



OFFICE OF POLICY, PROCEDURES AND TRAINING

DHS-PB-2022-002 (R2)

<p>SUBJECT: Reasonable Accommodation Request Process</p>	<p>APPLICABLE TO: All DHS Directly Operated or Contracted Facilities / Programs Serving Homeless Single Adults, Adult Families, and Families with Children</p>	<p>ISSUED: July 24, 2024 (Replaces Interim Reasonable Accommodation Request Process DHS-PB-2020-002 and re-issued to remove “interim” label)</p>
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I. PURPOSE

The New York City Department of Homeless Services (“DHS”) is required by the Americans with Disabilities Act and other federal, state, and local laws and social service regulations (applicable law) to provide meaningful access to temporary housing assistance, programs, and services for individuals with disabilities seeking or receiving DHS shelter and services.

DHS must make reasonable modifications to its policies, practices, or procedures when such modifications are necessary to avoid discrimination based on a disability and to ensure meaningful access to the Agency’s programs, benefits, and facilities. DHS shall provide these services in the most integrated setting appropriate, except where the provision of a reasonable accommodation would fundamentally alter the nature of the Agency’s services, program, or activity.

The reasonable accommodation process is interactive, and DHS will consider reasonable accommodation requests (“RARs”) on an individualized basis. Clients do not need to use any particular words or language to request a reasonable accommodation (RA) to have the RA granted. DHS will not discriminate or retaliate against any client for requesting an RA, nor will DHS make an adverse determination regarding shelter eligibility or benefits because of a disability when the failure to comply relates to a disability requiring an accommodation that has not been provided.

The Department of Social Services/Human Resources Administration Customized Assistance Services, Office of Reasonable Accommodations (CAS ORA) is designated to receive and make recommendations for RARs that are submitted by DHS clients.

II. APPLICABILITY

This procedure is applicable to any individuals who apply to, participate in, access, or reside in any DHS directly operated or funded program or facility. DHS programs and facilities include, but are not limited to, DHS directly operated and contracted facilities, including intake and assessment sites across Single Adults, Adult Families, Families with Children, and Street Homeless Solutions (SHS) programs, including Outreach providers.

III. RAMS

The Reasonable Accommodation Management System (RAMS) is the DHS system of record that processes and records RAs. All RARs must be processed in RAMS. Staff can access RAMS via CARES, StreetSmart, or the DSS Portal.

If a facility does not have access to RAMS, facility staff must submit RARs to the appropriate program area inbox. RARs submitted to the program area inboxes will be processed in RAMS by the Disability Access and Functional Needs Coordinators (DAFNs).

Each day, DHS Program Administrators, DAFNs, the DHS Appeals Review Committee, and facility staff must review the RAMS Dashboard and / or an equivalent report to determine if clients receiving shelter at a facility under their supervision have RARs that require their attention.

IV. FORMS

RAMS generates the forms referenced in this procedure unless otherwise noted. These forms can be viewed and printed from the Notices and Receipts tab in RAMS for any RA.

Copies of any client-facing notice or form must be scanned and uploaded using the DHS Indexing Solution. Staff can access the DHS Indexing Solution via the Client Assistance and Rehousing Enterprise System (CARES) landing page, the RAMS client document tab, or DSS Portal.

Facility staff must provide copies of any client-facing notice or form to the client for their records, in their preferred written language (if available). RAMS generates copies of each client notice described in this procedure in each of the Local Law 30 languages.

If a client needs help completing a form, DHS or facility staff must assist the client.

V. RA REQUEST PROCESS

A. Initiating RARs

A client may request RA(s) at any time. DHS or facility staff may initiate RAR(s) at any time on behalf of a client whom they believe needs RA(s).

If a client requests an RA that is already approved in RAMS, DHS or facility staff must fulfill the RA immediately. For more information about how to fulfill an approved RA, refer to [Section VII, Fulfillment](#).

If a client is requesting an RAR that is not already known, DHS or facility staff must provide a copy of the *Reasonable Accommodation Request Form* (“RAR form”) (**DHS-13**) to the client. A client does not have to fill out the RAR form to request an RA. DHS or facility staff must offer assist the client in filling out the form. Facility staff must also provide the Disability Rights Flyer (**FLY-1053**) and HIPAA Release Flyer (**FLY-1052**).

