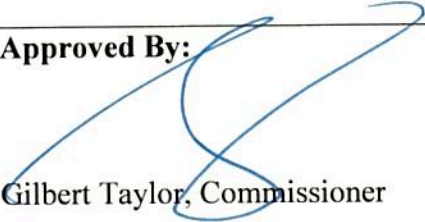


<b>Subject:</b>  Client Responsibility Procedure for Families with Children	<b>Applicable To:</b>  Families with children in shelter, DHS and contracted partners providing temporary housing assistance to families with children	<b>Effective Date:</b>  July 17, 2015
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<b>Administered By:</b>  Family Services	<b>Approved By:</b>  Gilbert Taylor, Commissioner
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**I. PURPOSE**

The Department of Homeless Services' (DHS) works to ensure that all homeless individuals and families receive safe, supportive and temporary housing, as well as assistance in moving to permanent housing in the community. DHS and shelter staff shall use the Client Responsibility Procedure for Families with Children (CRF Procedure) when families or individual clients are not compliant with their Independent Living Plan (ILP) or demonstrate Gross Misconduct. The CRF Procedure outlines consistent standards and expectations of responsibility and accountability for all participants in the Families with Children shelter system: families, providers and DHS. The CRF Procedure sets forth detailed guidance for both providers and families to assist with completing identified tasks and the necessary steps to take when clients are not meeting their responsibilities.

**II. OVERVIEW**

When a family or family member acts in a way that endangers the health and/or safety of the family or others at the shelter, demonstrating Gross Misconduct (e.g., acts of violence, including the use or display of weapons, selling drugs), the Shelter Director must recommend a discontinuation of temporary housing assistance (THA) or sanction. Upon receipt of a recommendation to temporarily discontinue THA, DHS must then review the circumstances and make a final determination. Also, when families or individual clients are noncompliant with their ILP, the Shelter Director must convene and facilitate a case conference with the family and social services staff to explore ways to resolve the issues of noncompliance prior to resorting to sanction.

Pursuant to NYS regulation, a family has the right to challenge DHS' decision to temporarily discontinue THA by requesting an Agency conference and/or a State Fair Hearing. When a family requests a NYS Fair Hearing within ten (10) days of receiving notice of the Agency's determination to temporarily discontinue its THA, the family is permitted to remain in shelter pending the NYS Fair Hearing decision. If a sanction is issued, and/or is upheld at a State Fair Hearing, THA must be temporarily discontinued until the family's noncompliance ceases, or for thirty (30) days, whichever is longer.

Not all cases recommended for sanction will result in discontinuation of THA. Indeed, for cases of noncompliance other than Gross Misconduct, this Procedure sets forth processes to determine the best course of action for the family and shelter staff to ensure compliance with their shared responsibilities, after exhausting all alternative methods of addressing noncompliance.

### **III. CLIENT RIGHTS AND CODE OF CONDUCT**

Pursuant to State regulation (18 NYCRR § 352.35) and Administrative Directive (96 ADM-20), the Statement of Client Rights and Client Code of Conduct (Attachment A) shall be posted in a conspicuous location in a public area of the facility.

A. The CRF Procedure addresses the following Client Rights and Code of Conduct Violations

1. **Gross Misconduct**: Families in shelter must refrain from engaging in acts which endanger the health or safety of oneself or others
  - a. Family responsibilities
    - 1) Refrain from violent, dangerous or other reckless behavior impacting the safety of individuals in the facility.
    - 2) Do not use, possess or sell controlled substances, firearms or deadly weapons.
    - 3) Do not engage in the destruction or theft of property.
    - 4) Do not refuse to vacate a unit.
    - 5) Do not violate the Client Code of Conduct, including but not limited to, leaving children unattended, unauthorized visitors and curfew violations.
  - b. Provider responsibilities
    - 1) Advise clients on appropriate behavior while in shelter.
    - 2) 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.
    - 3) Notify the police and other appropriate agencies
    - 4) Report incidents to DHS.



