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| Policy Subject: Referrals of Runaway Homeless Youth to Department of Homeless Services (DHS) Shelters | Applicable To: ALL INTAKE CENTERS | Effective Date: OCTOBER 6, 2017 |
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■ INTRODUCTION

Runaway and Homeless Youth (RHY) Services are funded by the Department of Youth and Community Development (DYCD) and operated by DYCD-funded RHY Service Providers. Youth who, by no fault of their own, are no longer eligible to participate in those services may continue to require shelter, necessitating referral to the Department of Homeless Services (DHS) to meet their ongoing shelter needs.

For example, some youth may require shelter beyond the State’s maximum allowable length of stay in a DYCD-funded Shelter, while others may require shelter beyond the maximum age an individual can reside in DYCD-funded Shelter.

■ POLICY

It shall be the policy of DHS that RHY Service Providers can refer to DHS those youth who are no longer eligible for DYCD-funded Shelter, in order to enable their continuity of service. This policy shall apply to DYCD-funded Crisis Shelters and Transitional Independent Living shelters for RHY (RHY Shelter).

■ BACKGROUND

This procedure is intended to facilitate referrals of runaway homeless youth—who may be single adults, adult couples, or youth with children—from RHY Shelters to DHS Shelters. This will enable those youth/young families with a history in shelter to bypass DHS Intake and be directly referred to a DHS Shelter.

■ AGENCY REQUIREMENTS

In order to enable the maximum benefit to those youth interested in transitioning from RHY Shelter to DHS Shelter, the following steps must be taken:

1. In the regular course of discharge planning, RHY Service Providers shall identify those youth who will be aging out of RHY Shelter, as well as those youth who will

reach their maximum allowable stay in RHY Shelter within the next 30 days. RHY Service Providers shall determine which of that group would be interested in transitioning to DHS Shelter upon their discharge from RHY Shelter.

2. Those youth who express a desire to transition from RHY Shelter to DHS Shelter will be required to sign releases for confidential medical, mental health, and substance use information, in order to authorize the sharing of such records with DHS/Shelter Provider staff. Such consent will enable DHS to obtain the information necessary to ensure proper placement in shelter, and eliminate the need for such youth to report to DHS Intake for screening, evaluation, and referral to placement.
3. Any youth who declines consent or refuses to provide information DHS deems necessary to bypass its normal Intake process will not be eligible to participate in this referral procedure. Such youth shall remain eligible to access DHS services through the usual DHS Intake process.
4. For all youth who express a desire to transition from RHY Shelter to DHS Shelter, and who sign consent for the release of the requisite information, RHY Service Providers shall send to DHS Intake Liaisons at Prevention Assistance and Temporary Housing (PATH), Adult Family Intake, or Single Adult Intake (listed in **Attachment A, DHS Intake Liaisons**) a completed **DYCD to DHS Shelter Referral Worksheet (DHS-4)**, at least twenty (20) business days prior to the youth's expected transfer date.
5. Every Friday, the Unit Head of DYCD's Vulnerable and Special Needs Youth Division, shall send a de-encrypted electronic alert to the appropriate DHS Intake Liaison, which shall include the names, dates of birth, and case composition for each case that, in the prior week, a **DYCD to DHS Shelter Referral Worksheet** was submitted.
6. DHS will create a Client Assistance and Rehousing Enterprise System ("CARES") Temporary Housing Application (THA) file for each such youth, by entering RHY Shelter provided information into the THA and uploading supporting documentation into the CARES document repository. DHS shall identify available capacity at an appropriate DHS shelter.
7. The appropriate DHS Intake Liaison shall:
 - a. contact the appropriate RHY Service Provider to coordinate the youth's anticipated arrival date at the DHS Shelter,
 - b. ensure an appropriate bed/unit for the youth, and
 - c. inform the RHY Service Provider and the DHS Program of the shelter placement location.

The RHY Service Provider shall communicate with the DHS Intake Liaison regarding any of the youth's particular needs that would affect his/her placement.

The DHS Intake Liaison shall email the appropriate DHS Intake unit, Housing Emergency Referral Operations (HERO) for families or Intake Vacancy Control (IVC) for adults], indicating the youth needs a placement. The DHS Intake Liaison will communicate with the DYCD Contact if there are follow up questions.

