/tenant rights.
Legal Services:	Includes legal needs of the family, e.g., an order of protection.
Substance/Alcohol Abuse:	Includes services designed to address alcohol and substance abuse and dependency problems of the client and family.
Community Ties:	Includes the family's need to be located near or in a specific community, e.g., a specialized medical provider or employer.
Domestic Violence:	Includes services designed to address domestic violence issues. Where appropriate, consider interface with the social services district's DV Liaison.
Mental Health:	Includes services designed to address mental health issues.
Other:	Includes any special need (not addressed above) which impacts on the family's effort to become self-sufficient or to secure housing.
Check Documents Needed:	Enter a check mark in the appropriate box when specific client documents are needed.
Date of Next Bi-Weekly Review:	Enter the date of the next bi-weekly review.
Expected Duration of THA:	Enter the date the client's Temporary Housing Assistance is expected to end.
Client Responsibilities Statement:	The head of household must be advised of the family's responsibility to comply with the requirements for receiving Temporary Housing Assistance. These responsibilities are detailed further in Client Code of Conduct and Responsibility.
Client's Signature:	Signature of the head of the household.
Date:	Enter the date signed.
Staff Signature:	Signature of Case Worker.
Date:	Enter the date signed.
Other Adult Signature:	Signature of the spouse or other adult in the household.
Date:	Enter the date signed.
Supervisor Signature:	Signature of the supervisor.

Date: Enter the date signed.

Has Client Complied With The Terms of the Last ILP: If the family has been non-compliant with the terms of their ILP check yes and list the specific ILP task(s) at issue, the start date of the task(s), the date the task(s) was to be completed and describe in detail the nature of the family's non-compliance.

Client Responsibility Restatement: Remind the family of the consequences of non-compliance, including the discontinuance of their Temporary Housing Assistance.

Copy to File: A copy of this plan must be placed in the family's case file.

Copy to Client: A copy of this plan must be given to the head of household.

Page ___ of ___: Enter the number of the page or pages attached to this plan. For example, "Page 1 of 1."

SAMPLE

CLIENT APARTMENT REVIEW CHECKLIST

- * You must complete, sign, and return this report to your housing specialist immediately after seeing an apartment.
- * You are required to search for and view at least three (3) apartments each week, or an amount identified in your Independent Living Plan (ILP), until you find a suitable apartment which meets the standards set forth in your ILP for your family size and medical condition(s), in a location consistent with domestic violence status, and meets applicable local codes and regulations.

I, _____, viewed the following apartment:

Date viewed: ____/____/____

Address of apt: _____ Apt # _____ Floor: _____

Between: _____ and: _____

Borough: _____ Zip Code: _____

Total # rooms: _____ Total # bedrooms: _____ Total # baths: _____ Elevator? Y N

I have completed the apartment review checklist on the back of this form. I understand that this apartment may be checked to verify any repairs I said were needed.

I will accept this apartment if it is offered to me. Y N

I will accept this apartment if the repairs are made Y N

Client:

1. _____
 Signature Print Name Date

2. _____
 Signature Print Name Date

FOR SHELTER STAFF USE

Circle Housing or Subsidy Type: ADVANTAGE HPD SECT 8 NYCHA OTHER

I have explained this form to the client:

 Signature Print Name Date

For rejected apartments only:

I have checked this apartment. Y N

I _____ agree _____ do not agree with the family's decision.

Comments:

ADDRESS	Apt.	Bedrooms	Contact Number
Boro: zip:			

If the condition does not exist, check "N/A"

1. ELECTRICAL CONDITIONS IN APARTMENT	NA	Needs Repair
a. Broken, non-insulated or frayed wiring	a. <input type="checkbox"/>	<input type="checkbox"/>
b. Exposed wiring including cover plates for light switches	b. <input type="checkbox"/>	<input type="checkbox"/>
c. Light fixture hanging from electric wiring	c. <input type="checkbox"/>	<input type="checkbox"/>
d. Exposed fuse box connections	d. <input type="checkbox"/>	<input type="checkbox"/>
e. There is not at least one outlet in each room	e. <input type="checkbox"/>	<input type="checkbox"/>
2. WINDOW CONDITIONS	NA	Needs Repair
a. Missing panes of glass	a. <input type="checkbox"/>	<input type="checkbox"/>
b. Loose/cracked panes of glass	b. <input type="checkbox"/>	<input type="checkbox"/>
c. Non-functional/non-lockable windows that are accessible to the outside	c. <input type="checkbox"/>	<input type="checkbox"/>
d. Missing window guards in apartment (required when there are children under the age of 10)	d. <input type="checkbox"/>	<input type="checkbox"/>
e. Missing window(s) or window(s) stuck in open position	e. <input type="checkbox"/>	<input type="checkbox"/>
3. CEILING AND WALL CONDITIONS	NA	Needs Repair
a. Large cracks or holes	a. <input type="checkbox"/>	<input type="checkbox"/>
b. Bulging or buckling of ceiling or wall	b. <input type="checkbox"/>	<input type="checkbox"/>
c. Interior surfaces have cracked, peeling or loose paint or plaster	c. <input type="checkbox"/>	<input type="checkbox"/>
4. FLOOR CONDITIONS	NA	Needs Repair
a. Cracks or holes extending through sub-flooring	a. <input type="checkbox"/>	<input type="checkbox"/>
b. Splintering or exposed/protruding nails	b. <input type="checkbox"/>	<input type="checkbox"/>
5. OTHER CONDITIONS	NA	Needs Repair
a. Gas leak	a. <input type="checkbox"/>	<input type="checkbox"/>
b. Toilet missing or does not flush	b. <input type="checkbox"/>	<input type="checkbox"/>
c. No running water (clear)	c. <input type="checkbox"/>	<input type="checkbox"/>
d. Non-functional/non-lockable apartment entrance door	d. <input type="checkbox"/>	<input type="checkbox"/>
e. Non-functional heat for winter months	e. <input type="checkbox"/>	<input type="checkbox"/>
f. Non-functional smoke detector (at least one required per apartment)	f. <input type="checkbox"/>	<input type="checkbox"/>
g. Bathroom has non-functional sink/bath (check defective item)	g. <input type="checkbox"/>	<input type="checkbox"/>
h. Non-functional plumbing (stoppage/leakage)	h. <input type="checkbox"/>	<input type="checkbox"/>
i. Kitchen has non-functional sink/stove/refrigerator (check defective item)	i. <input type="checkbox"/>	<input type="checkbox"/>
j. Rodent/roach infestation	j. <input type="checkbox"/>	<input type="checkbox"/>
k. Obvious unsanitary condition resulting from excess garbage or debris in unit/building	k. <input type="checkbox"/>	<input type="checkbox"/>
l. Blocked fire exit from building	l. <input type="checkbox"/>	<input type="checkbox"/>
m. Non-functioning hot water	m. <input type="checkbox"/>	<input type="checkbox"/>
REMARKS:		

