



OFFICE OF POLICY, PROCEDURES AND TRAINING

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Executive Deputy Commissioner

NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES

Procedure Number: DHS-PB-2020-020

SUBJECT: Single Adult Bed Management	APPLICABLE TO: Single Adult (SA) Shelter; Housing Emergency Referral Operations (HERO); DHS Fleet Administration	ISSUED: December 3, 2020
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ADMINISTERED BY: Adult Services; Housing Emergency Referral Operations (HERO)	APPROVED BY: Joslyn Carter, Administrator Department of Homeless Services
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▪ **PURPOSE**

The purpose of this procedure is to clarify and establish consistency regarding the management of bed assignments and vacancies in the Single Adult (SA) shelter system. As described below, this includes guidance on curfew, Late, Overnight, and Multi-use Passes, bed roster signing, bed count, wait listing, overages and bed assignments.

This procedure obsoletes the following procedures:

- 00-420 Screening and Shelter Referral
- 00-408 Curfew Violation
- 00-407 Late/Overnight Passes

■ PROCEDURE

Curfew

In the Single Adult (SA) system curfew is 10 p.m. Unless they have an approved pass, clients are expected to be present at their assigned bed location by the 10 p.m. bed count. If a client returns to the facility after curfew, they will be treated as a client who missed curfew and may lose their bed assignment, unless they have a Late, Overnight, or Multi-use Pass. Shelter staff must document all curfew violations in the client's case file.

- Clients with an approved pass are required to return to the shelter by the date and time listed on the pass (except those with a pass for a hospitalization or medical reason, who staff must contact to verify their whereabouts).
- Clients who reported an emergency are required to return by the date and time they agreed upon with shelter staff. (See below for additional information on requesting and approving passes.)
- A client who does not return by the date and time authorized for their pass who fails to notify the shelter of their inability to return by that date and time will be treated as a client who missed curfew and may lose their bed assignment.
- Clients arriving after curfew without an approved pass and those entering the facility after 10 p.m. due to special circumstances must be reported to Adult Vacancy Control (AVC).
 - If the facility has an available bed, AVC may permit the shelter to place the client in the available bed or notify them of the alternate placement elsewhere.
 - If the shelter does not have an available bed, shelter staff must place the client on the Daily Waitlist and report the overage to AVC. When notifying AVC, shelter staff must indicate any factors that may affect placement, including the need to meet any reasonable accommodations. AVC will notify the shelter staff when an appropriate placement has been identified, and the transportation process will ensue, if applicable.
 - If a client refuses the placement, shelter staff must issue the Refusal of Shelter Bed Assignment (**DHS-33**) form, retain a copy for their records, and update the Daily Waitlist indicating the client's refusal.
 - Clients may verbally request to stay in the facility that night without a bed assignment until a bed becomes available through the Daily Waitlist or Overage process.
 - Clients who refuse to accept a bed offered may not remain in the facility that night without the approval of shelter staff. Shelter staff may grant such approval on a case by case basis.
 - Any client arriving after 2 a.m. must be allowed to remain in the facility that night until a bed becomes available through the Daily Waitlist or Overage process.

Passes (Late, Overnight, and Multi-use)

When an outside obligation such as employment will prevent a client's return to an assessment center or shelter by curfew, staff may issue a Late Pass, no longer than two consecutive overnights without director approval. Similarly, if an outside obligation will prevent a client's return to shelter by 2 a.m., shelter staff may issue an Overnight Pass. If a client will not return by curfew multiple nights, a Multi-use Pass may be issued. A client must request a Late, Overnight, or Multi-use Pass from their assigned case manager at least twenty-four (24) hours in advance. The assigned case manager must enter the pass request in CARES immediately, which must be reviewed and approved/disapproved by a supervisor. If a client cannot be present at the shelter during the case manager's scheduled office hours, they must request a Late, Overnight, or Multi-use Pass from the Social Service Supervisor or Night Supervisor at least twenty-four (24) hours in advance. The Social Service Supervisor or Night Supervisor must review and approve/disapprove the pass request immediately.

