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**APS Policy Bulletin #2023-002**

**Date: August 7, 2023**

**DISTRIBUTION: ALL APS STAFF**

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## **MEALS ON WHEELS**

*(This Policy Bulletin replaces Case Management Procedure (CMP) #26)*

### ■ **PURPOSE**

This procedure:

- revises the participation criteria for the New York City Department for the Aging-funded Meals on Wheels food delivery program to disallow eligibility for Medicaid participants;
- updates the APS Referral for Home Delivered Meals (**W-761C**); and
- updates the Notification to Meals on Wheels of APS Termination (**W-105E**).

This procedure is for Human Resources Administration (HRA) Adult Protective Services (APS) case management staff who make referrals to Meals on Wheels. It is informational for all other APS staff.

### ■ **BACKGROUND**

Meals on Wheels provides home delivered meals to elderly homebound individuals who may otherwise go hungry. A local Case Management Agency (CMA) will determine the client's eligibility for Meals on Wheels. The CMA will assess individuals referred to Meals on Wheels in their home. The CMA in-home assessment process is waived for APS clients referred to Meals on Wheels because the APS Caseworker is the primary case manager for the client. The assessment waiver allows APS clients to be fast-tracked and prioritized in the application process for Meals on Wheels.

### ■ **POLICY REVISION**

Effective April 15, 2023, new APS clients who receive Medicaid and current APS clients who are new to Medicaid are **not** eligible for the New York City Department for the Aging-funded Meals on Wheels (MOW) Program. APS clients who are Medicaid participants **and** receiving MOW **prior** to April 15, 2023 remain eligible for the MOW program.

## ■ ELIGIBILITY CRITERIA

APS clients referred to MOW must meet the following criteria:

- 60 years of age or older
- **Not participating in Medicaid**
- Unable to attend congregate meal sites unattended
- Homebound and incapacitated due to physical or mental frailty, accident, or illness
- Isolated due to lack of family, friends, or neighbor support
- Unable to prepare meals due to one or more of the following:
  - Lack of facilities, such as refrigeration, stove, etc.
  - Inability to shop, cook, or safely prepare meals for self
  - Financial hardship
- Able answer the door to receive meals
- Able to eat without instruction or prompting
- Able to understand that they will be receiving daily meal delivery
- Either lack home care, refuse home care, or have less than 20 hours a week of home care
- Lack another person who can regularly supply meals
- Able to live safely at home

## ■ REQUIRED ACTION

### A. REFERRING AN APS CLIENT FOR MEALS ON WHEELS

When a Caseworker encounters a client who is at risk of going hungry, the Caseworker will assess the client's eligibility for MOW based on the criteria listed above. If the client meets the criteria, the Caseworker will complete the APS Referral for Meals on Wheels (**W-761C**) and forward it to the Unit Supervisor for review and signature.

**Note:** The APS Caseworker must not be listed as the designated APS contact for MOW. The Unit Supervisor or Office Liaison should be listed instead.

Once the Supervisor reviews and signs the referral **W-761C**, the Caseworker will call the CMA representative to verbally refer the client for MOW. The Caseworker must then email/fax the **W-761C** to the CMA. The CMA will notify the Caseworker if any follow-up is needed for the referral.

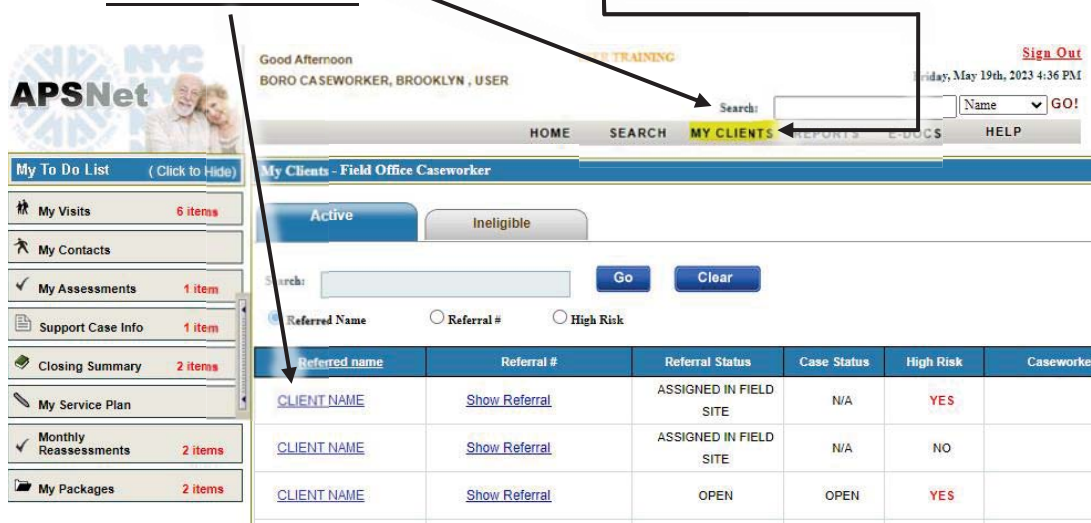
**Note:** If the care plan is for the client to receive home care, the Caseworker must notify the local CMA when home care begins and terminate MOW using form **W-105E**. ([See Section D CLOSING AN APS CASE WITH MEALS ON WHEELS.](#))

The Caseworker must scan and index the completed and signed **W-761C** to HRA One Viewer as a **W-761C DOC** type. See **Attachment A** for instructions on scanning and indexing documents.

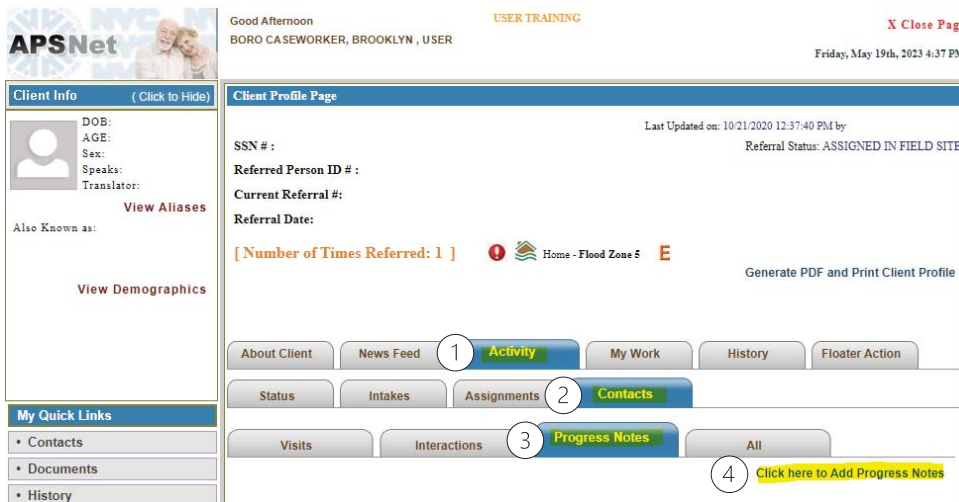
The Caseworker must also document the referral in the APSNet Case Management System (APSNet) as discussed below.

1. Adding Progress Notes into the APSNet Case Management System

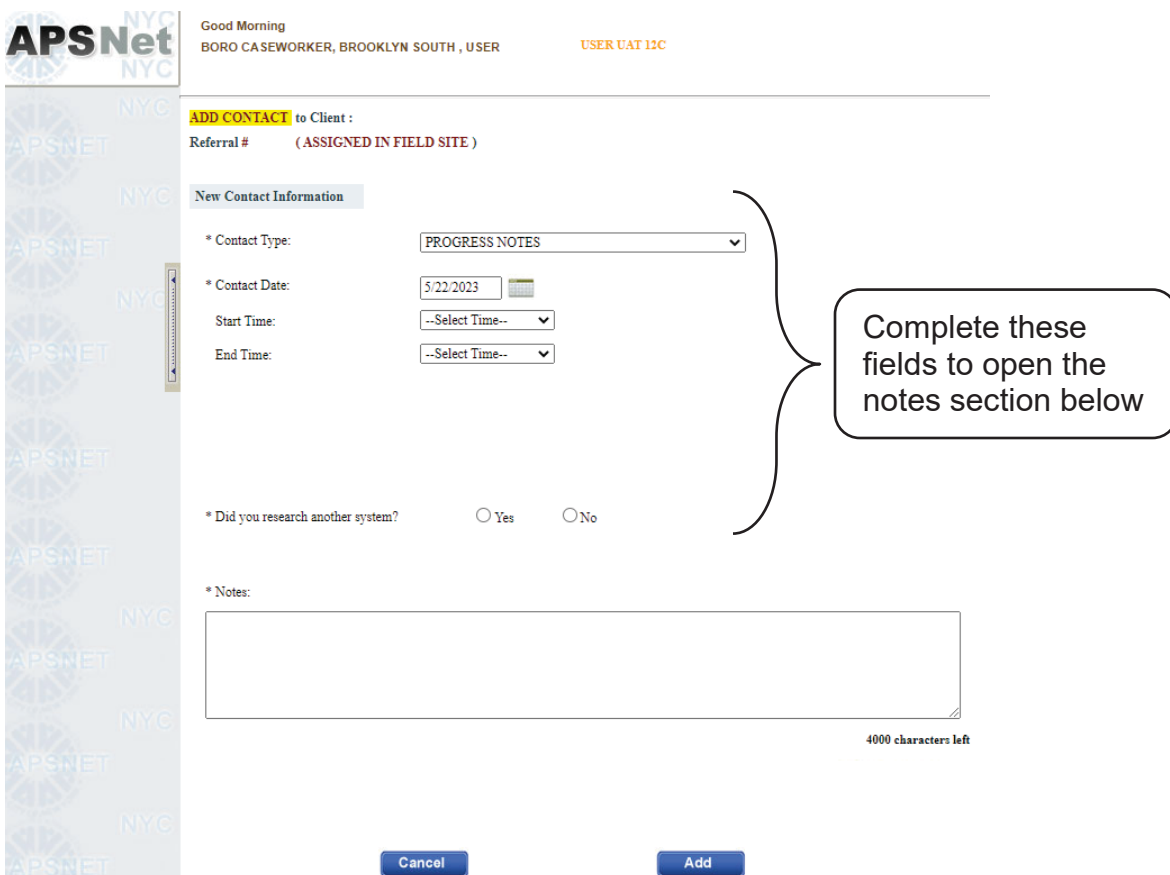
Open APSNet and go to the client’s profile page by searching for the client by name in the Search bar or clicking “MY CLIENTS” on the home page, then clicking on the name of the client.