CLIENT APARTMENT REJECTION FORM

Facility Name: _____ Code: _____ Date: ____/____/____
 Case #: _____ SSN: _____-_____-_____
 Last Name: _____ First Name: _____ MI: _____
 DOB: ____/____/____ Family Composition: # Adults ____ # Children ____

I, _____, am rejecting the following permanent housing unit for my family:

Address: _____ Apt. #: _____

Borough: _____ Zip: _____ # Bedrooms: _____

I am rejecting this apartment for the following reason(s):

Since shelter is temporary housing, you must look for permanent housing and accept any suitable housing that is found. Failure to look for and/or accept suitable housing may cause you to lose temporary housing assistance (THA).

CLIENT:

I have read and/or have had the notice explained to me and understand what it means. I may still be subject to sanction for non-compliance, even if I refuse to sign.

1. _____	_____	_____
Signature	Print Name	Date
2. _____	_____	_____
Signature	Print Name	Date

STAFF:

I have explained this form to the client:

_____	_____	_____
Signature	Print Name	Date

Original: File

CC: Family

Shelter Name

CONDITIONAL PLACEMENT INTAKE ASSESSMENT

TODAY'S DATE:	TIME IN:	AM/PM
---------------	----------	-------

DATE OF ELIGIBILITY DETERMINATION:

DISCHARGE DATE:	TIME OUT:	AM/PM
-----------------	-----------	-------

ALL NEW YORK CITY TIER II SHELTER PROVIDERS, SERVING CONDITIONAL FAMILIES, ARE NOW REQUIRED TO PROVIDE AN IMMEDIATE FAMILY NEEDS DETERMINATION ON ALL SUCH PLACEMENTS AT THE POINT OF ADMISSION TO THE FACILITY. ONCE THE FAMILY IS DETERMINED ELIGIBLE OR WITHIN 10 WORKING DAYS OF THE ADMISSION DATE TO THE FACILITY, WHICHEVER PERIOD IS SHORTER, THE FACILITY MUST COMPLETE A FULL NEEDS ASSESSMENT OF THE FAMILY. TO THE EXTENT POSSIBLE, THE FAMILY NEEDS DETERMINATION QUESTIONNAIRE MUST BE COMPLETED IN ITS ENTIRETY. (FACILITIES ELECTING TO CONTINUE FULL ASSESSMENTS OF FAMILY NEEDS UPON ADMISSION MAY CONTINUE TO DO SO).

CASE HEAD NAME, LAST		FIRST	SOCIAL SECURITY #
OTHER ADULT NAME, LAST		FIRST	PA STATUS: ACTIVE <input type="checkbox"/> SANCT. <input type="checkbox"/> PENDING <input type="checkbox"/> CLOSED <input type="checkbox"/> NO APPT <input type="checkbox"/>
IS CENTER #	PERMANENT RESIDENCE STATUS #		CASE NUMBER #
HOUSING STATUS:	CASEWORKER:		

CASE COMPOSITION: / (Family members referred to shelter.)

NAME, LAST	FIRST	AGE	SEX	RELATION TO H/H	ON PA BUDGET	CHILD'S SCHOOL/GRADE
1	(H/H)			SELF		
2)						
3)						
4)						
5)						
6)						
7)						
8)						

EMERGENCY CONTACTS FOR FAMILY:

NAME	ADDRESS	TELEPHONE #	RELATIONSHIP	COMMENTS

IMMEDIATE NEEDS OF THE FAMILY:

1. DESCRIBE ANY SPECIAL MEDICAL OR MENTAL HEALTH NEED:
2. DESCRIBE ANY CHILD OR ADULT PROTECTIVE NEEDS:
3. DESCRIBE ANY IMMEDIATE PUBLIC ASSISTANCE NEEDS:
4. DESCRIBE ANY IMMEDIATE EDUCATION, EMPLOYMENT OR JOB TRAINING NEEDS:
5. DESCRIBE ANY IMMEDIATE HOUSING NEEDS:
6. DESCRIBE ANY IMMEDIATE CHILD CARE OR PUBLIC SCHOOL NEEDS:

DESCRIBE ACTION TAKEN BY STAFF:

--

CLIENT'S SIGNATURE: _____ **DATE:** _____

OTHER ADULT : _____ **DATE :** _____

CASEWORKER'S SIGNATURE: _____ **DATE:** _____



Department of
Homeless Services

Rev'd. 5/15/09

FAMILY ADMISSION ASSESSMENT

Facility's Name:

CASE HEAD NAME, LAST		FIRST	SOCIAL SECURITY
OTHER ADULT NAME, LAST		FIRST	PA/HRA # OR CIN #
MEDICAID #	PERMANENT RESIDENCE #		DURATION OF THA
DATE ADMITTED:	DATE IN SYSTEM:	CASEWORKER:	

CASE COMPOSITION: Family members referred to shelter.

NAME LAST,	FIRST	SOCIAL SECURITY	DOB	AGE	SEX	COMMENTS
(HEAD OF HOUSEHOLD)						

CASE COMPOSITION: Family members not residing with family who may be included in rehousing.

NAME LAST,	FIRST	SOCIAL SECURITY	DOB	AGE	SEX	COMMENTS

EMERGENCY CONTACTS FOR FAMILY:

NAME: _____
ADDRESS: _____
TELEPHONE: () _____
RELATIONSHIP: _____

NAME: _____
ADDRESS: _____
TELEPHONE: () _____
RELATIONSHIP: _____

FAMILY CASE RECORD ADMISSION/ASSESSMENT FORM

1. How long was the family homeless? Years ____ Months ____
2. Last temporary address. _____ City _____ State _____
3. Family's last permanent address. _____ City _____ State _____
4. Reason for family's homelessness. _____
5. Does the family have furniture? ____ Where? _____ Date in storage _____.

HEALTH INFORMATION:

1. List all client medical needs below:

CLIENT NAME	DOCTOR OR CLINIC	TELEPHONE #	SCREEN I OR II	MEDICAL NEED

CHILD WELFARE SERVICES:

1. Does the client have an active child protective/preventive case? Yes ☐ No ☐
If yes, complete the following:

CHILD'S NAME	FOSTER CARE AGENCY	AGENCY WORKER	TEL. #	DATE ACTIVE

2. ACS Worker: _____ Telephone: _____ ACS Office: _____.
3. Did the case manager notify **ACS 5x8 at (718) 481-5817 of the family's admission to the facility?**
4. Date called: _____ ACS worker spoke to: _____ Status: _____

FAMILY HISTORY:

Has any member of the family been convicted of a crime?

Yes ☐ No ☐

Who? _____ Explain: _____

5. Has any member of the family ever been on probation or parole?

Yes ☐ No ☐

Who? _____ Explain _____

Probation/Parole Officer's Name: _____ Tel. # _____

DOMESTIC VIOLENCE SCREENING:

1. Is the client or any member of the family a battered person?

Yes ☐ No ☐

If yes, complete the following. Batterer's Name: _____ Relationship: _____

2. Description of batterer: (Picture if possible) _____

3. Do you feel safe in your current location?

Yes ☐ No ☐

4. How frequent is your contact with the batterer? _____

5. When did you last have contact with the batterer? Date _____ Where? _____

6. Do you have an Order of Protection?

Yes ☐ No ☐

If "yes", when does it expire? Month _____ Day _____ Year _____

7. What are the specified conditions of the Order of Protection (e.g., Batterer is not allowed within a certain distance of the survivor or batterer is not allowed to physically or verbally abuse the survivor.) _____

8. If you do not have an Order of Protection, would you like assistance in obtaining one?

Yes ☐ No ☐

9. When was the last incident of violence? Please describe. _____

10. Is anyone in the family receiving services for domestic of family violence?

Yes ☐ No ☐

Name of Individual Enrolled In A DV Program	Type of Services	Program Name	Contact Person/Phone

11. Do you have children in common with the batterer?

Yes ☐ No ☐

If "Yes", who has custody of the children? (Check One)

☐ Client has sole custody ☐ Batterer has sole custody ☐ Client and batterer have joint custody☐ Other, please explain: _____

FAMILY CASE RECORD ADMISSION/ASSESSMENT FORM
DOMESTIC VIOLENCE SCREENING (CONTINUED)

12. Does the batterer have visitation with the children? Yes ☐ No ☐
 If "Yes" what are the visitation arrangements or plans? _____

13. Does the batterer know where the children are enrolled in school? Yes ☐ No ☐

14. If employed, does the batterer know your work location? Yes ☐ No ☐

15. Preliminary Safety Plan, if needed:

PUBLIC ASSISTANCE INCOME: (Check all that apply)

Open ☐

Closed ☐

Pending ☐

Ineligible ☐

Sanctioned ☐

ENTITLEMENT	AMOUNT RECEIVING	AMOUNT ENTITLED TO
SEMI-MONTHLY GRANT	\$ _____	\$ _____
RESTURANT ALLOWANCE	_____	_____
CARFARE ALLOWANCE	_____	_____
SHELTER GRANT	_____	_____
FOOD GRANT	_____	_____
SSI/SSD	_____	_____
OTHER BENEFITS: _____	_____	_____

IM CENTER/ADDRESS: _____

IM WORKER: _____ TELEPHONE: _____

CHECK DATES: 1) _____ 2) _____

Client's contribution to the cost of THA \$ _____ per month. Payments to _____.