After completing the RAR form, facility staff must initiate the submission of a new Direct Request by selecting RA(s) from the *RA Menu* (**DHS-13i**) in RAMS. A Direct Request consists of an RAR or multiple RARs. After selecting RA(s), but prior to submitting the Direct Request, facility staff must select the print option to generate the *Direct Request Summary* (**DHS-13j**) for the client. Facility staff must then navigate to the Notices and Receipts tab, print a copy of the *Direct Request Summary* (**DHS-13j**), and review it with the client to confirm the client’s RARs. If the client changes the RAs they are requesting after reviewing the *Direct Request Summary*, facility staff must print a new version of the *Direct Request Summary* reflecting the updated list of RARs.

After the client agrees that the RARs listed on the *Direct Request Summary* are correct, facility staff must enter information about why the client is requesting each RA in RAMS and submit the Direct Request.

Then, facility staff must navigate to the Notices and Receipts tab and print the *Initial Receipt* for the client's review. The *Initial Receipt* includes the following forms:

- Receipt for the Reasonable Accommodation(s) You Asked For (**DHS-13q**).
- the Reasonable Accommodation Request Details (**DHS-13r**); and
- the DHS HIPAA Authorization for The Disclosure of Individual Health Information ("HIPAA Release Form") (**DHS-13b**).

Staff must indicate in RAMS, when prompted, whether the client signed the *RA Receipt* (**DHS-13q**). If the client does not sign the *RA Receipt*, facility staff must enter a reason in the required RAMS field.

Disability Screening Questionnaire (DSQ) at Intake:

The DSQ is a scripted interview.

Facility staff must administer the DSQ to clients newly presenting at intake, assessment, shelter, or safe haven sites who have not completed the DSQ within the past 365 days. This information is noted in RAMS. For clients who appear or report to have new or different functional needs, staff can offer to administer the DSQ again to help identify suggested RAs.

If no DSQ was completed within the past 365 days, facility staff must administer the DSQ immediately to clients newly presenting at these sites who have obvious and apparent needs, who express a possible RA need, or who staff believe might have an RA need. Otherwise, staff must complete the DSQ within 48 business hours of entry into the facility if no DSQ was completed within the past 365 days.

After administering the DSQ, RAMS will suggest RA(s) based on the client's answers and information in CARES. These suggestions must be discussed with the client. The client may request any of the suggested RA(s), or any other RA(s), after the questionnaire is completed, following the process outlined in this procedure.

Clients may refuse to answer some or all of questions and may reject the offer to participate. Clients may request RAs even if they do not complete the DSQ. RAMS will present the entire *RA Menu* after the DSQ is completed at which time the client may request any RA.

B. Immediately Approved RAs

Some RAs are immediately approved in the *RA Menu*. If a client requests these RA(s), RAMS will approve these RA(s) after the submission of the Direct Request. The *Initial Receipt* will inform the client that documentation is not required, and the RA is immediately approved. For more information about how to fulfill an approved RA, refer to [Section VII, Fulfillment](#).

If an RA is not immediately approved in the RA Menu and facility staff believes the need for an RA is obvious and apparent, or the need for the RA is known to DHS or facility staff, facility staff must select the bypass option in RAMS when submitting the Direct Request. Submitting a bypass request notifies supervisory staff. Supervisory staff must review the bypass request and determine if approval is warranted based on confirmation that the RA is obvious, apparent, or already known.

If a bypass request is approved, staff must navigate to the Notices and Receipts tab in RAMS and print the *RA Determination Letter*. The *RA Determination Letter* includes the following forms:

- Decision on your Reasonable Accommodation Request (**DHS-13a**).
- DHS Reasonable Accommodation Appeal Request Form (**DHS-13d**); and
- Documents Reviewed for Your Reasonable Accommodation Request (**DHS-13p**).

For more information about how to provide the *RA Determination Letter*, please refer to [Section VI, Determination Process](#).

If the bypass is not approved, the client must submit documentation for CAS ORA review. Please refer to the following subsection, *C. All Other RAs*.

Note: Upon receipt of an RAR for a home health aide, single adult shelter staff must immediately notify their assigned Program Administrator and consult with the onsite medical provider, when available, and the DHS Office of the Medical Director, when necessary (see Medical Appropriateness Procedure [DHS-PB-2021-012](#) and Guidelines for Addressing Clinical Needs and Request for Consultation from the DHS Office of the Medical Director [DHS-PB-2018-005](#)). Based on the individualized circumstances of each client, staff must assess, in consultation with OMD, the client's appropriateness for shelter consistent with the Medical Appropriateness Procedure [DHS-PB-2021-012](#).

C. All Other RARs

If DHS does not immediately approve RARs consistent with the preceding subsection, clients must submit relevant and reliable disability-related documentation (supporting documentation) for CAS ORA review within ten calendar days. The *Initial Receipt* notifies clients whether they must submit supporting documentation for each RAR and includes the *HIPAA Release Form*.