On the Client Profile Page, select ① Activity, then ② Contacts, then ③ Progress Notes, and finally ④ “Click here to Add Progress Notes”.



To access Progress Notes, complete the Contact Type, Contact Date, Start Time, End Time, and “Did you research another system” fields. Once those choices are entered, a text box will appear below. Enter the progress notes in the box and click “Add” to save the note.



## B. ACCEPTING A CASE FOR MEALS ON WHEELS

The CMA will notify APS by phone or email of the client's eligibility and, if the case is accepted, when service is scheduled to begin. The Caseworker must note the start date in the APSNet notes (as instructed in [Section A.1](#)). The Caseworker will call or visit the client to notify the client that MOW is starting.

## C. DELIVERY OF MEALS

### 1. Client Does Not Answer the Door for Meal Delivery

If the client does not answer the door for a meal delivery, the CMA will attempt to reach the emergency contact listed on form **W-761C**. The CMA will contact the APS Field Office Liaison (Liaison) to alert APS that no one answered the door. The Liaison will email the CMA to acknowledge the contact and confirm that a reply is forthcoming. The Liaison will conference the assigned Caseworker/designee who will ensure the client's safety. The Caseworker must reply to the CMA promptly with an explanation for why the client did not answer the door and any resolution. The CMA will also alert the Liaison when mistreatment of the client is suspected as the reason that the client is not answering the door. The Caseworker must record these contacts in the APSNet.

### 2. Client is Repeatedly Not at Home

If the client is repeatedly not at home to accept meals when they are delivered, the Caseworker will meet with the Unit Supervisor to assess whether MOW is appropriate or whether changing the MOW schedule or delivery type may help. They may consider different delivery days or frozen foods as alternatives.

To make changes to a Client's MOW plan, the Caseworker must call the CMA that is providing meals for the client to request the change and document the revision in the APSNet notes.

#### D. CLOSING AN APS CASE WITH MEALS ON WHEELS

To close an APS case receiving Meals on Wheels, the Caseworker will complete the Notice to Meals on Wheels of APS Termination (**W-105E**). The Caseworker will choose one of the following reasons for termination based on the following:

- “Client will no longer need Meals on Wheels”
  - Client has an alternate source of food.
  - Client has moved or passed away.
- “Client no longer needs APS service but continues to need Meals on Wheels”
  - Client is being removed as an APS client but should still receive Meals on Wheels under the responsibility of the CMA.
- “Client is no longer eligible to receive Meals on Wheels”
  - Client receives 20 or more hours of home care.
  - Client has a permanent responsible party to provide food assistance.
  - Client is hospitalized for over 30 days or institutionalized.

**Note: If the client loses eligibility, the Caseworker must explain the reason for termination in the ‘Ineligibility Reason’ box on the W-105E.**

The Caseworker will submit the completed **W-105E** to the Unit Supervisor for review and signature, and then send the finalized **W-105E** to the CMA to notify them of the effective closing date and reason. The Caseworker must scan and index the completed **W-105E** into the HRA OneViewer. The Caseworker must also document the service change in the APSNet notes. If meals are to continue for a client who is no longer receiving APS services, the Caseworker **must** alert the local CMA to ensure that they assign a case manager to assess the case for continued eligibility with the CMA.

In instances where APS did not originally initiate MOW for a client, the Caseworker **must not** use the **W-105E**. In these situations, Caseworker must email the CMA to advise that the MOW case needs to be terminated. Caseworker must make a note of this plan change in the APSNet notes.

Effective Immediately.

■ **ATTACHMENTS:**

**Attachment A**      Scanning and Indexing Instructions to HRA One Viewer  
**W-761C**            [APS Referral for Meals on Wheels](#)  
**W-105E**            [Notification to Meals on Wheels of APS Termination](#)

■ **RELATED ITEMS:**

[Adult Protective Services Procedures Manual](#)

## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

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## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

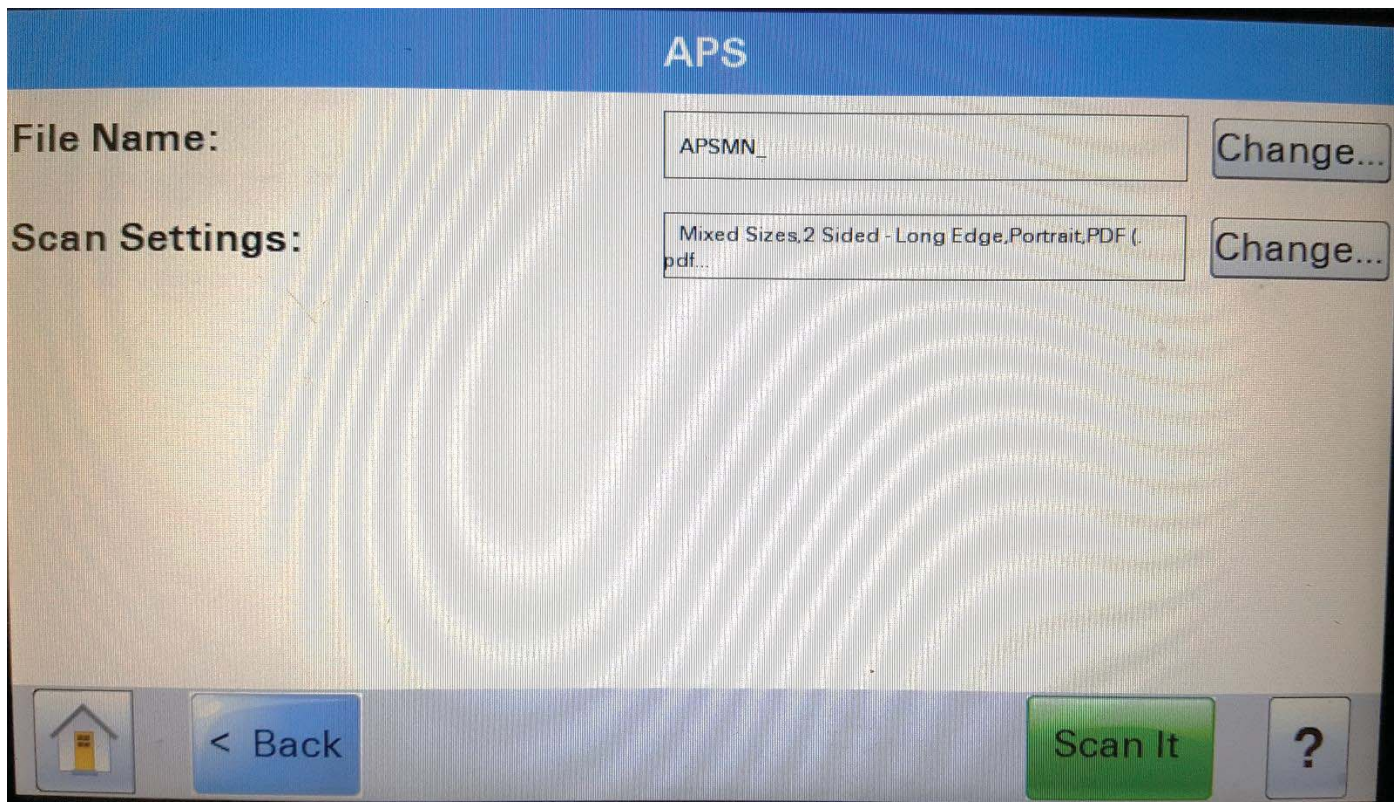
### Scanning Documents

1. From your scanner, click on the **Scan to Network** icon.
2. Next choose the **APS** button.
3. For the file name, add in your LAN ID.