2. **Failure to Seek and Accept Suitable Housing:** A family is required to look for housing and to accept a suitable housing resource found on its own or through help from the shelter provider or from DHS.

a. Family responsibilities

- 1) Attend housing readiness workshops.
- 2) Inform the provider of any alternative housing options with relatives or friends.
- 3) Complete all appropriate permanent housing applications.
- 4) Search for and view at least three (3) apartments every week or the number of apartments specified in the ILP.
- 5) Fulfill requirements for rental assistance programs.
- 6) Complete a Client Apartment Review Checklist (Attachment B) for each apartment seen.
- 7) Sign a Client Apartment Rejection Form (Attachment C) when refusing an apartment.
- 8) Keep all housing appointments, and arrive on time.
- 9) Accept the first suitable housing offer.
- 10) Sign and execute a lease for housing on the scheduled date and time.
- 11) Move into permanent housing on the designated date and time.

b. Provider responsibilities

- 1) Advise client about responsibilities to seek and accept the first suitable housing option.
- 2) Ensure all housing applications are completed in a timely manner and that a copy is retained in the case record.
- 3) Document and follow up on permanent housing applications and housing appointments.
- 4) Provide appropriate forms to document housing search efforts, and verify all housing rejections, including the reason for the rejections.
- 5) Provide ongoing housing education through workshops and/or counseling.
- 6) Prepare families for housing interviews and accompany families on housing searches, when appropriate.
- 7) Assist in locating suitable housing and advise families they also are responsible for seeking housing on their own.
- 8) Develop and monitor individualized exit strategies.
- 9) Issue referrals and obtain evaluations if it appears that a client's mental or physical impairment affects the suitability of a particular housing option.
- 10) Seek the Human Resources Administration's (HRA) advance permission of a request to be excused from public assistance requirements when they conflict with appointments to search for or view housing.

3. **Failure to Apply for and Maintain Public Assistance:** A family 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.

a. Family responsibilities

- 1) Apply for public assistance.
- 2) Complete all requirements necessary to establish and maintain public assistance eligibility, including producing all documents and keeping all appointments.
- 3) Update public assistance information on a timely basis when circumstances change.

b. Provider responsibilities

- 1) Assist in securing all appropriate documentation.
- 2) Ensure access to childcare services when necessary to enable a parent, or adult family member who is caretaker of a child, to fulfill requirements.
- 3) Assist the family in keeping track of and complying with all public assistance requirements and appointments.

**4. Independent Living Plan (ILP) Violations:**

a. Family Responsibilities

- 1) Work with shelter staff to create an ILP.
- 2) Follow the ILP.
- 3) Provide requested documents or proof of completed tasks.
- 4) Comply with public assistance requirements and participate in budget counseling and money management planning.
- 5) Participate in physical and/or mental health evaluations or treatment services.
- 6) 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.

b. Provider Responsibilities

- 1) Complete all intake and assessment forms.
- 2) Conduct meetings at least bi-weekly with all adult family members to discuss and update the ILP.
- 3) Assist in ensuring all necessary documentation is requested and collected from clients.
- 4) Develop an appropriate exit strategy to locate and move into permanent housing.
- 5) Document progress or noncompliance.
- 6) Identify any mental or physical impairments, assist in obtaining health and/or mental health services and modify the ILP accordingly.
- 7) Assist in identifying, addressing or obtaining referrals for issues such as domestic violence or child abuse.
- 8) Ensure access to childcare services.
- 9) Help obtain permanent housing.
- 10) Identify all income resources (e.g., social security, disability)



11) Assist in establishing or maintaining eligibility for all forms of public assistance.

B. Shelter staff must assist families in adhering to the Code of Conduct. If a family member fails to meet certain responsibilities outlined in the Code of Conduct, the family could potentially have their THA discontinued for thirty (30) days. However, before a family's THA is discontinued, shelter staff must follow a series of steps and hold case conferences, outlined below. In all cases, the safety of clients and staff members is of primary importance.

#### **IV. FIRST (1<sup>ST</sup>) ILP VIOLATIONS**

The ILP is a tool that describes the family's short-term and long-term needs. The ILP is primarily comprised of tasks that are based on a family's individual circumstances and housing-related needs. The family members are required to complete these tasks (with shelter staff's active participation and assistance) in order to achieve independence.