Clients may elect, but are not required, to complete a *HIPAA Release Form*, which allows DHS or CAS ORA to contact a client's medical provider directly about their RARs. RARs must be submitted even if the client does not complete the HIPAA Release Form.

If a client provides supporting documentation within the relevant timeframe, facility staff must:

- Navigate to the DHS Indexing Solution
- Upload the supporting documentation, including a *HIPAA Release Form*, if completed, and
- Submit the Direct Request for CAS ORA assessment

Help Gathering Documents:

Clients may request help gathering documents from facility staff. Although clients are not required to complete a *HIPAA Release Form* to submit an RAR, clients who request help gathering documents must complete the *HIPAA Release Form* to give consent for CAS to help contact their care team.

Staff must provide clients requesting help gathering documents with the DHS Clinician Assessment Form (CAF) (**DHS-13w**) and the Clinician Assessment Form FAQ (**DHS-13x**) flyer. Clients may elect, but are not required, to provide this form to their clinician. For clients to have the CAF considered, they must return a completed CAF to facility staff. Facility staff must upload the document to the Indexing Solution.

If a client requests assistance, facility staff must enter, "the client needs help gathering documents" in the "Why Do You Need Help" section of the Direct Request prior to submission and select this option in RAMS when the Direct Request indicates Documents Needed. Facility staff must upload a completed HIPAA to the DHS Indexing Solution and then submit the case for CAS ORA assessment.

CAS ORA will utilize this information to determine if the client needs requested RAs, or other RAs.

Upon receiving a request for help gathering documents, CAS ORA will make two outreach attempts to contact the client's provider within fifteen (15) calendar days. CAS ORA may reach out to DHS or provider staff and ask that the client complete the CAF, if necessary.

Any supporting documentation obtained must be uploaded to the DHS Indexing Solution as soon as possible in accordance with this subsection.

D. Provisional Fulfillment

For all RARs requiring supporting documentation, DHS and facility staff must determine whether it is necessary for DHS to fulfill the RA(s) provisionally. DHS must provisionally fulfill an RA when DHS expects a nontrivial amount of time to pass before rendering a final determination and DHS determines not providing the RA immediately is likely to cause serious harm to the client.

Some RAs are provisionally granted in the *RA Menu*. If a client requests these RA(s), RAMS will prompt facility staff to provisionally fulfill the RA and the *Initial Receipt* will inform the client that the RA is pending provisional fulfillment. For all other RAs, facility staff must indicate in RAMS if they intend to provisionally fulfill the RAR during the submission of the Direct Request. Facility staff must consult their PA if they are unsure whether they must provisionally fulfill an RA that is not already provisionally granted in the *RA Menu*.

Facility staff must attempt to provisionally fulfill the RA in the current facility. If it is not possible to fulfill the RA at the current facility, facility staff must contact their PA immediately concerning a transfer. DHS and facility staff must coordinate to fulfill the RA as soon as possible.

If DHS has not rendered a final determination on an RAR within ten calendar days and has not yet been able to provisionally fulfill the RA(s), the PA must escalate to their Assistant Commissioner.

E. RA(s) that Cannot be Fulfilled

If DHS or facility staff know that they cannot fulfill an RAR because capacity meeting the client's needs does not exist in the relevant shelter system or program type, staff must escalate to their PA. PAs must discuss the RA request with an Assistant Commissioner.

F. Animals

For specific guidance on how to process RARs involving animals, please refer to the ESA Desk Guide (**DHS-58a**), ESA Emergency Plan (**DHS-58b**), ESA Notice of Requirements (**DHS-58c**), and **Service Animal Policy** ([DHS-PB-2020-013](#)).

VI. DETERMINATION PROCESS

A. Administrative Denials

If a client fails to submit supporting documentation and has not requested more time and/or assistance in gathering documents, RAMS will administratively deny the RA after the timeline set forth in the relevant subsection expires.

The timeline to submit documentation in support of an RAR is ten calendar days. Refer to [Section V, RA Request Process](#).

The timeline to submit documents for an RA appeal is fifteen calendar days. Refer to [Section VIII, Appeals](#).

The timeline to submit documents for an RA reassessment is fifteen calendar days. Refer to [Section IX, Reassessment](#).

The timeline to submit documents for an RA renewal is ten calendar days. Refer to [Section X, Renewal](#).

B. Clinical Recommendations

CAS ORA must review any supporting documentation submitted by a client to determine if the requested RA is supported.