**Note:** Do not change the scan settings and scan adjustments.

4. Put your documents into the automatic feeder and then click **Scan**.

**NOTE:** You don't have to print/scan APSNet Documents (e.g. 3602a, 3602b, 3602c, 3603, or Contacts). Instead, you can save them as a PDF on your computer, and then index them directly to HRA One Viewer. See page 11 for instructions.



## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

5. Your scanner should start scanning in your documents from the feeder. If there are multiple documents to index do the following:
  - a. Scan the first document
  - b. Click on **Finish this job**
  - c. Click on **Yes, to scan to the same destination**

**Scan Submitted.**


Pages: 1  
Date: 2017 25 Sep.  
Time: 03:09 PM

Would you like to scan additional documents?

Yes, to same destination

Yes, to a different destination

No



- d. Repeat steps A – C for all other documents to be scanned
- e. When you finish the last scan click on **No**

## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

### Downloading APSNet Documents

1. From the client profile page, click on the **Documents** tab.

The screenshot shows the APSNet Client Profile Page. The top navigation bar includes 'Good Afternoon', 'MANAGERIAL, APS, HELP DESK ADMINISTRATOR', and 'Friday, October 5th, 2018 2:51 PM'. The main content area is divided into several sections:

- Client Info (Click to Hide):** Contains fields for DOB, AGE, Sex, Speaks, and Translator. It also includes links for 'View Aliases' and 'View Demographics'.
- Client Profile Page:** Displays 'SSN #', 'Referred Person ID #', 'Current Referral #', and 'Referral Date:'. A summary shows '[ Number of Times Referred: 1 ]'. A 'Generate PDF and Print Client Profile' button is located at the bottom right of this section.
- Navigation Tabs:** A row of tabs includes 'About Client', 'News Feed', 'Activity', 'My Work', 'History', and 'Floater Action'. Below this, a second row of tabs includes 'About', 'Medical', 'Housing', 'Finances', 'Documents' (highlighted with a red box), and 'Other Info'.
- Client Description:** A section with fields for Height, Weight, Eye Color, Race, Ethnicity, and Hair Color. It also includes 'Identifying Features:' and 'Language for Correspondence:'.

2. From there click on the document name (i.e. 3602b).

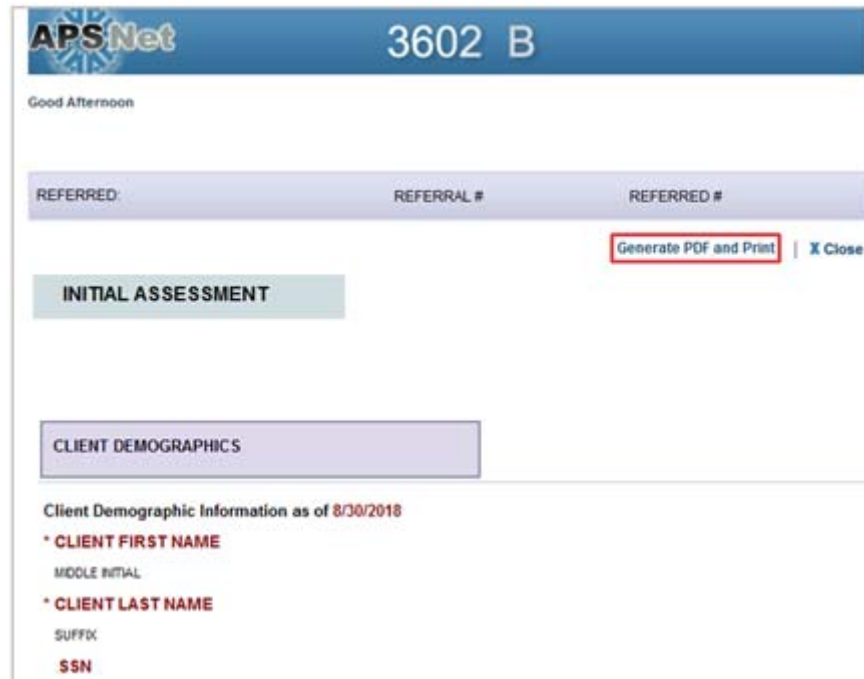
This screenshot shows the 'Client's Documents' section of the APSNet interface. The 'Documents' tab is selected and highlighted. The page displays a list of documents for the current referral:

- 3602A
- Initial Assessment
- Supporting Case Info
- **3602B** (highlighted with a red box)
- Service Plan

Each document entry is associated with fields for 'Referral Date:', 'CIU Caseworker:', 'CIU Supervisor:', 'Decision Date:', and 'FOS Supervisor:'. A 'Click Here To Hide Details' link is visible at the top right of the document list area.

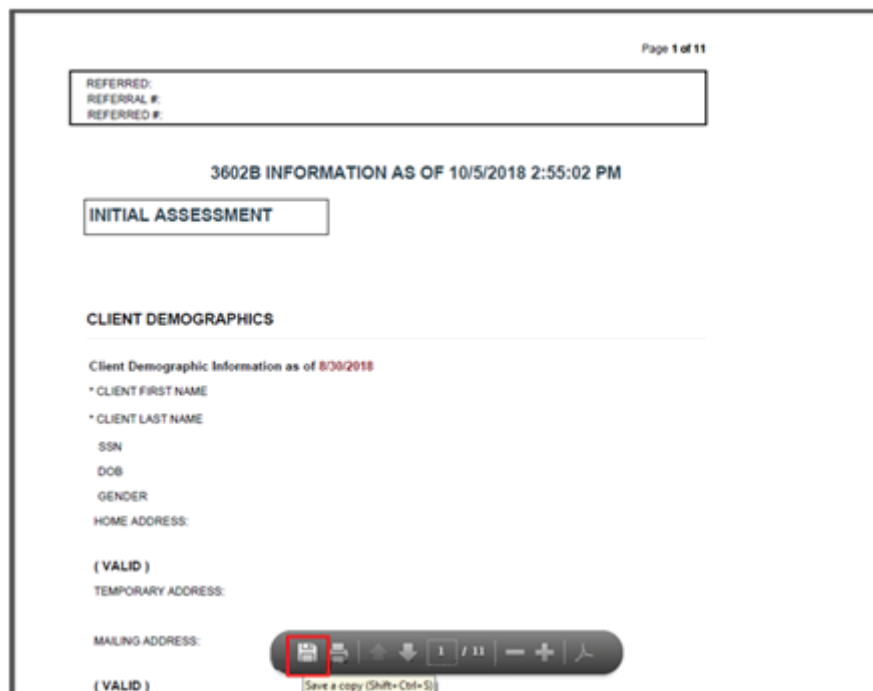
## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

3. Click on **Generate PDF and Print** link to create a PDF version of the document.



The screenshot shows the APSNet interface for client 3602 B. At the top, there is a blue header with the APSNet logo and the client ID '3602 B'. Below the header, it says 'Good Afternoon'. There is a table with columns 'REFERRED', 'REFERRAL #', and 'REFERRED #'. To the right of the table, there is a red-bordered button labeled 'Generate PDF and Print' and a link 'X Close'. Below the table, there is a green button labeled 'INITIAL ASSESSMENT'. Further down, there is a purple button labeled 'CLIENT DEMOGRAPHICS'. Below this button, it says 'Client Demographic Information as of 8/30/2018'. There are several red asterisks followed by labels: '\* CLIENT FIRST NAME', 'MIDDLE INITIAL', '\* CLIENT LAST NAME', 'SUFFIX', and 'SSN'.