OTHER SERVICES INVOLVED: (Note all other agencies providing service to the family).

AGENCY NAME	SERVICES	AGENCY WORKER	TELEPHONE #

Is anybody in the family a veteran? _____. If yes, who _____.

CLIENT EMPLOYMENT SCREENING:

(Complete separate employment screen for each adult client)

CLIENT NAME: _____**U.S. CITIZENSHIP**Yes ☐ No ☐IF NO, ☐ AUTHORIZATION TO WORK (EXP. DATE) _____**PRIMARY LANGUAGE:** _____**ENGLISH PROFICIENCY:**

(Check all that apply)

☐ UNDERSTAND ☐ SPEAK ☐ READ ☐ WRITE**EDUCATION:**

LAST GRADE COMPLETED: _____ YEAR: _____. GED COMPLETED: _____ YEAR: _____.

1. CLIENT ATTENDED COLLEGE, FROM _____ TO _____. Degree, if any _____.

Comments: _____

HAS THE CLIENT HAD ANY VOCATIONAL TRAINING IN ANY OF THE FOLLOWING AREAS:

- | | | |
|--|--|--|
| <input type="checkbox"/> SECURITY | <input type="checkbox"/> CLERICAL | <input type="checkbox"/> HEALTH/MENTAL HEALTH |
| <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> EDUCATION | <input type="checkbox"/> FOOD SERVICE/PREPARATION |
| <input type="checkbox"/> RETAIL/SALES | <input type="checkbox"/> CHILDCARE | <input type="checkbox"/> SERVICE INDUSTRY |
| <input type="checkbox"/> TECHNOLOGY | <input type="checkbox"/> SOCIAL SERVICES | <input type="checkbox"/> GOVERNMENT/CIVIL SERVICES |
| <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> TRANSPORTATION | <input type="checkbox"/> OTHER: _____ |

EMPLOYMENT INFORMATION:2. IS THE CLIENT **CURRENTLY** EMPLOYED? _____. IF YES, COMPLETE THE FOLLOWING.☐ FULL TIME ☐ PART TIME ☐ UNDOCUMENTED EMPLOYMENT

NAME OF EMPLOYER: _____ ADDRESS: _____

3. HOW LONG IN THIS POSITION? _____. JOB TITLE: _____

4. LIST DUTIES PERFORMED: _____

WAGE: \$ _____ PER: _____ TOTAL YEARS EMPLOYED: _____

5. COMMENTS: _____

AREA OF WORK-RELATED EXPERIENCE INCLUDING PAID AND VOLUNTEERED: (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> SECURITY | <input type="checkbox"/> CLERICAL | <input type="checkbox"/> HEALTH/MENTAL HEALTH |
| <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> EDUCATION | <input type="checkbox"/> FOOD SERVICE/PREPARATION |
| <input type="checkbox"/> RETAIL/SALES | <input type="checkbox"/> CHILDCARE | <input type="checkbox"/> SERVICE INDUSTRY |
| <input type="checkbox"/> TECHNOLOGY | <input type="checkbox"/> SOCIAL SERVICES | <input type="checkbox"/> GOVERNMENT/CIVIL SERVICES |
| <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> TRANSPORTATION | <input type="checkbox"/> OTHER: _____ |

CLIENT'S MOST **SIGNIFICANT** PAST EMPLOYMENT. IF APPLICABLE, COMPLETE THE FOLLOWING.☐ FULL TIME☐ PART TIME☐ UNDOCUMENTED EMPLOYMENT

NAME OF EMPLOYER: _____ ADDRESS: _____

6. HOW LONG IN THIS POSITION: _____. JOB TITLE: _____

7. LIST DUTIES PERFORMED: _____

8. WAGE: \$ _____ PER: _____ TOTAL YEARS EMPLOYED: _____

REASON FOR LEAVING LAST JOB. _____

9. **EMPLOYMENT AREAS OF INTEREST:** (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> SECURITY | <input type="checkbox"/> CLERICAL | <input type="checkbox"/> HEALTH/MENTAL HEALTH |
| <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> EDUCATION | <input type="checkbox"/> FOOD SERVICE/PREP |
| <input type="checkbox"/> RETAIL/SALES | <input type="checkbox"/> CHILDCARE | <input type="checkbox"/> SERVICE INDUSTRY |
| <input type="checkbox"/> TECHNOLOGY | <input type="checkbox"/> SOCIAL SERVICES | <input type="checkbox"/> GOVERNMENT/CIVIL SERVICES |
| <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> TRANSPORTATION | <input type="checkbox"/> OTHER _____ |

10. **CURRENT BARRIERS TO EMPLOYMENT:** DOES THE CLIENT BELIEVE THAT ANY OF THE FOLLOWING ARE SO SEVERE OR DEBILITATING AS TO SIGNIFICANTLY IMPEDE HIS/HER ABILITY TO PARTICIPATE IN EMPLOYMENT-RELATED ACTIVITIES? (Check below)

- | | | |
|---|--|---|
| <input type="checkbox"/> PHYSICAL HEALTH/DISABILITY | <input type="checkbox"/> MENTAL ILLNESS | <input type="checkbox"/> SUBSTANCE ABUSE |
| <input type="checkbox"/> CHILDCARE ISSUES | <input type="checkbox"/> DOMESTIC VIOLENCE | <input type="checkbox"/> ENGLISH DEFICIENCY |
| <input type="checkbox"/> OTHER: _____ | | |