A client who is experiencing an emergency that will prevent their timely return to the assessment center or shelter should notify shelter operations staff by telephone as soon as possible before curfew to report the emergency and the anticipated arrival time. Staff must annotate the roster accordingly. Clients must provide documentation, if available, of the emergency that prevented their return by curfew. Staff must facilitate bed assignment upon the client's return to shelter according to existing capacity and establishment of the validity of the emergency. Patterns of emergency reports not validated will be addressed by social services staff.

Clients with approved Late, Overnight, or Multi-use Passes (including reported emergencies) are not required to vacate the dorm (bed area) at wake-up hours and must be given the opportunity to rest.

When making a request for a Late, Overnight, or Multi-use Pass, a client must indicate the reason for the pass request and provide documentation that supports the request.

When considering the validity of a client's request for a Late, Overnight, or Multi-use Pass, assessment center or shelter staff must:

- Evaluate the reason for the request; and
- Obtain any documentation the client may have to support their request; and
- Offer to assist the client in establishing the need for the pass and, if requested by clients, speak by telephone with employers or other parties, who do not cooperate with requests to write letters or provide other written documentation.

The following is a non-exhaustive list of reasons why shelter staff may approve a late pass:

- Death and/or illness;
- Detox;
- Family Re-unification;
- Family Respite;
- Hospitalization;
- Military Leave;
- Religious Observance;
- School Schedule; and
- Work Schedule.

Provided the validity of a client's request for a Late, Overnight, or Multi-use Pass is established, staff **may not** deny a client a pass due to their noncompliance with Independent Living Plan (ILP) requirements.

For approved Late, Overnight, or Multi-use Passes, shelter staff must:

- Enter the appropriate pass request information in CARES.
- Issue the appropriate pass to the client and inform the client of the shelter's telephone number.
- Place a copy of the pass in the client's case record and forward a copy to the Shift Supervisor.
- Advise the client that the shelter will hold their assigned bed until the date and time specified on the pass.
- If a client has exceeded their timeframe for a hospitalization or medical reason, staff must contact them to verify their whereabouts. (See DHS-PB-2019-01 Introduction of the Best Practices for Hospitalized Client.)

Note: A Pass Bed is not considered available. Shelter staff may not revoke an approved pass, change a client's bed assignment while the client is out of shelter, or temporarily assign another client to a bed that is already assigned while the client assigned to that bed is on an approved pass, except when directed by AVC in limited, extraordinary circumstances. In instances when AVC directs the use of a Pass Bed, shelter staff must ensure that the clients are provided with new linen and lockable storage space.

For disapproved passes, staff must:

- Inform the client of the denied pass request and enter a case note in CARES.
- Remind the client that they must return to the shelter by curfew at 10 p.m.

Bed Roster Signing

Each night clients assigned a bed must sign for their bed on the shelter bed roster. In the hours preceding curfew, shelter staff must print a bed roster from CARES and make it available for clients to sign.

Clients assigned a bed who do not sign the roster during bed roster signing will be asked to do so during bed count.

Shelter staff must ensure that all Late, Overnight, and Multi-use Passes (including reported emergencies) are annotated manually on the roster, if they don't already appear.

Note: Shelter staff have discretion to determine the optimal time to start and end bed signing.

Bed count

Shelter staff must conduct a physical bed count at 10:00 p.m., 12:00 a.m., and 2:00 a.m. and call in the results to AVC as soon as possible thereafter. When necessary, AVC may request shelter staff conduct additional bed counts.

Prior to every count, shelter staff must notify clients in all common areas (including cafeterias, lounges, hallways, smoking areas, recreation spaces, and restrooms) using methodologies to capture those whose reasonable accommodations must be met (e.g., PA system, conspicuously worded and posted signage, etc.) that bed count will commence and instruct them to be present at their beds. Shelter staff will have any client who is in the process of proceeding through Access Control sign the roster during bed count.