4. Save the document as a PDF on your computer (e.g. desktop).

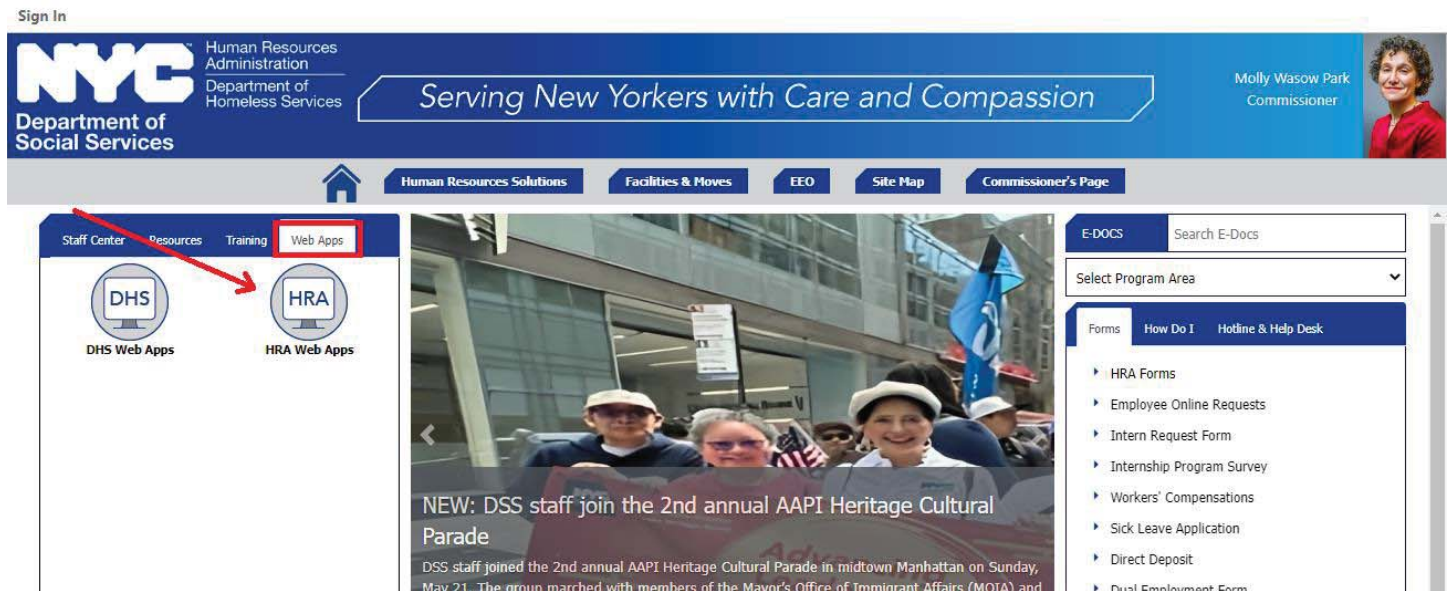


The screenshot shows the APSNet interface for client 3602 B, now displayed as a PDF document. At the top right, it says 'Page 1 of 11'. There is a table with columns 'REFERRED', 'REFERRAL #', and 'REFERRED #'. Below the table, it says '3602B INFORMATION AS OF 10/5/2018 2:55:02 PM'. There is a green button labeled 'INITIAL ASSESSMENT'. Further down, there is a purple button labeled 'CLIENT DEMOGRAPHICS'. Below this button, it says 'Client Demographic Information as of 8/30/2018'. There are several red asterisks followed by labels: '\* CLIENT FIRST NAME', '\* CLIENT LAST NAME', 'SSN', 'DOB', 'GENDER', 'HOME ADDRESS:', '( VALID )', 'TEMPORARY ADDRESS:', 'MAILING ADDRESS:', and '( VALID )'. At the bottom, there is a PDF viewer toolbar with a red-bordered button labeled 'Save a copy (Shift+Ctrl+S)'. Below the toolbar, it says '( VALID )'.

# SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

## Indexing Documents

1. From your Work PC, open your Microsoft Edge web browser 
2. Once on the HRA Intranet home page, first click on **Web Apps**, and then click the **HRA Web Apps** icon to search for the **HRA Indexing System link**.



3. Under the letter-H section, click on **HRA Indexing System**.

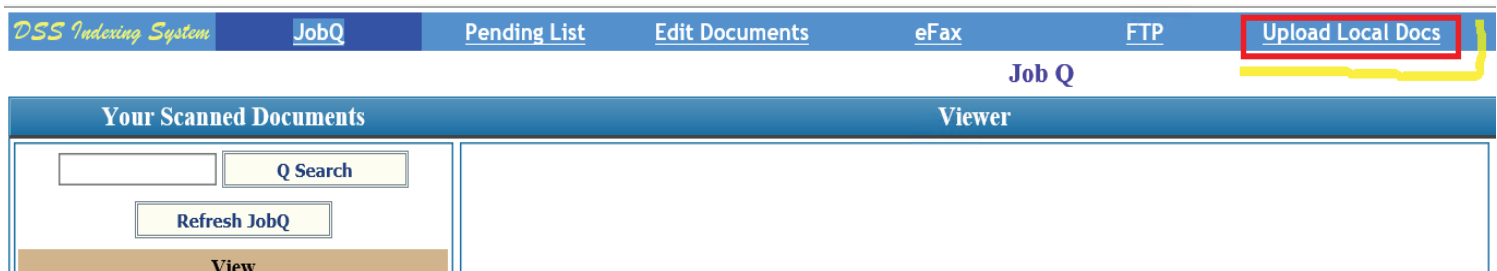


## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

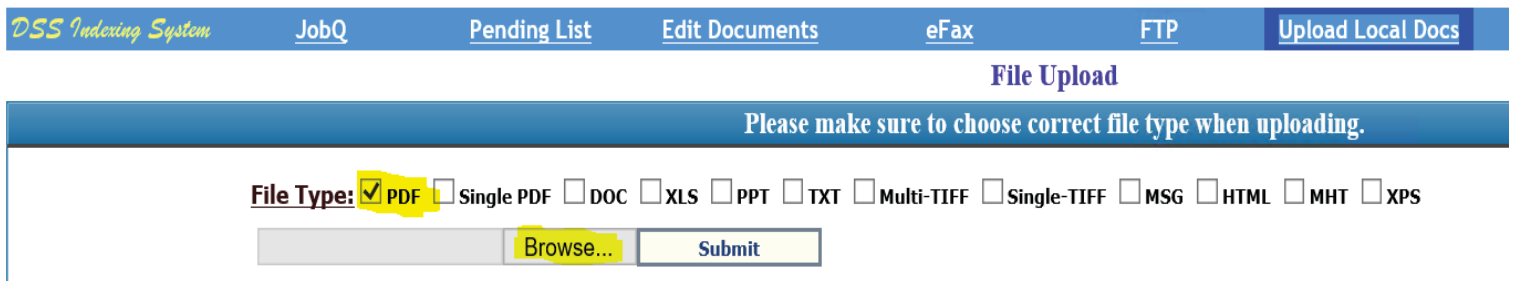
4. The HRA Indexing System login page will open. Please login with your username, password, and site name.
  - a. **Username:** Your LAN ID
  - b. **Password:** Submit a General Incident ticket online through [ServiceNow](#) or by calling 929-294-7335 for the default password
  - c. **Choose your Site Name** (i.e. APS)



5. From the indexing system click on **Upload Local Docs**. This option is only for the documents that you downloaded on your computer. To index a scanned document, skip to step 9.