If the requested RA is supported, CAS ORA will indicate 'Original Recommended'. If an RA is not supported, CAS ORA will indicate 'Original Not Recommended'. If the client's functional needs would be better supported by an RA other than the one requested, CAS ORA will indicate 'Alternative Recommended' and indicate a suggested alternative accommodation that is better suited for the client's needs. CAS ORA may also recommend a duration for the approval.

Note: If CAS ORA determines that the RA was submitted for CAS ORA assessment without supporting documentation or the submitted supporting documentation contains errors, CAS ORA must notify DHS and facility staff in RAMS. DHS and facility staff must coordinate as soon as possible to determine what actions are required. CAS ORA must also indicate to DHS in RAMS if it appears that DHS or facility staff queued the wrong RA(s) for review.

C. Completion of the Recommendation Process

After CAS ORA issues a recommendation, RAMS will indicate that the recommendation is available for PA review. This recommendation will contain whether the RA is approved, denied, or whether CAS ORA recommends an alternative to the RA requested.

If CAS ORA recommended a duration for an approved RA or alternative offer, those RA(s) expire after a set period of time unless the client elects to renew the RA. For more information about how to renew an RA, please refer to [Section X, Renewal](#).

PAs must accept or reject CAS ORA recommendations as soon as possible. The PA must accept or reject CAS ORA's recommendation based solely on operational feasibility. If the PA rejects CAS ORA's recommendation, RAMS will notify an Assistant Commissioner to make a final determination.

D. Providing the RA Determination Letter

When the determination process is complete, facility staff must navigate to the Notices and Receipts tab for each RAR and print the *RA Determination Letter*. Staff must provide a copy to the client.

Facility must note in RAMS when prompted whether the client signed the *RA Determination Letter*.

The *RA Determination Letter* includes the *RAR Appeal Request Form (DHS-13d)*. Facility staff must discuss appeal rights with the client. If the client disagrees with the determination, please refer to [Section VIII, Appeals](#).

VII. FULFILLMENT

Facility staff must fulfill approved and alternative RA(s) as soon as possible. If facility staff cannot fulfill the approved RA, staff must notify a supervisor, such as the shelter director, PA, HERO Liaison, or Manager on Duty (MOD). If DHS and facility staff conclude the client's approved RA(s) cannot be met at the current facility, the PA must submit a transfer request as soon as possible. If approved RA(s) are not fulfilled within ten days, RAMS will notify the PA, and the PA must consult with HERO.

Once DHS or facility staff have fulfilled the RA(s), the client must confirm the RA is fulfilled and facility staff must indicate when prompted in RAMS that the client accepted fulfillment.

If the client refuses to acknowledge that an RA is fulfilled, facility staff must engage the client to determine if the client needs other RA(s). If the client does not need other RA(s), DHS must engage in a discussion with the client to determine if an alternative fulfillment will meet their needs.

If a client will not acknowledge that an RA has been fulfilled and rejects alternative fulfillment offers, the PA must indicate in RAMS that the client did not accept fulfillment. This action will alert the relevant Assistant Commissioner. The Assistant Commissioner or their designee must engage with the client, the PA, and the facility to determine how to best meet the client's needs.

If DHS and the client are unable to come to a resolution, the Assistant Commissioner must generate an *RA Determination Letter* indicating that the RA has been denied. Clients may appeal this decision.

If the client accepts fulfillment, facility staff must indicate the client accepted fulfillment in RAMS. Then, facility staff must navigate to the Notices and Receipts tab and print the *Fulfillment Receipt (DHS-13m)*. Facility staff must indicate in RAMS when prompted whether the client signed the *Fulfillment Receipt*.

Offering Alternative Accommodations:

For RAs that cannot be fulfilled at Intake, Intake supervisors must discuss alternative options with the client. Intake staff must fulfill the alternative accommodation based on the result of the discussion, giving primary consideration to the client's preference if there are multiple alternative accommodations.

For RAs that cannot be fulfilled at facilities, the PA or designee must discuss alternative options with the client. Staff must fulfill the alternative accommodation based on the result of the discussion, giving primary consideration to the client's preference if there are multiple alternative accommodations.

If a client accepts an alternative fulfillment of their requested RA, DHS or facility staff must indicate that the client accepted fulfillment and note any differences in RAMS when prompted.

VIII. APPEALS

A. All Appeals

Clients may appeal any approval that does not have a permanent duration, any denial, or any alternative offer within fifteen calendar days. If a client requests an appeal, DHS or facility staff must submit the appeal in RAMS and navigate to the Notices and Receipts tab in RAMS and print the *Appeal Request Form (DHS-13d)*.