A. Before issuing a First (1<sup>st</sup>) ILP Violation, Shelter Staff Must:

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

B. Issuing a First (1<sup>st</sup>) ILP Violation

1. A First (1<sup>st</sup>) ILP Violation is issued on the Notice of First ILP Violation (Attachment D).
2. A valid Notice of First (1<sup>st</sup>) ILP Violation must be filled out completely.
3. In describing the violation, shelter staff must be as detailed as possible.
4. The DHS PA will review every First (1<sup>st</sup>) ILP Violation before it is issued to a family.
5. Shelter staff must
  - a. Inform the family they have not complied with their ILP.
  - b. Inform the family that continued noncompliance could lead to their shelter being discontinued.
  - c. Explain all the rights detailed in the Notice of First (1<sup>st</sup>) ILP Violation, including:
    - 1) A violation does not go into effect until 10 days after the date the family is served with the violation.
    - 2) A family has the right at any time to request an Agency Conference to challenge the violation in addition to a State Fair Hearing.
    - 3) Even though a family may request a State Fair Hearing within sixty (60) days, a family is presumed to have violated their ILP after ten (10) calendar days if they have not yet requested the State Fair Hearing.
    - 4) A family has a right to bring a representative to an Agency Conference or State Fair Hearing.

- 5) If a family does not challenge a First (1<sup>st</sup>) ILP Violation in a State Fair Hearing, and is later served with a Notice to Temporarily Discontinue Temporary Housing Assistance (Attachment E), the family may challenge the prior First (1<sup>st</sup>) ILP Violation if they then request a State Fair Hearing.
6. The Shelter Director must document, with a specific appointment slip that they requested to meet with the family to issue the First (1<sup>st</sup>) ILP Violation

C. Serving the First (1<sup>st</sup>) ILP Violation

1. A family's Case Manager serves a Notice of First (1<sup>st</sup>) ILP Violation by
  - a. Personal delivery
  - b. Placing the form in the family's room and/or in the family's mailbox (only if personal service fails).
2. The Case Manager must document service, or attempted service, to the family on the Notice of First (1<sup>st</sup>) ILP Violation.
3. The Notice of First (1<sup>st</sup>) ILP Violation is effective only when it is signed by
  - a. 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)
  - b. Case Manager
  - c. Shelter Director
4. After giving a First (1<sup>st</sup>) ILP Violation to a family, shelter staff must
  - a. Document in the case record that the family was served and informed of their right to a State Fair Hearing or Agency Conference.
  - b. Give the family the original violation notice, and place another copy in the case record and forward a copy to the shelter's DHS PA.
  - c. Continue to meet with and engage the family.
  - d. Continue to update the ILP.

V. **CRF PROCEDURE PROCESS for DISCONTINUANCE OF TEMPORARY HOUSING ASSISTANCE**

- A. Step One (1): Shelter staff must identify the grounds for a discontinuance as specified below:
1. Families who have demonstrated Gross Misconduct
  2. Families who have failed to seek and accept housing other than temporary housing assistance when such housing is available, or who have rejected suitable housing
  3. Families who have not applied for or do not have an open and active public assistance case



4. Families who have demonstrated unreasonable violations of their Independent Living Plans (ILP) after receiving a Notice of First (1<sup>st</sup>) ILP Violation

B. Step Two (2): Shelter staff must collect relevant documentation.

Shelter case management staff must review the client file, collect all relevant documentation detailing the noncompliance, and provide the information to the Shelter Director.