COMMENTS: _____

ALCOHOL/SUBSTANCE ABUSE SCREENING: (Complete separate alcohol/substance abuse screening for each adult client)**CLIENT NAME:** _____

- In the last 12 months, did the client engage in drinking or drug use? Yes ☐ No ☐
- In the last 12 months, was the client hospitalized because of alcohol or drug use? Example: 1) Having been in an accident while drunk or high; 2) Having a severe psychiatric problem like a suicide attempt after or during alcohol or drug use; or 3) Having an alcohol or drug overdose.) Yes ☐ No ☐
- In the last 12 months, has the client ever lost a job or failed to complete school or a training program due to alcohol or drug use? Yes ☐ No ☐
- In the last 12 months, has the client ever tried unsuccessfully to stop or greatly reduce the amount of drinking or drug use? Yes ☐ No ☐
- In the last 12 months, has the client ever been in alcohol/ substance abuse treatment? Yes ☐ No ☐

Name of Program: _____ Counselor: _____ Telephone: () _____

Caseworker Recommendations: _____

CHILD CARE CURRENT NEEDS:

LIST ALL PRESCHOOL AGE CHILDREN AGES 0 MONTHS THROUGH 5 YEARS **WHO MIGHT NEED CHILD CARE** WHEN THE CLIENT IS ACTIVELY SEEKING PERMANENT HOUSING, JOB TRAINING, EDUCATION OR EMPLOYMENT SERVICES.

NAME	AGE	TYPE OF CARE NEEDED	DAYS AND TIME NEEDED

IF CHILD CARE IS **CURRENTLY** IN USE, COMPLETE THE FOLLOWING:

NAME	AGE	PERSON/AGENCY/TELEPHONE #	DAYS AND TIME ATTENDED

SPECIAL NEEDS: _____

SCHOOL-AGE CHILDREN'S EDUCATIONAL NEEDS:

NAME	GRADE	SCHOOL AND ADDRESS	SPECIAL NEED

CHILDREN'S RECREATION NEEDS:

NAME	AGE	AGENCY/ON-SITE	DAYS AND TIME NEEDED

DESCRIBE ANY SPECIAL NEEDS: _____

THE CLIENT MUST PROVIDE THE FOLLOWING DOCUMENTS:

ITEMS NEEDED	COMMENTS	ITEMS NEEDED	COMMENTS
BIRTH CERTIFICATE		SS. CARD	
PA CARD		IMMUNIZATION	
MEDICALS		FOOD STAMP	
PASSPORT		SCHOOL RECORDS	
BUDGET SHEET		CHILD WELFARE DOC.	
MEDICAID CARD		ORDER OF PROTECTION	
PAY STUBS		TRAINING RECORDS	
V.A. BENEFITS DD 214:		OTHER:	

COMMENTS: _____**CLIENT ASSESSED NEEDS:**

ALL FAMILY ASSESSED NEEDS MUST BE TRANSFERRED TO THE SERVICE PLAN/INDEPENDENT LIVING PLAN. NEEDS MUST BE PRIORITIZED ACCORDING TO ACHIEVABLE GOALS WHICH WILL LEAD TO EMPLOYMENT (SELF-SUFFICIENCY) AND HOUSING OTHER THAN TEMPORARY HOUSING.

TYPES OF SERVICE NEEDS	DETAIL OF CLIENT NEEDS
HOUSING	
CHILD/RECREATION	
COUNSELING	
EDUCATION	
JOB TRAINING	
EMPLOYMENT	
BENEFITS	
CHILD WELFARE	
MEDICAL	
PARENTING SKILLS	
UNDOCUMENTED INDIVIDUALS	
INDEPENDENT LIVING SKILLS	
LEGAL SERVICES	
SUBSTANCE/ALCOHOL ABUSE	
COMMUNITY TIES	
DOMESTIC VIOLENCE	
MENTAL HEALTH	
OTHER	

COMMENTS: _____**HEAD OF HOUSEHOLD:** _____ **DATE:** _____**OTHER ADULT:** _____ **DATE:** _____**CASEWORKER'S SIGNATURE:** _____ **DATE:** _____**SUPERVISOR'S SIGNATURE:** _____ **DATE:** _____

***Note:** For additional adult household members please copy and complete pages 5 and 6.



DIVISION OF FAMILY SERVICES

Rev'd. 7/10/09

Head of Household Name: _____

Name of Affected Client (if not Head of Household): _____

Case Number: _____

Shelter: _____

General Telephone No. for Questions, Help, Conference, Records Access, or Information: (212) 361- 8012

Fair Hearing Information and Assistance: (See Below)

NOTICE OF FIRST ILP VIOLATION

This NOTICE is to tell you that effective _____, (Enter date ten (10) days from date client is served notice) this agency has determined that you have failed to comply for the first time with your Independent Living Plan (ILP). Because this is your first ILP violation, you may remain in your current shelter. A finding that you have violated your ILP a second time will result in DHS temporarily discontinuing temporary housing assistance (shelter). You would have to leave your shelter for at least 30 days or until your failure to comply stops, whichever is longer.

Review the reasons that we have decided you have violated your ILP that are given below. If you disagree with our decision, you may request a State Fair Hearing.

If you are receiving benefits other than shelter (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.