During bed count, shelter staff must ask clients assigned a bed to sign the roster, if they haven't done so already.

If a client has not signed the roster and is asleep during bed count, shelter staff must indicate this on the roster. If a client signed the roster during bed roster signing or during a prior bed count but is not present during bed count and does not have an approved Late, Overnight, or Multi-use Pass (including reported emergencies), they may lose their bed assignment.

Shelter staff must reconcile the roster in CARES following each bed count, to ensure that the physical headcount and CARES roster match. During the bed count times noted above, shelter staff must submit the roster to reflect any updates and/or changes. Shelter staff must finalize reconciliation by 4 a.m.

Following each bed count, shelter staff must call in a report to AVC. The report must include:

- Time of Count
- Total Census
- # of Late Passes
- # of Overnight Passes
- # of Multi-use Passes
- # of Reported Emergencies
- # of Offline beds
- # of Reserved beds
- # of Overages

The AVC specialist must enter the above in the Capacity Dashboard (CapDash). Any vacancy reported to AVC cannot be filled by shelter staff without AVC approval, until after 6:00 am.

Client Returns and Bed Assignments

Prior to reporting the 10:00 p.m. bed count to AVC, shelter staff is responsible for managing client returns and bed assignments.

Note: Under extraordinary circumstances and/or emergency operating conditions, AVC may direct staff to conduct bed counts at an earlier time.

After reconciling the 10 p.m. bed count, AVC controls all vacancies. Shelter staff must continue to maintain the Daily Waitlist in CARES and report all relevant updates to AVC. Shelter staff cannot enter bed assignments without express approval from AVC.

Official Shelter Returnees and Those Presenting with No Open SA Case

Upon a client's arrival, shelter staff must check CARES to determine their status, including:

- Whether the client is new to shelter, returning to shelter after 1 year or more, or returning to shelter within one year (Returnee); and
- The client's Official shelter, if the client is a Returnee; and
- Whether the client has a current bed assignment.

Note: If a client appears to need an accommodation for a disability or asks for help because of a disability, shelter staff must offer to help them. The client does not need to use any particular word in the request. Depending on the need, shelter staff can help the client immediately to the best of their ability or let them know that they can ask for a reasonable accommodation (see DHS-PB-2020-012 Interim Reasonable Accommodation Request Process for more detailed information). If the client requests a reasonable accommodation, shelter staff must offer to help them complete the Reasonable Accommodation Request Form (**DHS-13**) and submit it.

Clients New to the System or Returning After 1 year or More

If, upon checking CARES, staff determines that the client does not have an open SA case because they are new to shelter or returning after 1 year or more, shelter staff must refer the client to an Intake Center and provide transportation or a MetroCard.

Returnees Officially Assigned to a Different Shelter

If, upon checking CARES, shelter staff determines that a client is not at the correct shelter, they must refer the client to their Official shelter. If a client has an approved safety transfer and cannot wait for a bed assignment at their Official shelter, shelter staff should contact the Program Administrator for guidance on where to direct the client to wait for a new bed assignment.

Note: During Code Blue and Code Red, a single adult shelter client may access any shelter to seek a shelter bed (see DHS-PB-2020-017 Code Blue Procedure and DHS-PB-2020-008 Code Red Procedure).

Shelter staff must document all individuals accommodated on the Weather Alert roster in CARES.

Clients Officially Assigned to the Shelter

Clients who are officially assigned to the shelter with a current bed assignment must sign the roster each night.

Prior to the first bed count, for clients who are officially assigned to the shelter without a current bed assignment (returnees), shelter staff must:

- Assign the client to a vacant bed, if a vacant bed exists in the facility; or
- Add the client to the Daily Waitlist, if there is no vacant bed in the facility, and, after the first bed count, assign the client to an available bed when one is available.