1. Individuals who have engaged in Gross Misconduct

- a. Statement of Client Rights and Client Code of Conduct (signed)
- b. Shelter Rules and Regulations (signed)
- c. Psychiatric evaluation/psycho-social evaluation
- d. CARES incident report
- e. DHS police report
- f. Witness statements
- g. Arrest reports
- h. Video footage/photographs
- i. Victim's hospital records
- j. List of eye-witnesses
- k. Evidence of mental health referrals, if applicable

2. Families who have failed to seek and accept housing when such housing is available, or who have rejected suitable housing:

- a. Statement of Client Rights and Client Code of Conduct (signed)
- b. Rules and Regulations (signed)
- c. Psychiatric evaluation/ psycho-social evaluation
- d. Independent Living Plan(s) stating requirements regarding seeking and accepting housing
- e. Housing placement documentation
  - 1) Appointment slips for housing interview/viewing
  - 2) Address of housing
  - 3) Case notes describing interview/appointment
  - 4) Documentation of housing placement offer (lease, witness testimony, etc.)
  - 5) Rejection Form
  - 6) Evidence of mental health referral, if applicable
  - 7) Information regarding any physical impairments
  - 8) Printouts from HPD or DOB demonstrating the suitability and safety of the housing

3. Families who have not applied for or do not have an open and active public assistance case.

- a. Statement of Client Rights and Client Code of Conduct (signed)
- b. Referral to HRA for public assistance of Independent Living Plan with public assistance task (signed).

- c. The CRF Procedure shall not be applied where families are not eligible for public assistance because of any of the following:
    - 1) PA sanction
    - 2) Income that exceeds the threshold
    - 3) Receipt of SSI/SSD, or
    - 4) Do not have legal immigration status.
4. Demonstrated (2<sup>nd</sup>) Violation of the Independent Living Plan (ILP)
- a. If the social services staff assesses unreasonable noncompliance by a family, they must collect the following documents for the Shelter Director's review
    - 1) DHS Statement of Client Rights and Client Code of Conduct (signed)
    - 2) Rules and Regulations (signed)
    - 3) Psychiatric evaluation/ psycho-social evaluation
    - 4) Documentation of noncompliance
    - 5) Notice of First ILP Violation
      - a) ILP
      - b) Appointment Slip
      - c) Case note describing specific noncompliance
      - d) First (1<sup>st</sup>) ILP Violation signed
    - 6) ILP Violations supporting the Client Responsibility Temporary Discontinuance of Shelter Recommendation (Attachment F).
      - a) Signed ILPs
      - b) Signed Appointment Slips
      - c) Case notes describing specific noncompliance
  - b. Shelter case management staff shall submit the above documents to the Shelter Director. The Shelter Director shall review the documents and either:
    - 1) Recommends proceeding with discontinuance of THA.
    - 2) Does not recommend proceeding with discontinuance of THA provides directions to shelter staff for what steps are needed for resolution.
- C. Step Three (3): After the Shelter Director analyzes and assesses the documentation provided, he or she must schedule and facilitate a Case Conference with the family and representative staff of the family's shelter (e.g., case manager, housing specialist). The purpose of the conference is to identify, understand, and address Gross Misconduct, as well as to resolve any noncompliance issues. The Shelter Director must facilitate the development of a concrete course of action plan. The information addressed in the case conference, specifically detailing how the family will comply and the role of the staff, must be documented in the case record.

In cases of Gross Misconduct, depending on the circumstances, there may not need to be a case conference. All levels of review must be completed in forty-eight (48) hours.



1. Possible Outcomes

- a. Shelter Director recommends temporary discontinuance of THA for the individual's Gross Misconduct; failure to seek and accept housing; not applying for or maintaining an open and active public assistance case; or, ILP Violations.
- b. Shelter Director does not recommend temporary discontinuance of THA until giving the Family an opportunity to follow through on the identified course of action plan (eg. alternative methods of addressing noncompliance).

D. Step Four (4): If Shelter Director recommends discontinuing THA, he or she shall fill out the required Client Responsibility Temporary Discontinuance of Shelter Recommendation Form. The Shelter Director must submit this signed form, the case file and all accompanying documentation to the DHS PA.

E. Step Five (5): The DHS PA shall review the Client Responsibility Temporary Discontinuance of Shelter Recommendation Form and all submitted documentation.

1. Possible Outcomes

- a. DHS PA recommends discontinuance of THA and sends the Client Responsibility Temporary Discontinuance of Shelter Recommendation Form and all relevant documentation to DHS OCAC.
- b. DHS PA does not recommend discontinuance of THA and provides suggestions for corrective action to the shelter.