Facility staff must offer to assist the client with completing the *RA Appeal Request Form*.

B. Administrative Appeals

CAS ORA reviews appeals of administratively denied RA(s). Administrative appeals follow the same process as submitting an RAR.

For more information about how to submit an RAR, please refer to [Section V, RA Request Process](#) and [Section VI, Determination Process](#).

C. Clinical Appeals

If a client's RAR was denied after CAS ORA review of documentation, The DHS Appeals Review Committee must review the appeal. The DHS Appeals Review Committee consists of representatives from: the relevant program area (PA with a clinical background), the Office of Disability Affairs, the Office of the Medical Director, DAFN, and the Office of Diversity and Equal Opportunity Affairs. The Appeals Review Committee **must not** include any person who was involved in the initial determination.

Clients may appeal clinical denials, alternative RA offers, or durational limitations on approved RA(s) or alternative offers. Clients may appeal these determinations within fifteen calendar days from the date the *RA Determination Letter* was provided to the client.

Facility staff must upload the completed *RA Appeal Request Form* and all supporting documentation to the DHS Indexing Solution and send a copy to DHSRAAppeals@dss.nyc.gov. Facility staff must enter the appeal request in RAMS by selecting the appeal option on each RA appealed.

Note: If a client appeals a clinical determination and DHS provisionally fulfilled the RA, DHS must continue fulfilling the original RAR pending the appeal review.

The Appeal Review Committee must enter the outcome of the appeal in RAMS. The Appeals Review Committee must complete a *Decision on Your RA Appeal (DHS-13g)* and *Documents Reviewed For Your RA Appeal (DHS-13o)* for each appealed RA. The Appeals Review Committee must provide a copy to the facility and facility staff must provide a copy to the client.

Facility staff must fulfill any approved RAs or alternative RA offers. For more information about how to fulfill an approved RA, please refer to [Section VII, Fulfillment](#).

IX. REASSESSMENT

If DHS believes that approved RA(s) are no longer necessary due to a change in a client's functional needs, DHS or facility staff will confer with the client. For each RA under reassessment, DHS or facility staff must navigate to the RA in RAMS and submit a reassessment. Then, facility staff must navigate to the Notices and Receipts tab and print the *Notice of Intent to Reassess (DHS-13e)* to provide to the client.

If the client agrees the RA is no longer necessary and elects to withdraw the RA, please refer to [Section X, Client Withdrawal](#). If the client indicates they want DHS to reassess the RA, reassessments follow the same process as RARs. For more information about how to submit an RAR, please refer to [Section V, RA Request Process](#) and [Section VI, Determination Process](#).

Note: DHS will continue to fulfill any reassessed RA(s) for fifteen calendar days or until the reassessment is complete, whichever period is longer, unless no placement options are available due to exigent circumstances (e.g., the client's current placement lacks heat during cold weather and DHS must immediately complete an emergency transfer). In such cases, the PA or designee must discuss alternative options with the client. Staff must fulfill the alternative accommodation based on the result of the discussion, giving primary consideration to the client's preference if there are multiple alternative accommodations.

When the reassessment is complete, facility staff must navigate to the Notices and Receipts tab for the reassessed RA in RAMS and print the *RA Determination Letter (Reassessment)* (**DHS-13f**).

Facility staff must indicate in RAMS when prompted whether the client signed the *RA Determination Letter*.

For information about how to fulfill approved RA(s) or alternative offers resulting from a reassessment, please refer to [Section VII, Fulfillment](#).

The client may appeal a reassessment determination within fifteen calendar days from the date the *RA Determination Letter* was provided. DHS will continue to fulfill the RA(s) during the appeal window or until the appeal is decided unless no placement options are available or in exigent circumstances. For example, if the client's shelter facility is closing or the client's unit is being taken offline for long-term maintenance.

For more information about how to process appeals, please refer to [Section VIII, Appeals](#).

X. RENEWAL

Thirty days before the expiration of a durational approved RA or alternative RA, staff must print the *Expiration Notice* (**DHS-13k**) and provide a copy to the client. Seven days before the expiration date, staff must navigate to the Notices and Receipts tab in RAMS and print the document labelled *Final Expiration Notice* (**DHS-13L**).

If the client elects to withdraw the RA, please refer to [Section X, Client Withdrawal](#).

If the client elects to renew the expiring RA, facility staff must navigate to the RA in RAMS and submit a renewal request. Upon submitting the renewal, RAMS will initiate a new Direct Request in RAMS for the expiring RA(s).

