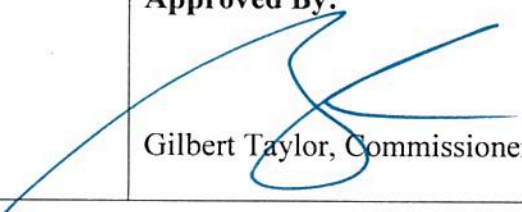


<b>Subject:</b>  Locker Assignment and Client Belongings	<b>Applicable To:</b>  All DHS Directly Operated or Provider Facilities Serving Homeless Adult	<b>Effective Date:</b>  September 1, 2015  (Replaces Procedure 00-412)
--	--	--

<b>Administered By:</b>  Division of Adult Services	<b>Approved By:</b>  Gilbert Taylor, Commissioner
---	---

**I. PURPOSE**

To provide guidelines and detailed instructions for the assignment of individual lockers to shelter applicants/clients and for the storage, retrieval and disposal of applicants'/clients' belongings.

**II. APPLICABILITY**

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

**III. FORMS USED**

4 12A/aa Locker Assignment and Client Belongings Tracking Sheet, English/Spanish

**IV. RELATED PROCEDURES**

16-400 Control and Confiscation of Contraband  
 16-401 Suspension of Services

## V. INTRODUCTION

Adult Services shelters provide individual lockable storage space to all applicants/clients. Upon bed and locker assignment, each applicant/client signs for a key/combination lock and receives a copy of Locker Assignment and Client Belongings Tracking Sheet (Form 412A/aa) which states the rules and responsibilities regarding locker usage and personal belongings.

Due to space limitations, only personal belongings that fit into an assigned locker may be kept at a shelter. Excess personal, items found in or around locker areas (e.g., under beds) are subject to disposal. Contraband, such as weapons, dangerous instruments, illegal drugs and articles prohibited from facilities either by law or by facility regulations, will be confiscated. This procedure does not address the safekeeping of cash and other valuables.

At the conclusion of shelter stays (e.g., transfer, diversion, or move to permanent housing), an applicant/client removes the belongings from his/her assigned locker and returns the key/lock to shelter staff.

If an applicant's/ client's location is unknown and s/he has missed curfew, his/her locker should be reassigned. A team of at least two (2) staff, including one (1) supervisor, opens the locker to remove belongings, which will be inventoried and held in a designated clean and locked storage area.

Belongings are held for one week from the date the locker is emptied. Shelters dispose of unclaimed belongings at-the-expiration of the one (1)-week storage period.

A former applicant/client can retrieve his/her stored belongings within the one(1)-week period by presenting proper identification and signing for their items at the times of day posted by the facility. A relative or friend may also claim belongings – provided the shelter receives authorization in writing from the former applicant/client and the relative or friend provides appropriate identification to shelter staff at the time of retrieval.

Only authorized personnel should have access to the master keys for individual lockers and can authorize locker entry to remove belongings.

Shelters who receive temporary clients on a regular basis, may have separate locked storage space in a designated area of the facility for nightly use.

### **POINTS TO REMEMBER**

- Any provisions for belongings in addition to those that can fit into a locker must be clearly stated in the shelter's policy and program orientation. Staff may assist an applicant/client, if necessary, to arrange for the storage of the excess items off the shelter premises, such as with relatives or friends.
- Staff follows Control and Confiscation of Contraband Procedure (16-400) and Suspension of Services Procedure (16-401) if contraband is observed or found:
  - In the applicant's/clients possession upon entry to the shelter.
  - In or around the applicant's/client's locker.
  - During the removal of belongings from an applicant's/client's locker.
- Rules infractions involving locker usage must be documented in the applicant's/client's case record and the applicant/client counseled.
- The staff person issuing the locker must review with the applicant/client the contents on the first (1) page of the Locker Assignment and Client Belongings Tracking Sheet (Form 412A/aa) and obtain the applicant's/client's signature on the form. The applicant/client then receives a copy of page one (1) or the Locker Assignment and Client Belongings Tracking Sheet (Form 412A/aa).
  - If and applicant/client leaves without returning his/her lock, staff must record the storage and retrieval or disposal of belongings on the second (2) page of the Locker Assignment and Client Belongings Tracking Sheet (Form 412A/aa).