F. Step Six (6): DHS OCAC shall record and assign the case to an OCAC staff member. The OCAC shall review all relevant documents for the Client Responsibility Temporary Discontinuance of Shelter Recommendation.

1. Possible Outcomes

- a. DHS OCAC recommends discontinuance of THA and sends all relevant documentation to DHS Legal.
- b. DHS OCAC does not recommend discontinuance of THA and provides suggestions for corrective action to the DHS PA.

G. Step Seven (7): DHS Legal shall review the case to ensure that all relevant documentation has been submitted. If relevant documentation is missing, DHS Legal shall request further information and documentation from the DHS PA or shelter staff.

1. Possible Outcomes

- a. DHS Legal recommends discontinuance of THA and sends all relevant documentation to DHS Office of Health Care Policy and Administration (OHCPA).
- b. DHS Legal does not recommend discontinuance of THA and provides suggestions for corrective action to the DHS OCAC.

- H. Step Eight (8): DHS OHCPA shall assess whether the family/client has any mental health or physical impairments that affect, or prevent, their ability to comply.
1. Shelter staff must refer families/clients with diagnosed physical impairments or mental health conditions for assessment and treatment and make necessary accommodations to promote their ability to comply with the Code of Conduct.
  2. Possible Outcomes:
    - a. DHS OHCPA recommends a Health Case Conference that includes: the DHS PA, Shelter Director (or a Shelter Administrator i.e., Assistant Director, Site Coordinator, etc.), and the family/client. The purpose of the conference is to identify, understand, and resolve any medical or mental health issues which might impact on areas of noncompliance, and to develop a concrete course of action plan. The information addressed in the case conference, specifically detailing the steps the family needs to achieve and the role of the staff are essential if the decision arises to pursue a sanction and all such information must be documented in the case record.
    - b. DHS OHCPA recommends discontinuance of THA for the family/individual's Gross Misconduct or violation of their ILP.
    - c. DHS OHCPA does not recommend discontinuance of THA.
- I. Step Nine (9): Following OHCPA review, the case is referred back to the DHS OCAC to determine whether to discontinue THA.
- J. Step Ten (10): Families with Administration for Children's Services Cases (ACS)
1. If the family has an open case with the Administration for Children's Services (ACS), ACS shall be contacted by DHS OCAC. DHS OCAC may recommend a joint Elevated Risk Conference to address the safety and health concerns of the family's children.
  2. Possible Outcomes
    - a. The DHS PA schedules and facilitates an ACS Case Conference and includes the DHS PA, Shelter Director (or a Shelter Administrator i.e., Assistant Director, Site Coordinator, etc.), ACS staff, if available, and the family. The DHS PA's role is to work with ACS, the family and staff to identify, understand and resolve issues of noncompliance, address any issues which impact health and safety of the children and develop a concrete course of action plan. The information addressed in the case conference, specifically detailing the action steps the family needs to achieve is essential if the need arises to pursue the discontinuance of THA and must be documented in the case record.
    - b. The DHS PA recommends discontinuance of THA for the family/ individual's Gross Misconduct or violation of the ILP.



- c. The DHS PA does not recommend discontinuance of THA until giving the family an opportunity to follow through on the identified course of corrective action; or, until after exhausting all other alternative methods of addressing noncompliance.

K. Step Eleven (11): If the Shelter Director and DHS PA determine there has been no demonstrable improvement in the family/client's compliance with the responsibilities, the Shelter Director shall schedule a final mandatory case conference with the family/client, shelter staff member(s) responsible for working with the family/client and the DHS PA. This conference must be scheduled within seven (7) days after the review.

If the family/client does not show up for this meeting, the DHS OCAC may send the case to DHS Legal to approve and draft a Notice to Temporarily Discontinue Temporary Housing Assistance (NOD). If shelter staff members are not present at the meeting, the DHS PA may only consider the family/client's point of view.