8. HERO/IVC will inform the assigned DHS Shelter of the impending arrival of the youth, and instruct the DHS Shelter to accept the youth.
9. All referrals to DHS Shelters under this protocol shall occur during normal business hours (Monday - Friday, 9:00 am - 5:00 pm). RHY Service Providers shall give MetroCards to any youth who are transitioning to a DHS Shelter. The bed(s) at the DHS Shelter shall be held for the youth for 24 hours.
10. Any Family with Children/Adult Family without Children that fails to arrive at the DHS Shelter within 24 hours of the referral will be directed to their respective Intake location for assignment to a DHS Shelter.
11. Any Single Adult that fails to arrive at the DHS Shelter within 24 hours of the referral will have his/her bed released. He/she may still report to the DHS Shelter and will still be assigned a bed, if one is available. In the event that a bed is not available, he/she shall be referred to another DHS Shelter that has an available bed, and will be provided transportation to get to that other DHS Shelter.

Effective Immediately

ATTACHMENT:

Attachment A - DHS Intake Liaisons

DHS-4 - DYCD to DHS Shelter Referral Worksheet

Attachment A

DHS Intake Liaisons

Prevention Assistance and Temporary Housing (PATH)

- **Donaldson Barclay** (718) 716-6549 (dbarclay@dhs.nyc.gov)
- **Constantina Cifu** (718) 716-7606 (ccifu@dhs.nyc.gov)

Adult Family Intake Center (AFIC)

- **Carol Burgos** (212) 701-4318 (cburgos@dhs.nyc.gov)
- **Cynthia Omoregie** (212) 701-4733 (comoregie@dhs.nyc.gov)

Single Adult Intake (Men)

- **Dionne Vega** (212) 701-4820 (dvega@dhs.nyc.gov)
- **Lourdes Mendez** (212) 607-5308 (Lmendez@dhs.nyc.gov)

Single Adult Intake (Women)

- **Toya Coleman** (718) 483-7700 X138 (tcoleman@helpusa.org)
- **Lourdes Mendez** (212) 607-5308 (Lmendez@dhs.nyc.gov)

DYCD TO DHS SHELTER REFERRAL WORKSHEET

asterisk (*) are required fields. If fields don't apply, select N/A

| | | | |
|------------|--------|----|-------|
| *Last Name | *First | MI | *Date |
|------------|--------|----|-------|

Client Registration

| | | | |
|--|----------------|--|-----|
| *Head of Household SSN, If Applicable | *Date of Birth | *Age | PA# |
| *Is Client Pregnant? | *Language | Family Composition | |
| *What is your primary race? | | *What is your gender? | |
| *Client must provide a copy of identification from drop list | | | |
| Emergency Contact Name/Relationship | | Emergency Contact Telephone # | |
| Other Adults (Name, DOB, SSN, Relationship) | | | |
| Children (Name, DOB, SSN, Borough of School) | | | |
| *Prior Residence Type | | *What was your approximate length of stay at prior address | |

Reason for Homelessness

| | |
|----------------------------------|---------------|
| Primary Reason for Homelessness: | Eviction Type |
|----------------------------------|---------------|

City (from where client moved) State (from where client moved) Country (from where client moved)

Additional Homelessness Comments

Substance Abuse

| | |
|---|--|
| Do you have a history of alcohol or drug abuse? | Are you currently receiving, or have ever, been to alcohol or drug treatment before? |
|---|--|

Do you think your alcohol or drug abuse has contributed to your current difficulties?

| | | | |
|------------|--------|----|-------|
| *Last Name | *First | MI | *Date |
| | | | |

VETERANS INFORMATION (if applicable)

Are you a military veteran (If YES, proceed to the following veteran questions?)

| | | | |
|---|----------------------|------------------------------------|----------------------|
| Which Military Branch did serve in | <input type="text"/> | Which service era did you serve in | <input type="text"/> |
| Date entered service | <input type="text"/> | Date exited service | <input type="text"/> |
| Do you currently receive veteran's benefits | <input type="text"/> | If so, are they service connected | <input type="text"/> |

HEALTH SCREENING (If psycho social completed, skip this section)

| | |
|---|--|
| Are you feeling sick right now? | Have you been discharged from a hospital or had surgery within the last month? |
| <input type="text"/> | <input type="text"/> |
| Have you ever had chicken pox or shingles | |
| <input type="text"/> | |
| Do you have a contagious condition right now, such as chicken pox, pink eye, or symptoms such as fever or severe sore throat? | |
| <input type="text"/> | |
| Have you been released from a NYC jail within the last month? | |
| <input type="text"/> | |