The REASON(S) DHS has determined you have failed to comply with your ILP(s) is (are): (include specific facts & dates)

The LAW(S) AND/OR REGULATION(S) which allow us to take this action is (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 AN AGENCY CONFERENCE: If you think our decision is wrong or you have any questions, you can ask for an agency conference by calling (212) 361- 8012.

RIGHT TO A FAIR HEARING: If you think our decision is wrong, you can ask for a review of our decision by a fair hearing officer. You can ask for a fair hearing with a hearing officer by following the instructions described below.

TIME TO REQUEST A FAIR HEARING:

You have 60 days from the date you receive this notice to ask for a fair hearing.

STOP A DETERMINATION THAT YOU VIOLATED YOUR ILP FOR THE FIRST TIME: Even though you have 60 days from the date of this notice to ask for a state fair hearing, you must request a State fair hearing BEFORE THE EFFECTIVE DATE of this notice if you want to stop the determination that you violated your ILP until the fair hearing is

held and a decision made. If you request a fair hearing after the effective date you will be presumed to have violated the ILP for the first time until a fair hearing is held and a decision is made.

You may also be notified of a second ILP violation before the end of the 60 day period. If you are determined to have violated your ILP a second time, your shelter will be temporarily discontinued and you will have to leave your shelter for at least 30 days or until your failure to comply stops, whichever is longer. If you do receive a second notice and you think that either or both of the decisions are wrong, you should ask for a fair hearing on each of the decision(s) that you think are wrong.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail, phone, fax, walk-in or online**.

Mail: Send a copy of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

[] I want a fair hearing. I do not agree with the Agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Phone: 1-800-342-3334 (Please have this notice with you when you call.) To request an adjournment: 1-877-209-1134.

Fax: Fax a copy of both pages 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).

Walk-In: Bring a copy of this entire notice to the New York State 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), or 330 West 34th St, Manhattan.

Online: Complete an on-line request form at: <http://www.otda.state.ny.us/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, fax, walk-in or online, please write to ask for a fair hearing before the deadline for requesting a fair hearing.

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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 have received notice of a second ILP violation in addition to this one, please mention that to the person who answers the phone. If you write to the address above, please explain your situation.

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. If you need legal assistance related to shelter, you may contact The Legal Aid Society Homeless Rights Project at 1-800-649-9125, the Urban Justice Center at (646) 602-5600 or the Coalition for the Homeless at (212) 776-2000. You also have the right to contact another lawyer or advocate. For the names of other lawyers, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call, write or fax us, we will send you free copies of the documents from your files which we will give to the Hearing Officer at the fair hearing. Also, if you call, write or fax us, we will send you free copies of other

specific documents 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 general 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 case file, you should ask for them ahead of time by calling us at the general telephone number at the top of page 1 of this notice. They will be provided to you within a reasonable time before the date of the hearing. If the request for copies of documents is made less than five business days before the hearing, they will be provided to you no later than at the time of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

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 phone numbers listed on **page 1** of this notice or write to us at the address for the Office of Administrative Hearings on **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.

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 with Notice but refused to accept.

Date and time Notice placed in client's room and/or in mailbox: _____

☐ Client not present.

Case Manager Signature: _____

Shelter Director Signature: _____

Date: _____ Time: _____



Division of Family Services

Rev'd. 7/10/09

CLIENT RESPONSIBILITY TEMPORARY DISCONTINUANCE OF SHELTER RECOMMENDATION

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

I hereby request that the Temporary Housing Assistance (THA) benefits of the client listed below be temporarily discontinued due to (Check appropriate box):

- ☐ Failure to Seek and Accept Permanent or Other Appropriate Housing
- ☐ Gross Misconduct and/or Repeated Violation of Client Code of Conduct
- ☐ Repeated Violation of ILP Agreement
- ☐ Failure to apply for and maintain an open Public Assistance case

Briefly summarize reason for recommendation:

Section I CLIENT IDENTIFICATION INFORMATION		
Head of household or name of non-compliant adult family member:	Case Number:	
Date of Birth:	Social Security Number:	
Shelter Rules and Responsibility Form Received & Signed: (Attach Copy)	Yes/Date	No/Explain
Family Composition: Adults _____ Children _____		Does client have an open, closed, or pending case with the Administration for Children's Services? (Specify)
Does client have physical or mental health impairment? Was it previously documented? (If YES, please specify and attach documentation)		
Physical Impairment: (Specify below)		Mental Impairment: (Specify below)

Any additional information to be taken into consideration: (Specify)	

Section II- GROUND(S): FAILURE TO SEEK AND/OR ACCEPT PERMANENT HOUSING

Indicate basis for non-compliance, i.e., failure to seek permanent housing and/or rejected suitable housing:

If rejected suitable housing, indicate housing type:

Name of Landlord/Housing Organization:

Telephone Number:

Address of rejected housing:

Housing ability/ suitability verified?