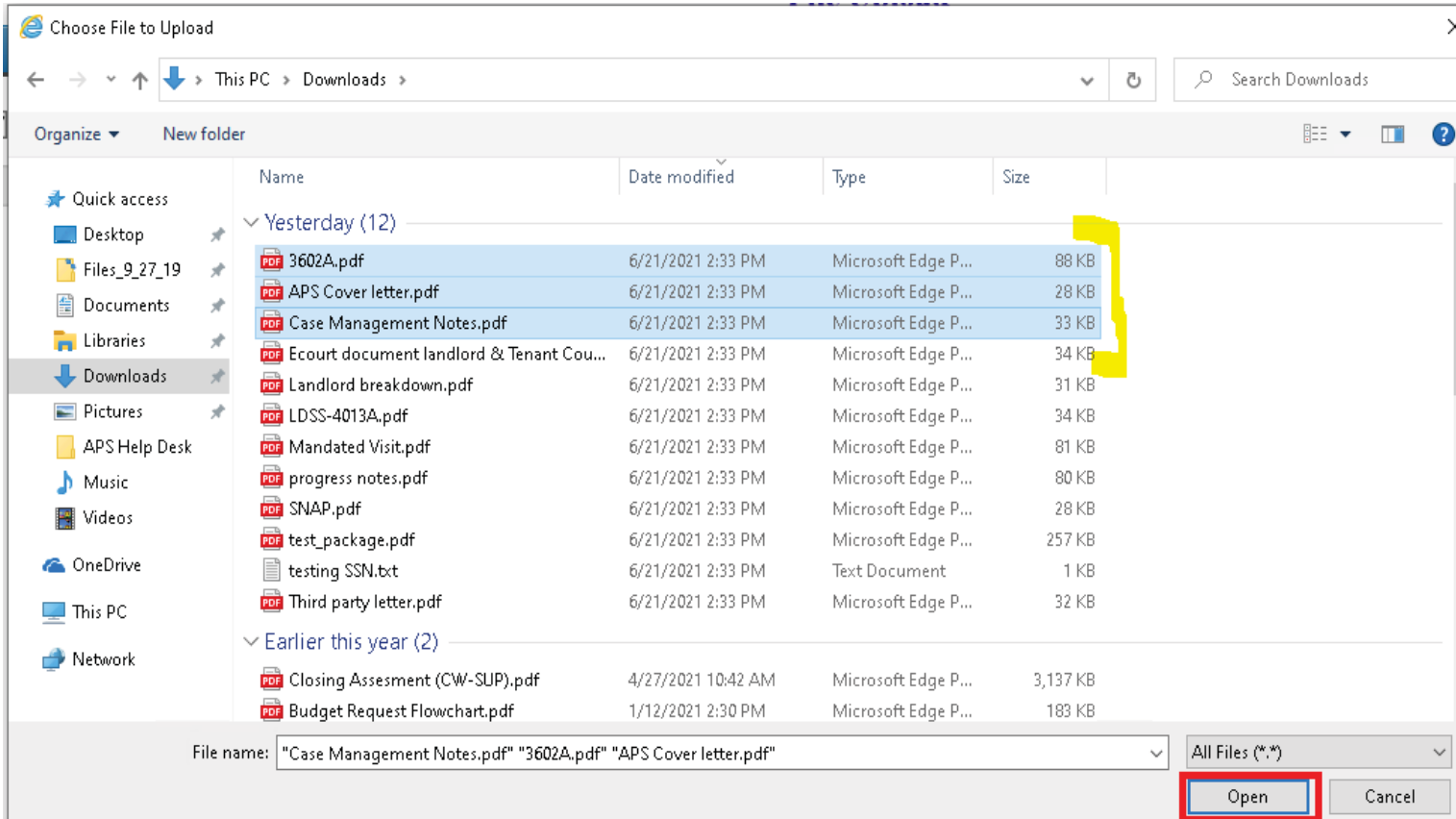


6. Check on **PDF** option. Then click on **Browse** to search the files on your computer.

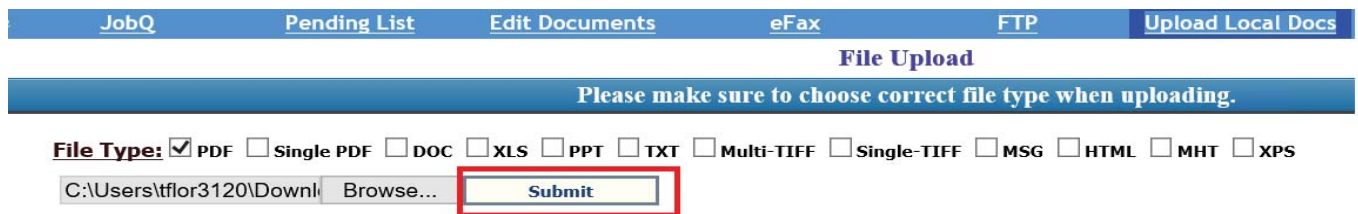


## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

7. Click on **Add Files** Button and select the file(s). You can add multiple files! Then click on **Open** button.



8. Click on the **Submit** button.



## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

9. Next, click on the **JobQ** link. Find the document that you would like to index, by pressing the corresponding **View** link, next to the document.

DSS Indexing System **JobQ** Pending List Edit Documents eFax FTP Upload Local Docs

**Job Q**

**Your Scanned Documents** **Viewer**

Q Search  
Refresh JobQ

View	Item
<a href="#">View</a>	tflor3120_06222021lbeu5049LB0
<a href="#">View</a>	tflor3120_06222021lbeu5049LB1
<a href="#">View</a>	tflor3120_06222021lbeu5049LB2

10. On the right-hand side of the screen, enter the SSN of the client to which you would like to index this document, then select **Search**. Confirm that the SSN belongs to the correct client, by looking at the Client Demographics that are shown below. If the demographics match, click on **Confirm** to proceed.

**Note:** Please make sure that the following is true, before entering a client's SSN:

- Client's SSN has been entered in the client's record in APSNet.
- Client is active and assigned to your field office site in APSNet.

**Viewer** **Document Type & Client Information**

IS LANDLORD'S AGENT / SUPERINTENDENT AN ORGANIZATION?

HOUSEHOLD MEMBERS AT RISK

DOI SCREENING

DOB

SSN

L&T COURT CASES

DATE	DOCKET #	CASE TYPE	RENT ARREARS AMOUNT	ANSWER NOTICE	DEFAULT JUDGMENT	REPRESENT BY	OSC	STIP	LAST STIP DATE

WMS MATERIAL

CASH ASSISTANCE DATE	PURPOSE

\* SHOULD THIS REFERRAL BE TREATED AS AN EMERGENCY?

Is there any blank pages? OR is it multi-doc batch?  No  Yes

Do you have a page separator?  No  Yes

Threshold limit :

Page separator type?  BlankPage  Barcode

Report To:  No  Yes

Year:  Tracking#:

Document Date:

**Client Information:**

APS\_SSN

Search

**CLIENT\_ID** **SSN** **CLIENT\_NM**

Confirm



## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

11. Choose the **document type**, from the 'Doc. Type' dropdown.

The screenshot shows the HRA One Viewer interface. On the left, there is a search section with 'Previous CIN' and 'Next CIN' buttons, a 'DocType Search' section with 'Key Search:', 'Doc. Filter:', and 'Doc. Type:' dropdown menus. The 'Doc. Type:' dropdown is highlighted with a red box and shows 'Select' as the current selection. Below this are 'Year:' and 'Doc. Date:' fields. At the bottom left is a 'Client's Index Information' table with columns for 'BATCHID' and 'Borough'. On the right, there is a document details section with 'Page 1 of 4' at the top right. It includes fields for 'REFERRED:', 'REFERRAL #:', and 'UPDATE #:'. Below that is 'ACTIVE ADDRESS INFORMATION AS OF' with 'RESIDENTIAL:' and 'MAILING:' fields. Further down is 'INTERVIEW INFORMATION AS OF 6/17/2021 4:50:15 PM' with 'Interview Created On:', 'Created By:', 'Last Submitted On:', and 'Last Submitted By:' fields.

Please note the different **document types available**:

APS Cover letter	Inter/Intra Agency Correspondence
Notice of intent to discontinue protective services	Correspondence/Notices
APS Mandated visit	Home Visit/Homebound Documentation
APS Intake form 3602A	Inter/Intra Agency Correspondence
APS Progress Notes	Inter/Intra Agency Correspondence
Landlord Letter Statement from Non-Relative Landlord	Housing Information
RAU W-146E Excess Rent & Third Party Proof of Income	RAU
RAU Landlord Breakdowns	RAU
LDSS-2921 Application for PA-MA-FS Benefits	Inter/Intra Agency Correspondence
Landlord Tenant Court Documents	Correspondence/Notices
Case Management Notes	Inter/Intra Agency Correspondence
LDSS-4013A NYC Action Taken On Your Application PA FS and MA	Correspondence/Notices



## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

13. Click on **Assign DocType** to complete the indexing of all document types.

**Identity**

**Page Selection Options**

From  To

Simplex  Duplex  Reset

---

Select All  ODD Pages  EVEN Pages

**Assign DocType**

Form: DOI INTERVIEW (V.# 1)

### CITY MARSHAL REFERRAL FORM

\* MARSHAL/SHERIFF NAME

MARSHAL/SHERIFF PHONE

MARSHAL'S CONTACT

14. Please review all document (by clicking **view**), to confirm that all documents/pages were indexed correctly. Once done, click on **Confirm Indexes**.

**Viewer**

<input type="checkbox"/> Community Guardian	<input checked="" type="checkbox"/> JASA	<input type="checkbox"/> NY Foundation	<input type="checkbox"/> Self-Help
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6. Name of Agency or Organization:

Address:

Tel:

Contact Person:

7. Client's Name:

8. HDC Liaison's Name:

Service Required:

10.  Level 1 Cleaning (Heavy)  Level 2 Cleaning (Medium)  Level 3 Cleaning (Light)

11. Justification for HDC: (explain why repeat cleaning is needed. Include plan to avoid any further repeat cleanings)  
Client is diagnosed with bipolar disorder and he is too depressed to do cleaning and organizing.

Justification Approved by \_\_\_\_\_  
Director/Supervisor

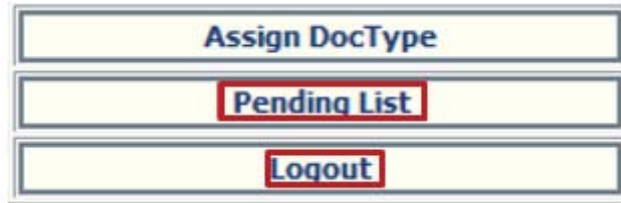
**Indexed Pages**

**Confirm Indexes**

DocDate	View
nit_Addendum.pdf 01-01-1900	<b>View</b>

## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

15. If you have other documents ready to be indexed, please click on **Pending List** button to go back to **JobQ** tab, or logout from the HRA indexing system by clicking the **LogOut** button. Then close this window please.



16. Please email the service provider after you finish indexing the related service package. Notify them of the client's name, referral ID and types of documents that were scanned in.

# SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

## Viewing Documents on HRA One Viewer

1. From your Work PC, open your web browser, then From HRA Home Page please click on **Web Apps**, and then click the **HRA Web Apps icon**.



## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

2. Under the letter-H section, click on **HRA One Viewer** link.

### H

- ▶ [HAPS – Housing Assistance Payment System](#)
- ▶ [HASA Helpline PIN Issuance System](#)
- ▶ [HASA Model Office Reports](#)
- ▶ [HASAWEB](#)
- ▶ [Health Stat School Program](#)
- ▶ [HHS Procurements & Financials](#)
- ▶ [Homebase Aftercare And Local Outreach \(HALO\)](#)
- ▶ [Homebase Aftercare And Local Outreach \(HALO\) - UAT](#)
- ▶ [HPOP - Homelessness Prevention Outreach Portal](#)
- ▶ [HRA eDocs](#)
- ▶ [HRA Indexing System](#)
- ▶ [HRA Infoline](#)
- ▶ [HRA One Viewer](#)
- ▶ [HRA Requisition & Inventory System](#)
- ▶ [Home Energy Asst. Program](#)
- ▶ [Human Resources Information System \(HRIS\)](#)



## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

- You will then be taken to the HRA One Viewer home page. From here, you can search for a case using a variety of search criteria. We will be using a client's **SSN** in this example. Put it in the SSN field and click on **search**:

### HRA OneViewer

Please Enter: Case Number  OR **SSN**  X OR CIN   
OR: First Name  AND Last Name  OR Fair Hearing Number

- Once you click on search, a few results will show up. We want to look for the result that says “=” your number. In this example, we will look for the result that specifically says **ssn= client's ssn number**. Once you find the client you are looking for, you will click on **Select**.

### HRA OneViewer

Case Number  OR SSN  OR  
First Name  AND Last Name  OR

Please Select A Case Number:

Case Number	
	Select
<b>N/A:SSN=</b>	<b>Select</b>
	Select
	Select
	Select
	Select

## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

5. Once you click on select, all indexed documents for the client will show up. You can simply click on the **select all** box, and then the **print selected** box to pull up the document. Please note that you can also select more than 1 document! They will all appear as one document when you click on print selected. Do note however that the documents show up in the order you clicked on them (so if you want a cover letter to be the 1<sup>st</sup> document on the print que, you must select it 1<sup>st</sup>).

Document Type	Pages	Scan Date	Entry Date	Select All
APS Intake form 3602A	4			<input checked="" type="checkbox"/>
APS Intake form 3602A	4			<input type="checkbox"/>
RAU W-146E Excess Rent & Third Party Proof of Income	1			<input type="checkbox"/>
LDSS-2921 Application for PA-MA-FS Benefits	1			<input type="checkbox"/>
APS Progress Notes	1	Selecting multiple documents :		<input checked="" type="checkbox"/>
APS Mandated visit	1			<input checked="" type="checkbox"/>
LDSS-4013A NYC Action Taken On Your Application PA FS and MA	1			<input type="checkbox"/>
RAU Landlord Breakdowns	1			<input type="checkbox"/>
Landlord Tenant Court Documents	1			<input type="checkbox"/>
Case Management Notes	1			<input type="checkbox"/>

W-723 Facsimile Transmission	1
Electric Bill	2
FIA-1173 Confirmation of Contact With Your Center	4
MAP/E C909 Dear Former SSI Beneficiary	48
LDSS-3938 FS Application Expedited Processing Summary Sheet	2
Food Stamp Online Application Summary Access NYC	1

Scroll down to the bottom and select 'print selected'.





## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

6. Once you click on **print selected**, all your documents will appear together as one single document!

Page 4 of 7

REFERRED:  
REFERRAL #:  
UPDATE #:

\* CLIENT LAST NAME

\* BUILDING #

\* STREET NAME

APT #

\* CITY

\* NEIGHBORHOOD

STATE

ZIP

APPROXIMATE AGE

\* IS THE CLIENT PRIMARY TENANT?

TENANT OF RECORD FIRST NAME

TENANT OF RECORD LAST NAME

**DOI IMPAIRMENT & RISK**

---

\* DOES THE REFERRED INDIVIDUAL HAVE A MENTAL OR PHYSICAL IMPAIRMENT?

\* IF YES

**PHYSICALLY AND MENTALLY IMPAIRED**

WHY DO YOU BELIEVE THIS INDIVIDUAL MAY BE UNABLE TO DEFEND HIS OR HER RIGHTS IN HOUSING COURT?

**COULD NOT ADVOCATE IN THE COURT**








WHY DO YOU BELIEVE THIS INDIVIDUAL MAY BE UNABLE TO SECURE ALTERNATIVE HOUSING IF EVICTED?

PLEASE DESCRIBE OTHER RISKS THIS INDIVIDUAL MAY BE FACING

**DOI INFO SOURCE & LANDLORD INFORMATION**

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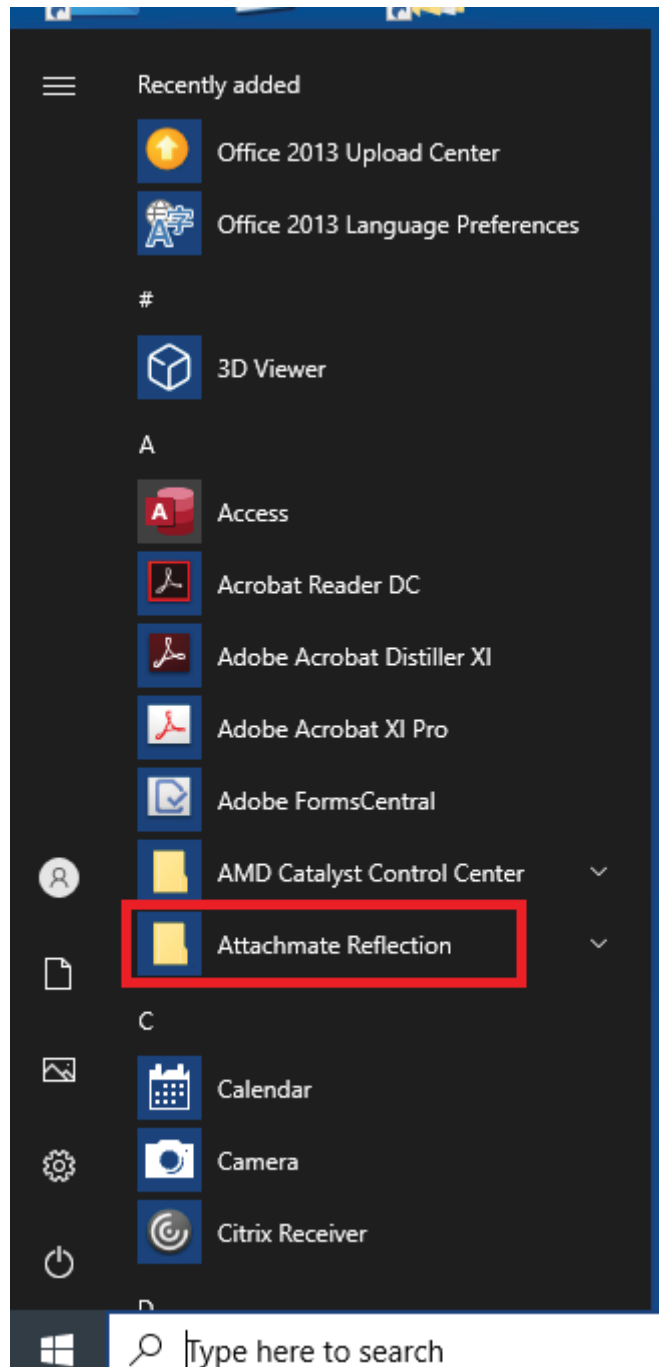
\* SOURCE OF REFERRAL INFORMATION

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## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

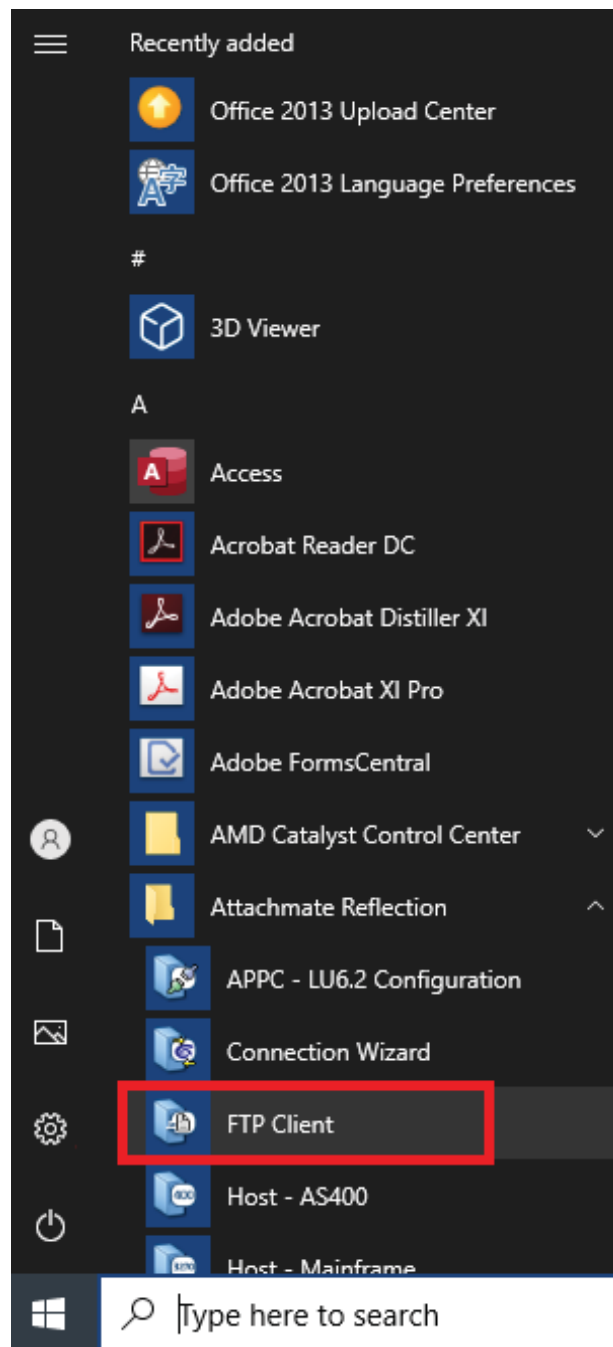
### [Sending completed documents to FTP](#)