***PLACEMENT DETAILS**

| | | | |
|--|----------------------|---|----------------------|
| * Do you use any assistive devices | <input type="text"/> | Do you have a visual or hearing impairment? | <input type="text"/> |
| * Do you require portable oxygen? | <input type="text"/> | * Do you require medical equipment? | <input type="text"/> |
| * Do you need to refrigerate medication? | <input type="text"/> | * Do you need help taking medication? | <input type="text"/> |

***SPECIAL CONDITIONS**

* Do you have a current diagnosis of a serious mental illness, such as schizophrenia or bipolar disorder?

| | |
|---|--|
| * Do you have a serious developmental disability or autism? | * Do you have a current substance use problem? |
| <input type="text"/> | <input type="text"/> |

| | | | |
|------------|--------|----|-------|
| *Last Name | *First | MI | *Date |
|------------|--------|----|-------|

DOMESTIC VIOLENCE (if applicable)

Does anyone in your current household or an earlier household, or your family, or your partner or ex-partner isolate you from friends and family and control what you can do and who you can see

Has anyone in your current household or an earlier household, or your family, or your partner or ex-partner ever physically hurt you or your children by, for example, pushing, kicking, hitting, slapping, choking, punching or sexually assaulting you?

Is anyone currently stalking you or your children by following you, checking up on you, harassing you, or making unwanted phone calls or text messages

Does anyone in your current household or an earlier household, or your family, or your partner or ex-partner threaten you or make you or your children feel scared or unsafe at home

Has domestic violence contributed to your current housing crisis

Have you ever entered a domestic violence shelter?

Have you ever been involved in a domestic violence situation?

DIVERSION ADDRESS DETAILS

| | | |
|----------|------|-----|
| Street # | City | Zip |
|----------|------|-----|

ADDITIONAL DIVERSION DETAILS

| | |
|---|--|
| Have you lost any public assistance, housing subsidies, or benefits in the last year? | Have you ever had an apartment lease or mortgage in your name? |
| Have you ever had to appear in housing court within the last year? | Have you ever had section 8, but lost it for any reason? |
| Have you ever been evicted from a NYCHA apartment? | |

ADDITIONAL COMMENTS

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DYCD TO DHS SHELTER REFERRAL WORKSHEET
asterisk (*) are required fields. If fields don't apply, select N/A

| | | | |
|------------|--------|----|-------|
| *Last Name | *First | MI | *Date |
|------------|--------|----|-------|

Employment

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|-----------------|-----------------------|
| Employment From | Employer Name/Address |
|-----------------|-----------------------|

If you are currently employed, what is your Employment Type/Occupation?

| | |
|---------------------|--------|
| Frequency (of pay): | Wages: |
|---------------------|--------|

Income/Wages/Benefits

| | |
|--|--------------------|
| What income type(s) are you currently receiving? | Start Date/Amount? |
|--|--------------------|

Psychosocial Assessment

Paragraph 1: Appearance

Include information on: usual appearance including physical build, dress, neatness, distinctive points

Paragraph 2: Brief Social History

Include information on: background information on applicant, including birthplace, structure of family at birth, and who raised application

Paragraph 3: Education and Work History

Include information on: highest grade completed, vocational training, brief employment history with dates and location, if not employed what are areas of interest and barriers:

Paragraph 4: Psychiatric, Medical, and Substance History

Include information on in-patient/out-patient psychiatric hospitalizations, including where, length of stay. History of homicidal or suicidal ideation or behavior. History of alcohol or substance abuse. List of current medication(s). Outstanding medical problems and treatment/illness or condition that may limit client's ability to live independently or work?

| | | | |
|------------|--------|----|-------|
| *Last Name | *First | MI | *Date |
|------------|--------|----|-------|

| | |
|--|--|
| Have you been tested for TB in the last year?: | Do you have documentation of the results?: |
| If TB results were positive, was a chest X-Ray performed?: | If yes, when?: |
| If yes, where was the X-Ray performed?: | |
| Have you ever been treated for active TB?: | |
| Have you ever been treated for a positive skin test (only)?: | |

Paragraph 5: Current Situation

Include information on: current level of functioning at shelter

Paragraph 6: Summary and Recommendations

Include information on: outstanding features. Summary of recommendation for supportive housing:

| | |
|-----------------|------|
| Staff Signature | Date |
|-----------------|------|