No

Yes

If Yes, indicate how verified:

Please indicate client's stated reason(s) for the non-compliance and efforts made to elicit compliance (attach case file documentation):

Section II- GROUND(S): GROSS MISCONDUCT

Client has engaged in behavior that (1) endangered the health or safety of himself/herself or 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 II- GROUND(S): REPEATED VIOLATION OF THE ILP

Please indicate violation and include client's stated reason(s) for the non-compliance and efforts made to elicit compliance (attach case file documentation):

Section II- GROUND(S): FAILURE TO APPLY FOR AND MAINTAIN AN OPEN PUBLIC ASSISTANCE CASE

Please indicate the basis of the non-compliance and attach copy of any Notice and Fair Hearing decision; include client's state reason(s) for the non-compliance and efforts made to elicit compliance (attach case file documentation)

Section III SHELTER DIRECTOR SIGNATURE

Completed by: (Print Name):	Title:	Signature:	Date:
-----------------------------	--------	------------	-------

Section IV DHS REVIEW AND DETERMINATION:			
Documentation Attached? (Check appropriate response)	YES	NO	Date Request Received:
Violation Meets Criteria for Discontinuance?	YES	NO	Additional Info. Requested Date:
Discontinuance Recommendation Approved	YES	NO	
Signature of Assistant Commissioner For Client Responsibility:		Date Decision Rendered:	
		Date Shelter Notified:	

SAMPLE

DHS Program Administrator _____

Date Request Received: _____

Facility Name: _____

Client name: _____

☐ Case forwarded to the Assistant Commissioner ☐ Case returned to Provider Date: _____

Client Responsibility Temporary Discontinuance of Shelter Request Checklist

	<u>Date Req'd</u>	<u>Date Rec'd</u>
General Documentation (Required):		
<input type="checkbox"/> Client Responsibility Temporary Discontinuance of Shelter Recommendation Form - Completed, signed, and dated by shelter director	_____	_____
<input type="checkbox"/> Client Code of Conduct- Signed and dated by client and shelter provider in English or Spanish, if primary language	_____	_____
<input type="checkbox"/> Case notes documenting noncompliant behavior(s) and staff intervention(s)	_____	_____
<input type="checkbox"/> Case notes documenting appropriate case management (reflecting that client was properly informed of Client Responsibility and possible consequences)	_____	_____
<input type="checkbox"/> Records from previous facilities	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
General Documentation (If applicable):		
<input type="checkbox"/> ILP -Signed	_____	_____
<input type="checkbox"/> Physical and mental health documentation	_____	_____
<input type="checkbox"/> Domestic violence information	_____	_____
<input type="checkbox"/> Interpreter, if client cannot understand English	_____	_____
<input type="checkbox"/> Intake assessment	_____	_____
<input type="checkbox"/> Employment information	_____	_____
<input type="checkbox"/> Public assistance information	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
Seeking and Accepting Suitable Housing:		
<input type="checkbox"/> Case notes regarding client's refusal to seek housing	_____	_____
<input type="checkbox"/> Case notes regarding missed appointments to view housing	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
Gross Misconduct (Required):		
<input type="checkbox"/> Case note documentation of disruptive behavior and intervention	_____	_____
<input type="checkbox"/> _____	_____	_____
Gross Misconduct (If applicable):		
<input type="checkbox"/> Report from NYPD or other governing City or State agency regarding incident(s)	_____	_____
<input type="checkbox"/> DHS Incident Report	_____	_____
<input type="checkbox"/> Shelter internal incident report	_____	_____
<input type="checkbox"/> _____	_____	_____
Additional Information:		
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____



Department of
Homeless Services

DIVISION OF FAMILY SERVICES

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Head of Household Name: _____

Name of Affected Client (if not Head of Household): _____

Case Number: _____

Shelter: _____

General Telephone No. for Questions, Help, Conference, Records Access, or Information: (212) 361- 8012

Fair Hearing Information and Assistance: (See Below)

NOTICE TO TEMPORARILY DISCONTINUE TEMPORARY HOUSING ASSISTANCE (SHELTER)

This NOTICE is to tell you that this agency intends to TEMPORARILY 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 _____, ten (10) days from your receipt of this Notice, your
Enter date ten (10) days from date client is served notice
shelter will be temporarily discontinued unless you take the steps described on this form to appeal this decision by requesting a State Fair Hearing.

The REASON(S) for this action is(are) as follows (include specific facts and dates):

If you fail to request a fair hearing by the date listed above or the agency's determination to temporarily discontinue your shelter is upheld at a timely requested fair hearing, you must leave shelter for a period of thirty (30) days or until the non-compliance that resulted in discontinuance of your shelter ceases, whichever period is longer ("Cure Period"). However, if the reason(s) for discontinuance of your shelter is that your family's failed to apply for or maintain an open a Public Assistance case, your Cure Period lasts until your non-compliance with PA requirements is cured.

You may return to shelter after your Cure Period if you meet the following requirements: (1) you seek readmission to shelter at the family intake center; and (2) you sign a Return to Shelter for Sanctioned Family Form indicating that your family has cured the non-compliance that resulted in termination of your shelter and that your family will comply with all Client Responsibility Rules.

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 the family intake center. When the Winter Alert is lifted, you must leave the shelter to complete your temporary discontinuance period. The time spent in the shelter during the Winter Alert does not count towards your temporary discontinuance period.

The LAWS AND REGULATIONS which allow us to take this action are found at 18 NYCRR § 352.35

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



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YOU HAVE THE RIGHT TO APPEAL THIS DECISION

RIGHT TO AN AGENCY CONFERENCE: If you think our decision is wrong or you have any questions, you can ask for an agency conference by calling (212) 361- 8012.

RIGHT TO A FAIR HEARING: If you think our decision is wrong, you can ask for a review of our decision by a fair hearing officer. You can ask for a fair hearing with a hearing officer by following the instructions described below.

TIME TO REQUEST A FAIR HEARING:

You have 60 days from the date you receive this notice to ask for a fair hearing. However, your shelter will be temporarily discontinued **10 days** after you receive this notice, if you do not ask for a fair hearing before then.