For more information about how to process an RAR, please refer to [Section V, RA Request Process](#).

If a client's renewal request is denied, or DHS offers an alternative upon review of the renewal request, DHS must continue fulfilling the original RA(s) until RAMS indicates the original RA has expired. Clients may appeal renewal determinations.

For more information about how to process appeals, please refer to [Section VIII, Appeals](#).

XI. CLIENT WITHDRAWAL

A client may withdraw an RAR or approved RA at any time after submission of a Direct Request. If a client requests to withdraw an RA, DHS or facility staff must navigate to the RA in RAMS and initiate the withdrawal.

After initiating the withdrawal, DHS or facility staff must navigate to the Notices and Receipts tab in RAMS, print the *Client Withdrawal Letter* (**DHS-13n**), and confirm whether the client signed the *Client Withdrawal Letter* in RAMS when prompted.

XII. NOTICES

All facilities servicing DHS Clients shall prominently display the **Notice of Client Disability Rights** (“*Notice*”) (**POST-179**) in any areas ordinarily used for posting client information. If clients have questions related to the RA request process or HIPAA form, provide a copy of the RAR Flyer and / or HIPAA Flyer.

Effective Immediately

RELATED ITEM:

[DHS-PB-2020-013](#) Client Service Dog Policy and Procedure

[DHS-PB-2021-012](#) Medical Appropriateness Procedure

ATTACHMENTS:

DHS-13 (E)	Reasonable Accommodation Request Form
DHS-13a (E)	Decision on Your Reasonable Accommodation Request
DHS-13b (E)	Health Insurance Portability and Accountability Act Authorization for the Release of Health Information
DHS-13d (E)	Reasonable Accommodation Appeal Request Form
DHS-13e (E)	Notice of Intent to Reassess Reasonable Accommodation(s)
DHS-13f (E)	Reasonable Accommodation Reassessment Decision
DHS-13g (E)	Decision on Your Reasonable Accommodation Appeal
DHS-13h (E)	DHS Reasonable Accommodation Process Quick Reference Guide
DHS-13i (E)	Reasonable Accommodation Menu
DHS-13j (E)	Reasonable Accommodation Request Summary
DHS-13k (E)	Reasonable Accommodation Expiration Notice
DHS-13L (E)	Second Reasonable Accommodation Expiration Notice

DHS-13m (E)	Reasonable Accommodation Fulfillment Confirmation
DHS-13n (E)	Request to Withdraw Reasonable Accommodation(s)
DHS-13o (E)	Documents Reviewed for Your RA Appeal
DHS-13p (E)	Documents Reviewed for Your RA Request
DHS-13q (E)	Receipt for the Reasonable Accommodations You Asked For
DHS-13r (E)	Reasonable Accommodation Request Details
DHS-13w (E)	Clinician Assessment Form
DHS-13x (E)	Clinician Assessment Form FAQ
DHS-58a (E)	Desk Guide for Working with Clients Who Have an Approved Emotional Support Animal
DHS-58b (E)	Service Dog and Approved Emotional Support Animal Emergency Plan
DHS-58c (E)	Notification of Requirements for Clients with an Approved Emotional Support Animal
FLY-1052 (E)	HIPAA Release Flyer
FLY-1053 (E)	Disability Rights Flyer
POST-179	Notice of Client Disability Rights

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.

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. Supporting documentation is not required if the disability is obvious/apparent or otherwise known to DHS.

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

Name/Title: _____

Facility/Program: _____

Address: _____

Phone: _____ Date Received: _____

I discussed the HIPAA form with the client and the client consented to complete a HIPAA form.

I discussed the HIPAA form with the client and the client declined to complete a HIPAA form.

Signature: _____

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

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HIPAA AUTHORIZATION FOR THE DISCLOSURE OF INDIVIDUAL HEALTH INFORMATION

Client Name _____
Date of Birth _____ Case ID Number _____
Last 4 digits of Social Security Number _____

I, or my authorized representative, request that health information about my medical care and treatment be released as outlined below. Federal and state law and regulations, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) safeguard the privacy of my protected health information (collectively “health records”).