1. DHS OCAC recommends discontinuance of THA and DHS Legal shall draft an NOD.
2. DHS Legal shall send the NOD to the DHS OCAC who will forward it to the DHS PA and the Shelter Director who will serve the family/client and obtain signatures.
3. DHS OCAC does not recommend discontinuance of THA and the DHS PA shall provide steps for corrective action.

L. Step Twelve (12): After being served the NOD, the family has sixty (60) days to request a NY State Fair Hearing and may remain in the shelter pending the decision, if the hearing was requested within ten (10) days of service.

If the family has an open case with ACS, DHS OCAC shall contact ACS about the impending decision to discontinue THA and the Family Referral Form for Temporary Shelter Discontinuance is completed by the DHS PA and placed in the case record (Attachment G).

M. Step Thirteen (13): If the family does not request a State Fair Hearing within ten (10) days of the issuance of the NOD, DHS OCAC shall request that DHS Legal draft a Temporary Discontinuance of Temporary Housing Assistance Enforcement Letter (NOE) (Attachment H). The NOE shall be provided to the Shelter Director who shall serve the client with the NOE. The individual client named on the NOE must vacate the shelter premises by curfew that night. That individual shall not be allowed to return to shelter for thirty (30) days or until demonstrated compliance, whichever is longer. In situations where the entire family's THA has been discontinued, the shelter must store the client's belongings for at least seven (7) days. **However, if a client shows proof that he or she applied for public assistance, the client must be allowed back into shelter.**

VI. Clients whose shelter services were discontinued for thirty (30) days or until demonstrated compliance as the result of CRF Procedure are eligible for THA after the discontinuance period for up to sixty (60) days. They must reapply at DHS Family Intake.

## **ATTACHMENTS**

- A. Statement of Client Rights and Client Code of Conduct
- B. Client Apartment Review Checklist
- C. Client Apartment Rejection Form
- D. First (1<sup>st</sup>) ILP Violation Form
- E. Notice to Temporarily Discontinue Temporary Housing Assistance (NOD)
- F. Client Responsibility Temporary Discontinuance of Shelter Recommendation
- G. Family Referral Form for Temporary Shelter Discontinuance
- H. Temporary Discontinuance of Temporary Housing Assistance Enforcement Letter (NOE)





SHELTER NAME: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

FAMILY COMPOSITION: # ADULTS \_\_\_\_\_ # CHILDREN \_\_\_\_\_

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

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## STATEMENT OF CLIENT RIGHTS AND CLIENT CODE OF CONDUCT

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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.

**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:**

7. 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.
8. 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.
9. Each family member is limited to bringing two bags of personal belongings into the shelter.
10. 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).
11. You are not permitted to smoke or possess/consume alcoholic beverages in the shelter.
12. Excessive noise and disrespectful behavior towards fellow residents/shelter staff will not be tolerated.
13. All residents must be properly dressed while on the grounds of the residence. You may not appear outside your unit undressed or partially dressed.
14. When directed, you are required to leave your unit/the building during fire drills, evacuations, and other safety exercises.
15. 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.
16. 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.
17. School-aged children are required to attend school.
18. 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.
19. Shelter staff has the right to check your room every day.
20. Overnight stays outside of the shelter are not permitted unless pre-approved by shelter staff.
21. You must leave your unit keys with shelter security staff when leaving the facility and you must sign in and out with your children when entering and exiting the shelter.



- 22. 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.
- 23. 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.
- 24. You may not change the locks on your unit or add additional locks.
- 25. 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.
- 26. You must notify shelter staff whenever you or anyone in your family becomes ill.

**Compliance with Public Assistance and Client Contribution is a Requirement for Staying in Shelter:**

- 27. You are required to apply for and, if eligible, keep open a Public Assistance (PA) case with HRA.
- 28. You must cooperate to determine available resources, and apply for and use any benefits and resources that will reduce or eliminate the need for shelter.
- 29. If you have income, you are required to pay towards the cost of your stay in temporary shelter. If you have an open PA case, HRA will determine the amount, if any, that you must contribute towards the cost of your shelter.
- 30. If you have income and you are not eligible for PA, you must contribute 30% of your family's gross income towards the cost of your shelter.