## **VI. DETAILED INSTRUCTIONS**

### **A. SCREENING/OPERATIONS STAFF**

#### **1. LOCKER ASSIGNMENT**

- a. Requisition key/combination lock from inventory and issues to applicant/client.
- b. Enters locker number and the date the locker and key/lock were issues in Section I of Locker Assignment and Client Belongings Tracking Sheet (Form 412A/aa).
- c. Thoroughly reviews Section II of Form 412A/aa regarding locker usage and personal belongings with the applicant/client. Asks applicant/client to sign and date Section III of Form 412A/aa. If s/he refuses a key/lock and/or refuses to sign, notes on form. Worker signs and dates Form 412A/aa.
- d. Issues copy of Page One (1) of Form 412A/aa to applicant/client. Original to Shelter file.

**B. ASSIGNED CASEWORKER** - (or Shift Supervisor if social service staff are not on duty)

1. TERMINATION OF SHELTER LODGING

- a. Receives key/lock from applicant/client who has emptied his/her locker upon the termination of his/her shelter lodging.
- b. Completes Section IV of Locker Assignment and Client Belongings Tracking Sheet, (Form 412A/aa).

**C. OPERATIONS STAFF**

1. REMOVAL OF BELONGINGS FROM LOCKER

- a. Team of staff opens locker of applicant/client who leaves without returning lock, including curfew violators, with master key (cuts lock with cutters if applicant/client used a non-agency lock).
- b. Empties and cleans locker. Follows basic safety precautions -- wears gloves and other personal protective equipment.
- c. Stops removal if staff observes weapons or illegal drugs. Follows Control and Confiscation of Contraband Procedure (16-400).
- d. Discards all locker contents at once if rodents, bugs or rotting items are found in the locker (health hazard).
- e. Inventories the locker's contents while placing items into a clear plastic bag. Writes CARES number, locker number, bed number and the exact time and date the items were stored on a tag attached to the plastic bag (e.g., Bag 1 of 3, if more than one bag). Removes belongings to storage area.
- f. Supervisor completes Section V of Locker Assignment and Client Belongings Tracking Sheet (Form 412A/aa). Retains original in Shelter File. Copy to applicant's/client's case record.

2. RETRIEVAL OF BELONGINGS FROM STORAGE

- a. Whenever a former applicant/client requests his/her belongings within the one (1)-week storage period, operations staff:
  - 1) Requests and photocopies proof of identity from the former applicant/client. Attaches copy to Locker Assignment and Client Belongings Tracking Sheet (Form 412A/aa).
  - 2) Completes Section VI on Form 412A/aa, as follows: Enters time and date of retrieval, checks "Applicant/Client" line, and type of ID presented. Former applicant/client signs form. Worker prints and signs name.
- b. If a relative or friend of the former applicant/client arrives to retrieve belongings, operations staff:

- 1) Requests letter authorizing the retrieval and the individual's ID or other means of verification. The letter must contain the former applicant's/client's signature and CARES number
- 2) Checks "Family Member/Friend" line and has the individual sign under "Signature of Retriever" in Section VI on Locker Assignment and Client Belongings Tracking Sheet (Form 412A/aa).

### 3. DISPOSAL OF BELONGINGS

- a. Disposes of unclaimed belongings at the expiration of the one (1)-week storage period.
- b. Completes Section VIII of Locker Assignment and Client Belongings Tracking Sheet (Form 412AJaa), as follows:
  - 1) Enters exact time and date the bags were discarded from the storage area.
  - 2) Explains any circumstances regarding the disposal as needed. Signs and dates form.
  - 3) Submits to Shift Supervisor for review and sign-off. Original to Shelter File

### D. SOCIAL SERVICE DIRECTOR

1. Approves or disapproves request of a former applicant/client who asks the shelter to hold his/her belongings beyond one week.
2. Completes Section VII of Locker Assignment and Client Belongings Tracking Sheet (Form 412A/aa).

## LOCKER ASSIGNMENT AND CLIENT BELONINGS TRACKING SHEET

Applicant/Client Name (First, Last)	CARES ID Number:	Shelter:
-------------------------------------	------------------	----------

<b>I. LOCKER AND KEY / COMBINATION LOCK ASSIGNMENT</b>	
LOCKER NUMBER :	DATE:

<b>II. NOTICE REGARDING LOCKERAGE USAGE AND PERSONAL BELONGINGS</b>	
In the assignment of this locker and receipt of key / combination lock, I, _____ understand that: <div style="text-align: right; margin-top: 5px;">Applicant/Client Name (Print)</div>	
<b>1.</b> An agency lock will be provided and is the only lock that I may use. Unauthorized locks will be removed. The agency will retain a master key or the combination to the lock.	
<b>2.</b> I cannot let anyone else use my locker.	
<b>3.</b> I cannot exchange my locker with that of another client without permission of shelter supervisor.	
<b>4.</b> I cannot bring more belongings into shelter than can fit into my assigned locker, unless specifically permitted by the shelter. Excess belongings found around lockers can be hazardous and are subject to disposal unless removed from shelter.	
<b>5.</b> My locker and its contents are subject to inspection, at any time, by authorized personnel. Pursuant to agency procedures. Banned articles and substances will be confiscated.	
<b>6.</b> The locker must not be damaged and the contents of my locker must be kept in an orderly and sanitary condition.	
<b>7.</b> When my stay at the shelter has ended, I must empty my locker and return the lock to the shelter supervisor.	
<b>8.</b> If I leave the shelter without taking the contents of my locker, the shelter will dispose of my belongings after the one - week storage period.	

<b>III.</b> I have received an assigned locker, locker, key / combination lock, and a copy of Form412A, Section II Notice Regarding Locker Assignment, Locker Usage and Personal Belongings. I understand my rights and responsibilities regarding my locker and belongings			
_____ Applicant / Client Signature	_____ Date	_____ Authorized Personnel	_____ Date

<b>IV. Was lock returned to staff at the conclusion of the applicant's / client's shelter stay? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>				
_____ Staff Name	_____ Title	_____ Staff Signature	____/____/____ Date	____:____ AM/PM Time

**V. Removal of Belongings from Client's Locker**

1. Lock was  Opened with key  
 Cut with lock – cutters

Date Locker Opened: \_\_\_/\_\_\_/\_\_\_  
 Time Locker Opened: \_\_\_:\_\_\_ AM/PM

2. Were belongings found in other area besides the locker (e.g., under bed)? Yes No  
 3. Were rodents, bugs, or rotting items found in the locker? Yes No  
 4. If Yes, were the contents of the locker discarded? Yes No  
 5. Please, explain the above circumstances:

6. Names of Staff Members Emptying and Cleaning Lockers: \_\_\_\_\_

7. \_\_\_\_\_  
 Signature of Supervisor

**VI. Client's Retrieval of Belongings from Storage Area**

1. Date of Retrieval: \_\_\_/\_\_\_/\_\_\_ 2. Time of Retrieval: \_\_\_:\_\_\_ AM/PM  
 3. Items retrieved by: \_\_\_ Applicant / Client  
 \_\_\_ Family Member / Friend 4. Type of ID or Verification Presented:  
 \_\_\_ Photo ID \_\_\_ Letter from Client  
 \_\_\_ Other: \_\_\_\_\_

5. Signature of Retriever  
 \_\_\_\_\_

6. Name of Staff Member Overseeing Retrieval: \_\_\_\_\_ 7. Signature of Staff Member:  
 \_\_\_\_\_

**VII. Did client request that belongings be held for an extended time? \_\_\_ Yes \_\_\_ No**

1. If Yes, explain:

Request Approved? \_\_\_ Yes \_\_\_ No

2. Signature of Social Service Director  
 \_\_\_\_\_

**VIII. Disposal of Client's Belongings**

1. Were applicant's / client's belongings kept the required one-week period? \_\_\_ Yes \_\_\_ No  
 If No, please, explain:

2. Date Belongings Disposed: \_\_\_/\_\_\_/\_\_\_ 3. Time Belongings Disposed: \_\_\_:\_\_\_ AM/PM  
 5. Name of Staff Member Overseeing Disposal \_\_\_\_\_ 6. Signature of Staff Member Disposing of Items  
 \_\_\_\_\_

## PLANILLA DE SEGUIMIENTO DE ARTÍCULOS PERSONALES DEL CLIENTE Y ASIGNACIÓN DE ARMARIOS

Nombre del solicitante/cliente (nombre, apellido)	N.º de Id. de CARES:	Refugio:
---	----------------------	----------

<b>I. ASIGNACIÓN DE CANDADO Y LLAVE/ CERRADURA DE COMBINACIÓN</b>	
NÚMERO DE ARMARIO:	FECHA:

<b>II. NOTIFICACIÓN ACERCA DEL USO DE LOS ARMARIOS Y DE LOS ARTÍCULOS PERSONALES</b>
En la asignación de este armario y la recepción de la llave/cerradura de combinación, yo, _____ entiendo que: <div style="text-align: center; margin-left: 100px;">Nombre del solicitante/cliente (en letra de imprenta)</div>
1. La agencia proporcionará un candado que será el único que puedo usar. Se retirarán los candados no autorizados. La agencia retendrá una llave maestra o la combinación de la cerradura.
2. No puedo permitir el uso de mi armario a nadie.
3. No puedo cambiar mi armario con el de otro cliente sin autorización del supervisor del refugio
4. No puedo traer más artículos personales al refugio que los que caben en el armario que se me asignó, a menos que sea específicamente autorizado por el refugio. El exceso de artículos personales alrededor de los armarios puede ser peligroso y está sujeto a desecho, a menos que sea retirado del refugio.
5. Mi armario y su contenido están sujetos a inspección, en cualquier momento, por el personal autorizado, de acuerdo con los procedimientos de la agencia. Los artículos y sustancias prohibidos serán confiscados.
6. El armario no debe sufrir daños y el contenido de mi armario debe mantenerse en orden y en buenas condiciones sanitarias.
7. Cuando haya terminado mi estadía en el refugio, deberé vaciar mi armario y devolver el candado al supervisor del refugio.
8. Si abandono el refugio sin llevarme el contenido de mi armario, el refugio dispondrá de mis pertenencias luego de un período de almacenamiento de una semana.

<b>III.</b> He recibido un armario asignado, un candado o cerradura de combinación y una copia del Formulario 412A, Sección II, Notificación Acerca de la Asignación de Armarios, Uso de Armarios y Artículos Personales. Entiendo mis derechos y responsabilidades con respecto a mi armario y mis pertenencias.				
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">Firma del cliente / solicitante</td> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">Fecha</td> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">Personal autorizado</td> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">Fecha</td> </tr> </table>	Firma del cliente / solicitante	Fecha	Personal autorizado	Fecha
Firma del cliente / solicitante	Fecha	Personal autorizado	Fecha	



**IV. Al concluir la estadía del cliente/solicitante, ¿se devolvió el candado al personal?**  Sí  No

_____ Nombre del personal	_____ Cargo	_____ Firma del personal	____/____/____ Fecha	____:____ Hora
------------------------------	----------------	-----------------------------	-------------------------	-------------------

**V. Retiro de artículos personales del armario del cliente**

1. El candado fue  Abierto con llave  
 Cortado con tenazas para metal

Fecha de apertura del armario: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Hora de apertura del armario \_\_\_\_:\_\_\_\_AM/PM

2. ¿Los artículos personales se hallaron en un área distinta del armario (por ejemplo, bajo la cama)? Sí No

3. ¿Se encontraron roedores, insectos o elementos en mal estado dentro del armario? Sí No

4. Si la respuesta es afirmativa, ¿se desechó el contenido del armario?

5. Por favor, explique las circunstancias mencionadas arriba: \_\_\_\_\_

6. Nombres de los miembros del personal que vacían y limpian los Armarios: \_\_\_\_\_

7. \_\_\_\_\_  
 Firma del supervisor

**VI. Retiro de artículos personales del área de almacenamiento por parte del cliente**

1. Fecha de retiro: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Hora del retiro: \_\_\_\_:\_\_\_\_AM/PM

3. Elementos retirados por: \_\_\_\_ Solicitante/Cliente  
 \_\_\_\_ Familiar/Amigo

4. Tipo de identificación o verificación presentada  
 \_\_\_\_ Id. con fotografía \_\_\_\_ Carta del cliente  
 \_\_\_\_ Otra: \_\_\_\_\_

5. Firma de la persona que retira  
 \_\_\_\_\_

6. Nombre del funcionario que supervisa el retiro  
 \_\_\_\_\_

7. Firma del funcionario  
 \_\_\_\_\_

**VII. ¿El cliente solicitó que se mantengan sus pertenencias por un período extendido?**  
 Sí  No

1. Si la respuesta es afirmativa, explique de manera detallada: \_\_\_\_\_

¿Se aprobó la solicitud?  Sí  No

2. Firma del director del Servicio Social  
 \_\_\_\_\_

**VIII. Desecho de artículos personales del cliente**

1. ¿Se conservaron los artículos personales del cliente/solicitante durante el período requerido de una semana? \_\_\_\_ Sí \_\_\_\_ No

Si la respuesta es negativa, explique:

2. Fecha de desecho de artículos personales \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Hora de desecho de artículos personales: \_\_\_\_:\_\_\_\_AM/PM

5. Nombre del funcionario que supervisó el desecho  
 \_\_\_\_\_

6. Firma del funcionario que desechó los artículos  
 \_\_\_\_\_