1. From the start menu click on **Attachmate Reflection**.



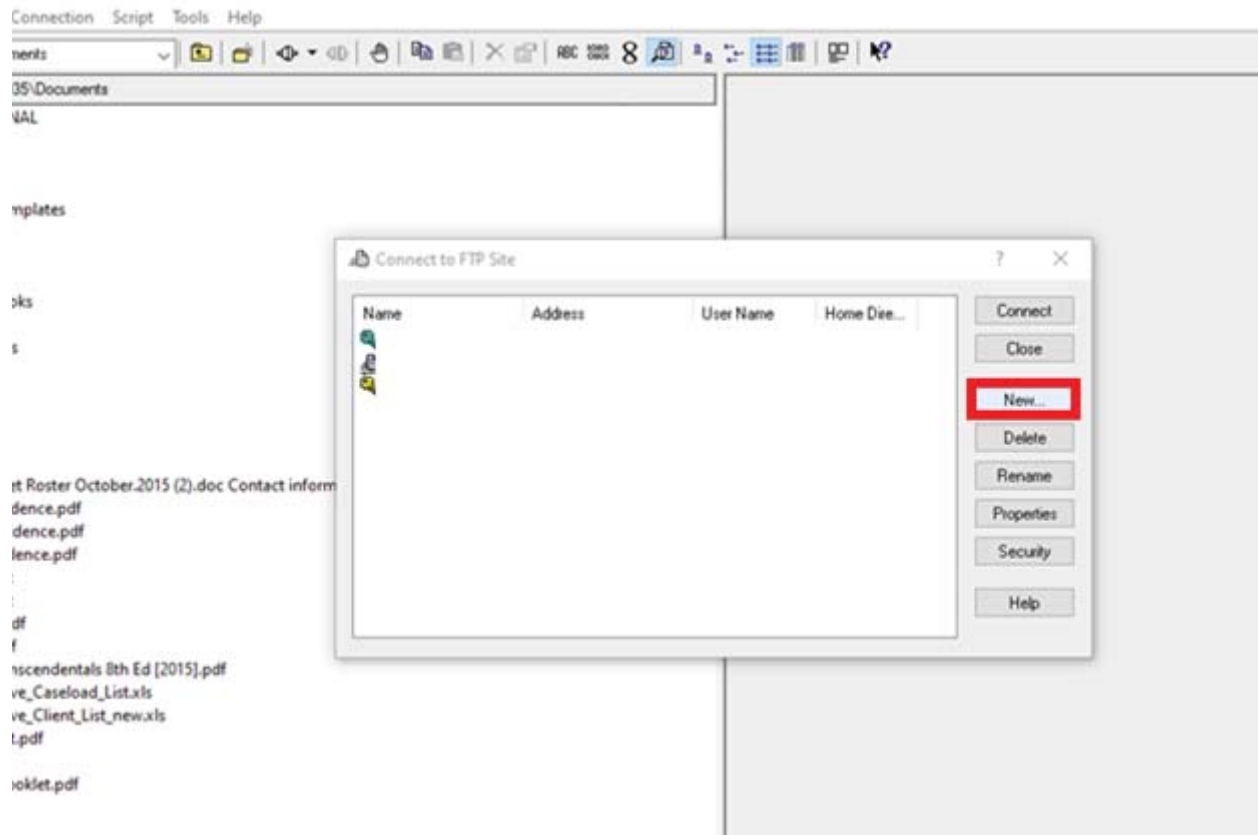
## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

2. Click on **FTP Client**.



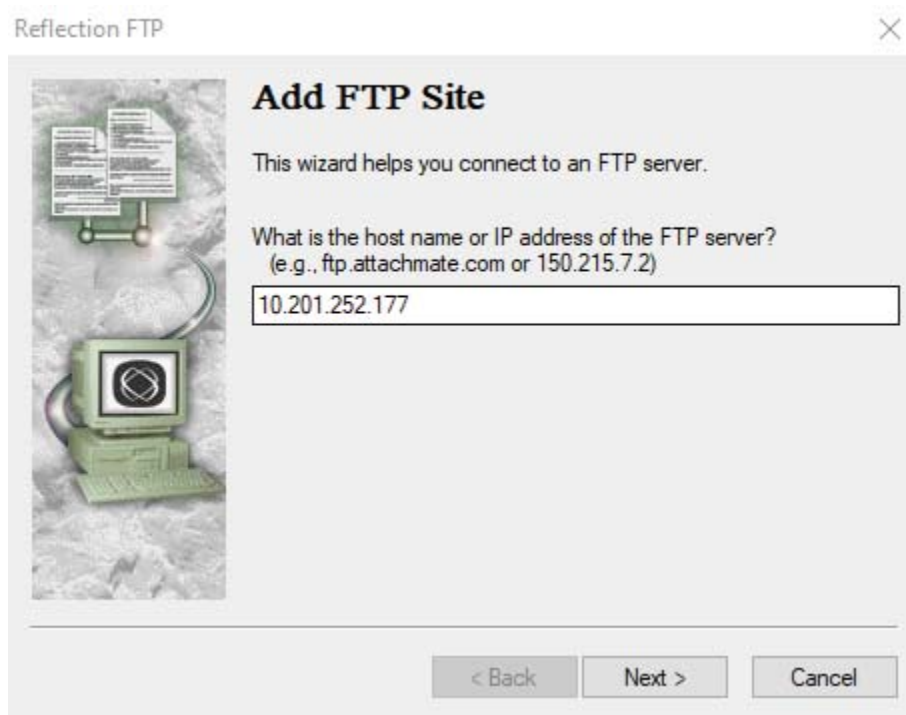
## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

3. To setup a login for the Fair Hearing FTP folder click on the **New** button (only for the first time).

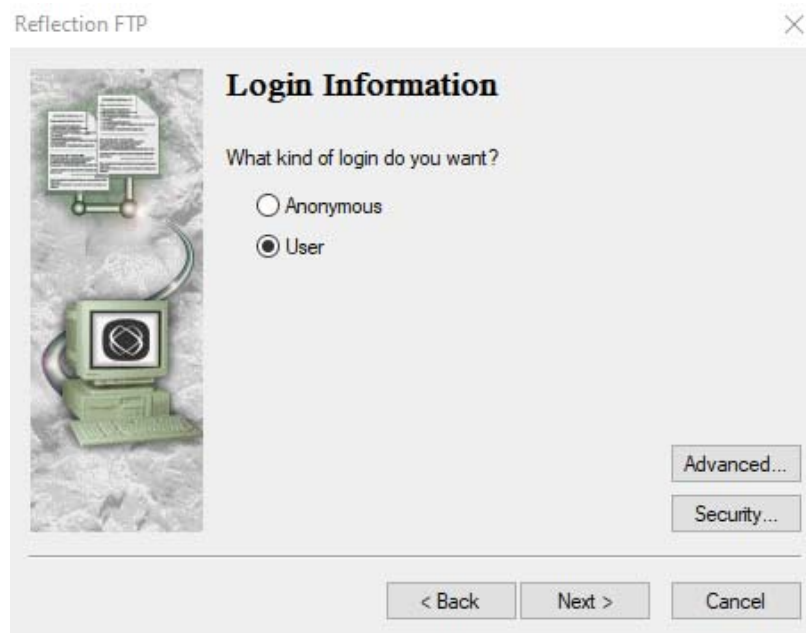


## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

4. Input **10.201.252.177** into the IP address of the Fair Hearing FTP folder and click on the **Next** button.



5. Select the **User** login option and click on **Next** button.



## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

6. Type **apsotdaftp** in the user name text field, select **Save my password as encrypted text** option, and enter **UtBKn5L63rJN** as the password. Click the **Next** button.

Reflection FTP

### FTP User Login

What is your user name?

Your password can be saved as encrypted text in the registry so that you do not have to enter it each time you connect to this site.