*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 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



**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:  
\_\_\_\_\_



<b>ADDRESS</b>	<b>Apt.</b>	<b>Bedrooms</b>	<b>Contact Number</b>
Boro:                      zip:			

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

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

**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





Department of Homeless Services

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.



**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 34<sup>th</sup> 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.

#### **DHS-10A (Rev. 7/05) (p.2)**

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:





Department of Homeless Services

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 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 shelter will be temporarily discontinued unless you take the steps described on this form to appeal this decision by requesting a State Fair Hearing.**  
Enter date ten (10) days from date client is served notice

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*

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION**





Department of Homeless Services

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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.)

Three horizontal lines for providing an explanation of disagreement.

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.

RIGHT TO A CONFERENCE: You may have a conference to review these actions. At the conference, if we discover that we made a wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at (212) 361- 8012. This is not the way to request a Fair Hearing. If you want to request a fair hearing, you must follow the instructions above. If you ask for a conference, you are still entitled to a Fair Hearing.

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...



Department of Homeless Services

DIVISION OF FAMILY SERVICES

Rev'd. 7/10/09

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

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

Client Signature: \_\_\_\_\_

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

Client accepted Notice but refused to sign acknowledgement.

Date and time of acceptance: \_\_\_\_\_

Client presented with Notice but refused to accept.

Case Manager Signature: \_\_\_\_\_

Shelter Director Signature: \_\_\_\_\_

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





Division of Family Services

Rev'd. 7/10/09

## CLIENT RESPONSIBILITY TEMPORARY DISCONTINUANCE OF SHELTER RECOMMENDATION

<b>To:</b>	Department of Homeless Services		
<b>From:</b>	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:

<b>Section I</b>			
<b>CLIENT IDENTIFICATION INFORMATION</b>			
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)	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; text-align: center; border: none;">Yes/Date</td> <td style="border: none;">No/Explain</td> </tr> </table>	Yes/Date	No/Explain
Yes/Date	No/Explain		
Family Composition:  <div style="text-align: center;">             Adults _____ Children _____           </div>	Does client have an open, closed, or pending case with the Administration for Children's Services? (Specify)		
<b>Does client have physical or mental health impairment? Was it previously documented? (If YES, please specify and attach documentation)</b>			
Physical Impairment: (Specify below)	Mental Impairment: (Specify below)		
Any additional information to be taken into consideration: (Specify)			

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

--

<b>Section II- GROUND(S): GROSS MISCONDUCT</b>
--

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):

--

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<b>Section II- GROUND(S): REPEATED VIOLATION OF THE ILP</b>
---

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

--

--

--

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

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)

--

--

<b>Section III SHELTER DIRECTOR SIGNATURE</b>
---

Completed by: (Print Name):	Title:	Signature:	Date:
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<b>Section IV DHS REVIEW AND DETERMINATION:</b>
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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:	





Gilbert Taylor  
Commissioner

33 Beaver Street  
17th Floor  
New York, NY 10004

212.361.8000 tel  
212.361.8001 tty  
212.361.7977 fax

**Notice of Temporary Discontinuance of Temporary Housing Assistance  
Enforcement Letter (NOE)**

**DATE:**

**BY HAND TO:**  
**(Name and Shelter Address):**

**DEAR: (Client's Name):**

On the following date, \_\_\_\_\_, Mr./Ms. \_\_\_\_\_, (title),  
At (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 the following 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 the following shelter: \_\_\_\_\_ until you \_\_\_\_\_

Or, for a period of \_\_\_\_\_ days, whichever is period is longer (if applicable).

If you have a 30-day discontinuance period it will end on this date: / / . 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] w/Date**

\_\_\_\_\_  
**[Shelter Director] w/ Date**

**Client refused to sign.**





Department of Homeless Services

Division of Family Services

Rev'd 06-18-15

FAMILY REFERRAL FORM FOR TEMPORARY SHELTER DISCONTINUANCE

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 the 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ and the case was / was not accepted \_\_\_\_\_;
- Family referred to another appropriate Service agency:  
(Specify) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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