Before signing, I understand that:

1. My health records may include confidential **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT** (except psychotherapy notes), and **HIV-RELATED¹ INFORMATION**. This information will only be released if I sign my initials in the appropriate boxes in Item 8(a).
2. I can ask for a list of people who may get or use my HIV-related information without my consent. If I suffer discrimination because of the release of HIV-related information, I may contact the New York State Division of Human Rights at **(212) 961-8650** or the New York City Commission on Human Rights at **(212) 306-7450**. They are in charge of protecting my rights.
3. Signing this form is voluntary. If I do not sign it, my treatment, payment to treatment providers, enrollment in a health plan, and eligibility for shelter will not be affected. But, if I do not sign it and I did not submit documentation with my reasonable accommodation request, my reasonable accommodation request may be denied because the NYC Department of Homeless Services (DHS) did not have any supporting documentation or information to review.
4. I can change my mind at any time except for any information that has already been released. To do so, I must tell my shelter or facility director in writing.
5. My health information shared under this consent may be re-released by DHS. The privacy of this information may no longer be protected by federal or state law.

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¹ Human Immunodeficiency Virus causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

PERMISSION TO SHARE HEALTH INFORMATION

6. Name and address of health provider or entity to release this information:

7. This health provider will send this information to: **NYC Department of Social Services, Customized Assistance Services, Office of Reasonable Accommodations, 150 Greenwich Street, 30th floor, New York, NY 10007.**

8(a). Information to be released: **Medical records for the entire year prior to the signature date below.** Include (*Indicate by Initialing*):

Alcohol/Drug Treatment Mental Health Information HIV Related Information

8(b). By initialing here _____, I allow _____
(Initials) (Name of individual health care provider)

to discuss my health information with the **NYC Department of Social Services.**

9. Reason for release of information: **At request of Patient for purpose of reasonable accommodation request only.**

10. Expiration date: **One year from the date of signature**

All items on this form have been completed and my questions about this form have been answered. I was given a copy of the form

Signature of Patient or Authorized Representative by Law

Date

If not the Patient, name of individual signing form

Authority to sign on behalf of patient

The best phone number to contact me

INFORMATION ABOUT THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA) CONSENT FORM

This FAQ helps explain the HIPAA consent form and why we are asking you to complete it.

Why should I complete the HIPAA consent form?

Some Reasonable Accommodation Requests (RAR) need a review to decide if it will be approved. The Office of Reasonable Accommodations (ORA) reviews relevant information from your provider to make this determination. Signing the HIPAA consent lets ORA contact your provider when more information is needed to decide about your request. Signing it saves time in the review process.

What information will be collected using this form?

ORA will only ask for information related to the Reasonable Accommodation (RA) that you asked for. Staff will not use the form to contact your provider to get any information unrelated to your request.

How do I complete this form?

- You must fill out, sign, and date the HIPAA consent for it to be valid.
- The HIPAA consent is valid for one year from the date you sign it.
- If you are not able to sign the consent, an authorized representative can sign for you. If an authorized representative is signing for you, you must give us a document that proves their authority, such as a Power of Attorney or Guardianship Commission.

(Turn page)

INFORMATION ABOUT THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA) CONSENT FORM *(continued)*

What if I no longer want ORA to use this form to reach out to my provider?

You can tell us to stop the use of the form at any time, but you must tell the shelter or facility director in writing.

Note: You don't need to sign this consent if you don't want our help getting information from your provider. Instead, you can get relevant information directly from your providers to hand in with your accommodation request.

What if I don't have any documentation?

If you do not have any documentation to submit with the RAR(s), and you do not complete and sign the HIPAA form, your request may be denied because we did not have any supporting documents or information to review.

What if I have more questions about this form?

DHS staff and shelter staff will answer any questions you have about the form and can help you fill it out in person.

SAMPLE

Decision on Your Reasonable Accommodation Request

Date: _____ Facility: _____

Case Number: _____ Client: _____

On _____, you asked the Department of Homeless Services (DHS) for the following accommodation:

_____.

DHS has reviewed the following documentation pertaining to your request:

Your request was:

- Approved (Select one)
 - Immediately approved for obvious or apparent conditions.
 - Recommended based on documents.
- Denied. Reason:

SAMPLE

Alternative Offered:

If you want to talk about this decision with DHS, please call the Office of the Ombudsman at **800-994-6494**.

(Turn page)

This decision may result in a transfer of your placement.

If you believe your new shelter placement is inadequate, you may request a State Fair Hearing by:

- 1) **Phone:** 800-342-3334
- 2) **Fax:** a copy of this notice to 518-473-6735
- 3) **Walk-in:** Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
5 Beaver Street
New York, NY 10004
- 4) **Mail:** Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201
- 5) **Online:** Complete an online request form at:
<http://www.otda.ny.gov/oah/forms.asp>

If you request a Fair Hearing, the State will send you a notice informing you of the time and place of your hearing.