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.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail, phone, fax, walk-in** or **online**.

Mail: Send a copy of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please **keep** a copy for yourself.

[] I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Phone: 1-800-342-3334 (Please have this notice with you when you call.) To request an adjournment: 1-877-209-1134.

Fax: Fax a copy of the front and reverse 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).

Walk-In: Bring a copy of this entire notice to the New York State 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), or 330 West 34th St., Manhattan.

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, fax, walk-in or online, please write to ask for a fair hearing before the deadline for requesting a fair hearing.

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.

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

**Temporary Discontinuance of Temporary Housing Assistance
Enforcement Letter**

Robert V. Hess
Commissioner

33 Beaver Street
17th Floor
New York, NY 10004

212.361.8000 tel
212.361.8001 tty
212.361.8002 fax

[INSERT DATE]

BY HAND

**[NAME OF HEAD OF HOUSEHOLD OR AFFECTED FAMILY MEMBER
IF DIFFERENT THAN HEAD OF HOUSEHOLD]
[SHELTER ADDRESS]**

Dear [CLIENT]:

On [DATE], Mr./Ms. [NAME], [TITLE] at [NAME OF SHELTER], provided you with a Notice to Temporarily Discontinue Temporary Housing Assistance (the "Notice," a copy of which is attached) because you have been found not to have complied with your core responsibilities as shelter clients by the New York City Department of Homeless Services ("DHS"). You exercised your right to challenge the discontinuance by requesting a State fair hearing within 60 days. The State fair hearing decision (a copy of which is attached) was held on [DATE(S)] and the Agency was upheld in its determination to temporarily discontinue your temporary housing assistance.

Thus, we are proceeding with the temporary discontinuance of shelter. Accordingly, please be advised that we are directing you to leave [NAME OF SHELTER] until you _____

_____ or for a period of _____ days, whichever is longer (if applicable).

If you have a 30-day discontinuance period it will end on [DAY], [MONTH, DAY, YEAR]. At that time, you may seek readmission to shelter at the family intake center, if you agree to comply with all Client Responsibility Rules and/or you are in compliance with all of your Public Assistance (PA) requirements

By signing your name below, you acknowledge that you have read and understand the above and that you have received a copy of this letter.

[Name of Head of Household or
Affected Family Member]
Signed: [Day, Month, Year]

[Name of Shelter Director]
Signed: [Day, Month, Year]

☐ Client refused to sign.

Enclosure



Division of Family Services

Rev'd 7 10 09

**FAMILY REFERRAL FORM FOR TEMPORARILY SHELTER
DISCONTINUANCES**

Case. Number:			SSN:		
Last Name:			First Name and M.I.:		
Family Composition			Adults:		Children:
Shelter Name:			Date:		

The Shelter Director, or her designee, has evaluated the family's need for child preventive and protective services, and has taken the following actions:

- ☐ No preventive or protective services sought;
- ☐ Provider called the New York State Central Register on [insert date] and the case was/was not accepted [circle what applies];
- ☐ Family referred to another appropriate services agency:
(Specify) _____

Print Name: _____

Signature: _____

Title: _____

Date: ____/____/____



Division of Family Services
Prevention Assistance and Temporary Housing Office

Rev'd. 7/20/09

Family/Family Member Readmission From Temporary Shelter Discontinuance

Date: ____/____/____ Case #: _____ SSN: _____-_____-_____

Last Name (Head of Household): _____ First Name: _____ MI: _____
DOB _____

Last Name (Affected Family Member): _____ First Name: _____ MI: _____
DOB _____

Family Composition: # Adults _____ # Children _____

I am returning from a temporary discontinuance of shelter and seeking Temporary Housing Assistance (THA) from DHS. I have received a copy of the "Client Code of Conduct."

I represent that I have corrected the failure to comply with Client Responsibility Rules that resulted in a temporary discontinuance of my THA. I understand that failure to follow the Client Responsibility Rules may result in a loss of shelter.

1. I will participate in developing, carrying out, and completing a service plan known as the "Independent Living Plan" (ILP).
2. I will seek and accept permanent housing for my family:
 - I must view three (3) suitable apartments a week or the number that is part of my ILP;
 - I must take other actions that are needed for my family to secure permanent housing;
 - I must apply for relevant housing subsidy programs; and
 - I must accept the first suitable apartment that is offered to me.
 - I understand that a suitable apartment is suitable for my family's size and medical condition(s), in a location consistent with any domestic violence status as defined by local law, and meets applicable local codes and regulations.
3. I must follow shelter rules and avoid behavior that places my family, other clients, or shelter staff at risk.
4. I must apply for and keep open a Public Assistance case.
5. My family will not be sanctioned if a family member cannot obey Client Responsibility Rules because of an appropriately documented physical or mental impairment.
6. My family has the right to present grievances to the shelter operator and/or to the local social services district without fear of reprisal.

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

1. My family may lose its eligibility for Temporary Housing Assistance (THA).
2. I have the right to challenge a decision to discontinue THA through a New York State Fair Hearing.



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CLIENT: I have read and/or have had this notice explained to me and understand what it means.*

1. _____
Signature Print Name Date

2. _____
Signature Print Name Date

STAFF: I have explained this form to the client:

Signature Print Name Date

* Refusal to sign this form will result in the continuation of my sanction.

☐ Family/Client refused to sign

Original: File Copy: Family

SAMPLE