Save my password as encrypted text

What is your password?

< Back   Next >   Cancel

7. Change the name of the FTP folder to Fair Hearing, which will make it easy to remember, and click the **Finish** button.

Reflection FTP

### Connect

Reflection FTP will add this site to your site list.

What name would you like to use for this FTP site?

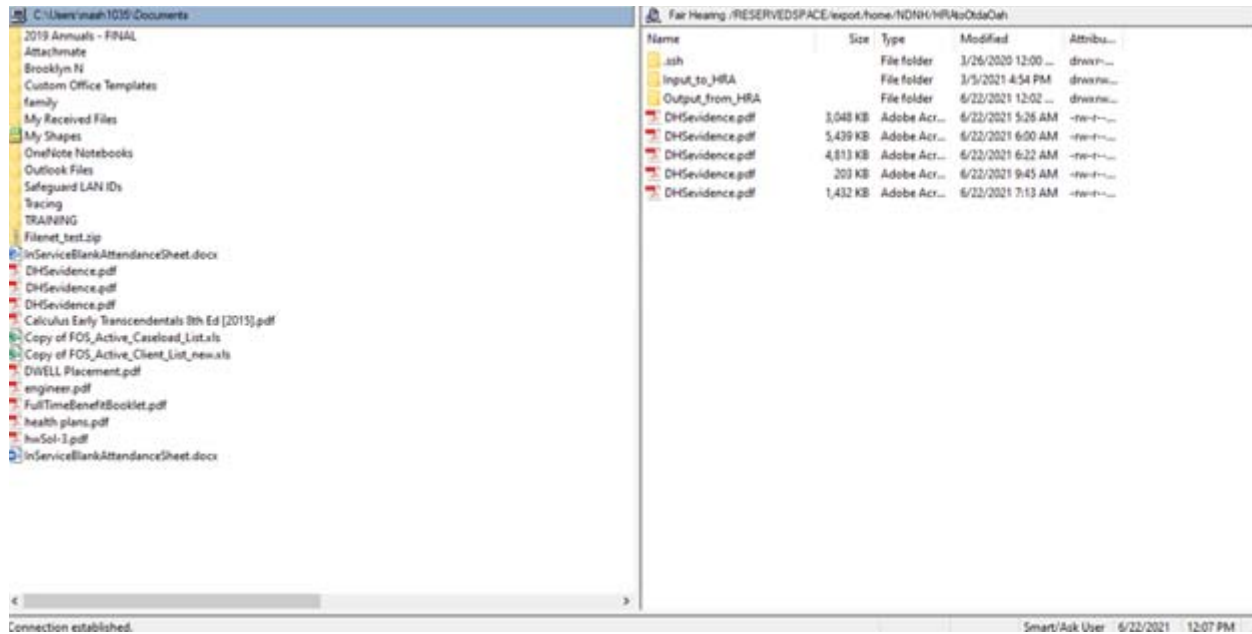
Do you want to connect to this FTP site now?

Yes  
 No

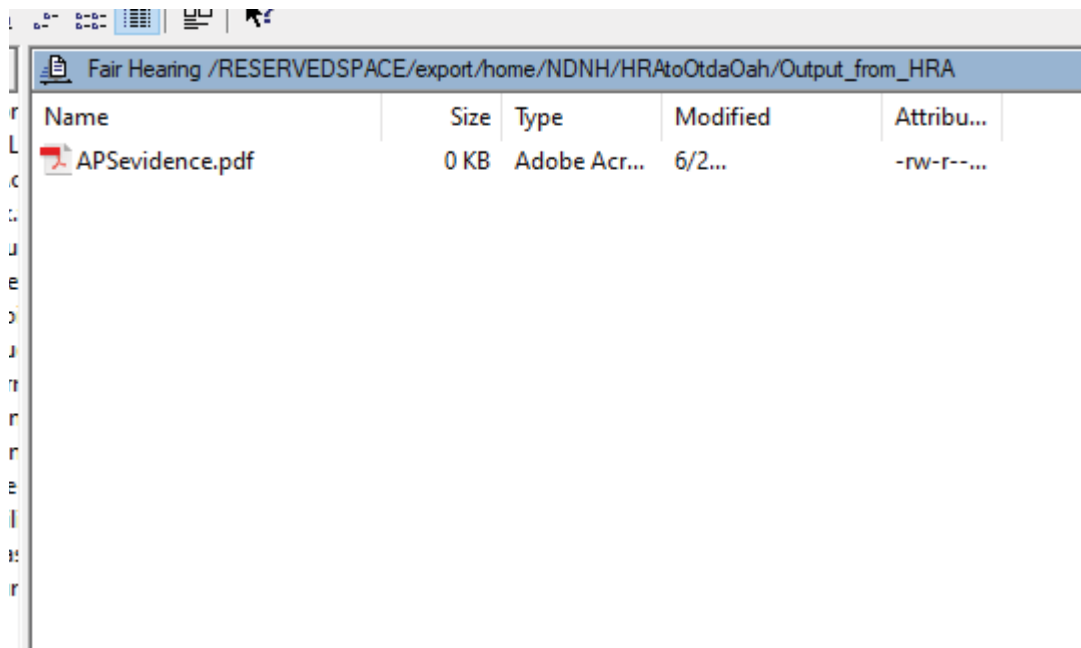
< Back   Finish   Cancel

## SCANNING & INDEXING INSTRUCTIONS TO HRA ONE VIEWER

- The left-side of the window shows your computer files/folders, while the right-side shows the content of the FTP folder.



- Open the Output\_from\_HRA folder on the right side and drop in the Fair Hearing Package (pdf file). The package needs to be named as: **case number + \_ + APSevidence** (e.g. 111111Q\_ APSevidence) before dropping it to the FTP folder.





**Human Resources  
Administration**  
Department of  
Social Services

Special Services

Adult Protective Services

Molly Wasow Park  
Commissioner

Lisa C. Fitzpatrick  
HRA Administrator

Ryan A. Murray  
First Deputy Commissioner

Deborah Holt-Knight  
Deputy Commissioner

109 East 16th Street  
7th Floor  
New York, NY 100013

929 252 6100 tel

### APS REFERRAL FOR MEALS ON WHEELS

TO:  DATE:   
 FROM:  Client Telephone:   
 Client Name:  Date of Birth:   
 Client Address:

Does client receive Medicaid?  YES  NO

Clients receiving Medicaid are **not** eligible for Meals on Wheels. Do not complete this referral if client is receiving Medicaid.

Type of Meal Requested:  HOT (daily delivery)  FROZEN (delivery 2x wk)  
 DIABETIC  KOSHER HOT  HOT (include weekend)  
 LOW SODIUM  KOSHER FROZEN  PUREED  
 HALAL  OTHER:

Does client live alone?  YES  NO If no, who lives with the client?

Is client home bound?  YES  NO If no, please explain:

Is client able to receive meals and open the door?  YES  NO If no, who will open door?

Name	Relationship	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

If Client is able to open door and does not answer, who should be contacted to follow-up with the client?

Name	Relationship	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

If APS is designated contact, enter the name and phone number of the Unit Supervisor or Liaison below:

Name:  Telephone:

Does client receive Home Care Services?  YES  NO If YES, enter:

Provider:  Hours provided:

**Check all that apply and explain below:**

Does the client suffer from elder abuse?  YES  NO  
 Criminal activity in/around client's residence:  YES  NO  
 NYPD Involvement:  YES  NO  
 • Criminal activity:  YES  NO  
 Pets in the home:  YES  NO  
 Contagious disease(s):  YES  NO

Explanation:

Describe client's health concerns:

Describe client's mental health needs:



## APS REFERRAL FOR HOME DELIVERED MEALS

**EMERGENCY CONTACT INFORMATION:**

Name:  Relationship to client:

Telephone numbers: Home:  Work:  Mobile:

Who has keys to the client's home?

Name of Building Super:  Telephone:

Doctors Name:  Telephone:

**CARE PLAN AND PROPOSED TIME FRAME:**

**If the care plan is to put home care in place, APS must notify the case management agency when homecare begins and meals will be terminated.**

**Reason for referral:**

**What other services are being put in place? Include service and anticipated start date.**

**Other Pertinent Information:**

**APS Field Office:**

	Print Name	Signature	Telephone
<b>Caseworker:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Supervisor:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SAMPLE



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### NOTICE TO MEALS ON WHEELS OF APS TERMINATION

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

To: \_\_\_\_\_

From: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

**APS STATUS:**     Active     Closed

Effective closing date: \_\_\_\_\_

- Client will no longer need Meals on Wheels
- Client no longer needs APS services but continues to need Meals on Wheels
- Client is no longer eligible to receive Meals on Wheels

**Ineligibility Reason:**

**Indicate services in place for the client:**

**List any outstanding intervention that you feel the local Case Management Agency may need to take:**

APS Field Office: \_\_\_\_\_

	Print Name	Signature	Telephone
Caseworker:			
Supervisor:			