If there are no vacancies after the first bed count, the client must be reported as an overage. Shelter staff must immediately notify AVC of all overages and any special placement needs, such as accessible placements. AVC will notify shelter staff immediately when a placement has been identified, and the transportation process will ensue.

Returnees After the First Bed Count and Census Report

As described above, between 10:00 p.m. and 2:00 a.m., shelter staff reports bed availability to AVC following bed counts. Each client arriving, including those who have not returned by the curfew or the time provided in a pass, must be documented on the Daily Waitlist if they do not have a current bed assignment. AVC will assign available beds at the shelter to clients on the Daily Waitlist.

Clients who remain on the Daily Waitlist after all beds are assigned at their Official shelter are considered overages. Shelter staff must inform AVC of the names of all overages on the Overage Report.

Bed Assignment of Overages

AVC staff checks the vacancy report and BCS for available placements for all clients on the Overage Report.

AVC matches the client to an appropriate available placement, typically within the client's program type, considering all relevant factors including any reasonable accommodations.

New Placement in Client's Program Type

If the new placement matches the client's program type, AVC assigns the placement as the client's new Official shelter. When a client refuses a specific placement offer, they must sign the Refusal of Shelter Bed Assignment (**DHS-33**). Clients can wait for an available bed provided that they can do so safely. In collaboration with the Program Administrator (PA), AVC will determine next steps, on a case by case basis.

If the client accepts the placement and requires transportation to the new shelter, the AVC Transportation Coordinator (TC) coordinates transportation.

Temporary Bed Assignments

AVC monitors temporary and prioritizes permanent bed assignments, if AVC is unable to identify a placement in the client's program type, they assign the client to any suitable available placement for a temporary bed assignment. The client's Official shelter assignment remains the same. When a client refuses a specific placement offer, AVC collaborates with the PA to determine next steps, on a case-by-case basis.

If the client accepts the placement and requires transportation to the new shelter, the AVC Transportation Coordinator (TC) coordinates transportation.

The next day, the client must return to their Official shelter, for placement on the Daily Waitlist. CARES automatically decontrols the client from the temporary bed assignment.

Transportation

In instances when clients need to be transported between 10:00 p.m. and 2:00 a.m., shelter staff must notify AVC. AVC staff must complete the shelter reservation in CARES and direct shelter staff to generate a transportation manifest with pick up and destination information for each client who needs to be transported.

As part of this process, the AVC Transportation Coordinator:

- Contacts the DHS Fleet or the transportation vendor.
- Provides details of the location of pick-up shelters for clients who are being transported.
- Provides details of the destination shelters to drop-off clients.
- Calls and informs the pick-up and destination shelter(s) of the ETA of the driver.
- Receives the transportation manifest and verifies the arrival details.
- Emails the transportation manifest to all interested parties (Agency/Coalition partners).

In any circumstance where a client is required to move among shelters pursuant to this policy, DHS will consider a Reasonable Accommodation Request for transportation (see DHS-PB-2020-012 Interim Reasonable Accommodation Request Process).

Reconciliation

Shelter staff and AVC staff must reconcile roster information in CARES by 4:00 a.m. to account for all clients.

Effective Immediately.

REFERENCES

New York State Regulation 18 N.Y.C.R.R. § 304.1
DHS-PB-2019-01 Introduction of the Best Practices for Hospitalized Client
DHS-PB-2020-012 Interim Reasonable Accommodation Request Process
DHS-PB-2020-017 Code Blue Procedure
DHS-PB-2020-008 Code Red Procedure

ATTACHMENTS

DHS-13 (E)	DHS RA Request
DHS-13 (S)	DHS RA Request
DHS-33 (E)	Refusal of Shelter Bed Assignment
DHS-33 (S)	Refusal of Shelter Bed Assignment

REASONABLE ACCOMMODATION REQUEST FORM

INSTRUCTIONS: Clients must complete Section I and submit this form along with any supporting documentation to the Program/Facility Director, or functional equivalent (“Director”). DHS and provider staff must offer to help the client with completing this form upon request.

Section I: (This section must be completed by or with the client.)

Name: _____

Facility/Program: _____

Client ID/SSN: _____ Phone: _____

Describe the Accommodation Requested (attach any supporting documentation).

SAMPLE

Section II Instructions: Any Director receiving a completed form with disability-related documentation must complete Section II, return a copy to the client, and immediately transmit by email or fax the request and supporting documents to the appropriate Program Administrator.

Section II: (To be completed by the Facility Director or designee.)

Name/Title: _____

Facility/Program: _____

Address: _____

Phone: _____ Date Received: _____

Signature: _____

After completing, provide a copy of this form to the client.

FORMULARIO DE PETICIÓN DE ACOMODAMIENTO RAZONABLE

INSTRUCCIONES: Los clientes deben completar la Sección I y enviar este formulario junto con documentos de prueba al director del albergue/programa o al personal equivalente a cargo (“Director”). Si el cliente necesita ayuda para completar este formulario, el personal del proveedor y del DHS deben ofrecérsela.

Sección I: (Esta sección debe ser completada por o con el cliente).

Nombre: _____

Albergue/Programa: _____

Número de Identificación/Seguro Social del cliente: _____ Teléfono: _____

Describe el tipo de acomodación pedida (adjunte toda documentación de prueba).

SAMPLE

Section II Instructions: Any Director receiving a completed form with disability-related documentation must complete Section II, return a copy to the client, and immediately transmit by email or fax the request and supporting documents to the appropriate Program Administrator.

Section II: (To be completed by the Facility Director or designee.)

Name/Title: _____

Facility/Program: _____

Address: _____

Phone: _____ Date Received: _____

Signature: _____

After completing, provide a copy of this form to the client.

Refusal of Shelter Bed Assignment

Client Last Name:	Client First Name:	CARES ID:
Client Preferred Name:		Client Gender Pronoun(s):
Assigned Shelter Name:	Assigned Shelter Address:	
Date of Shelter Bed Assignment:	Time of Shelter Bed Assignment:	

I refuse to accept the shelter bed offered to me at the shelter named above. I understand that by refusing to accept the bed assignment, I may be asked to leave the facility, especially if I have repeatedly refused a bed assignment in the past. I also understand that if I request shelter services in the future, I will be sent to the shelter named above if it is to be my official shelter, or to another shelter if an official or appropriate shelter does not have a vacancy at that time.

SAMPLE

 Client Signature

 Date

FOR DHS STAFF USE ONLY

I have explained this form to the client. Client refused to sign

 Staff Name (print)

 Staff Signature

 Staff Title

 Date

Rechazo de Asignación de Cama en Albergue

Apellido del cliente/de la cliente:	Nombre del cliente/de la cliente:	Identificación de CARES:
Nombre preferido del cliente/de la cliente:		Pronombres de género del cliente/de la cliente:
Nombre del albergue asignado:	Dirección del albergue asignado:	
Fecha de asignación de cama en el albergue:	Hora de asignación de cama en el albergue:	

Me niego a aceptar la cama ofrecida en el albergue indicado arriba. Comprendo que, al negarme a aceptar la cama asignada, puede que se me pida abandonar las instalaciones, especialmente si he rechazado repetidamente camas asignadas anteriormente. También comprendo que, si solicito servicios de albergue en el futuro, se me enviará al albergue indicado arriba, si ese es mi albergue oficial, o a otro albergue, en caso de que mi albergue oficial o el otro albergue adecuado no tuviesen vacantes en ese momento.

SAMPLE

 Firma del cliente/de la cliente:

 Fecha

FOR DHS STAFF USE ONLY

I have explained this form to the client. Client refused to sign

 Staff Name (print)

 Staff Signature

 Staff Title

 Date