You or your representative may appeal this Determination by filing an Appeal within **fifteen (15) calendars days** of receipt of this Determination. If you appeal on the date of this notice, DHS will continue to fulfill the RA(s) unless it is operationally impossible or no placement options are available pending the outcome of the appeal.

Complete the *DHS RA Appeals Form* and send it to DHS by:



Mail: DHS RA Appeals Committee
33 Beaver Street
New York, NY 10004



E-Mail: DHSRAappeals@dss.nyc.gov



Fax: 917-639-1032

Upon request, assistance shall be provided by the Ombudsman's Office to file an Appeal.

(Turn page)

A medical or mental health condition or disability may make it hard for you to understand this notice or to do what this notice is asking you to do. This kind of condition may make it hard for you to get other services at DHS. **If this is true for you, we can help you.** Please ask shelter staff for help. You have a right to ask for this kind of help under the law.

Acknowledgement of Receipt

Client Signature or Initials

Date

DHS Signature

Date

SAMPLE

Date: _____

Client: _____

Case Number: _____

Facility: _____

Reasonable Accommodation Appeal Request Form

If you do not agree with our decision about your accommodation, you can file an appeal. We will look at your appeal and decide if we were wrong.

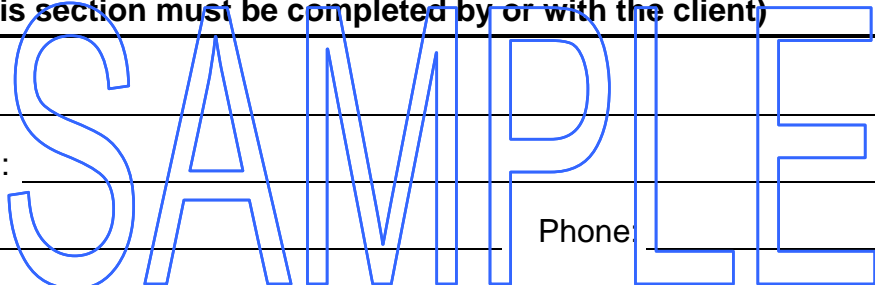
If you want to appeal, you must do it within fifteen (15) calendar days of receiving your Reasonable Accommodation decision.

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

Name: _____

Facility/Program: _____

Client ID/SSN: _____ Phone: _____



SECTION II: What decision(s) do you want to appeal?

Please explain why you think the decision was wrong. (Attach pages as needed)

If you have any documents related to this RA appeal request, please submit them with this form.

(Turn page)

How to submit your appeal:

You can submit your appeal request by sending this completed form and any new or additional documents to DHS by:



E-Mail: DHSRAappeals@dss.nyc.gov



Fax: 917-639-1032



Mail: DHS RA Appeals Committee
33 Beaver Street
New York, NY 10004

Upon request, assistance shall be provided by the Ombudsman's Office to file an Appeal.

If you filed this request within 48 hours of receiving a denial notice, DHS will provide a comparable shelter placement pending the outcome of the appeal unless no placement options are available.

SAMPLE

Acknowledgement of Receipt

Client Signature or Initials

Date

DHS Signature

Date

HIPAA AUTHORIZATION FOR THE DISCLOSURE OF INDIVIDUAL HEALTH INFORMATION

Client Name _____
Date of Birth _____ Case ID Number _____
Last 4 digits of Social Security Number _____

I, or my authorized representative, request that health information about my medical care and treatment be released as outlined below. Federal and state law and regulations, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) safeguard the privacy of my protected health information (collectively “health records”).

Before signing, I understand that:

1. My health records may include confidential **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT** (except psychotherapy notes), and **HIV-RELATED¹ INFORMATION**. This information will only be released if I sign my initials in the appropriate boxes in Item 8(a).
2. I can ask for a list of people who may get or use my HIV-related information without my consent. If I suffer discrimination because of the release of HIV-related information, I may contact the New York State Division of Human Rights at **(212) 961-8650** or the New York City Commission on Human Rights at **(212) 306-7450**. They are in charge of protecting my rights.
3. Signing this form is voluntary. If I do not sign it, my treatment, payment to treatment providers, enrollment in a health plan, and eligibility for shelter will not be affected. But, if I do not sign it and I did not submit documentation with my reasonable accommodation request, my reasonable accommodation request may be denied because the NYC Department of Homeless Services (DHS) did not have any supporting documentation or information to review.
4. I can change my mind at any time except for any information that has already been released. To do so, I must tell my shelter or facility director in writing.
5. My health information shared under this consent may be re-released by DHS. The privacy of this information may no longer be protected by federal or state law.

(Turn Page)

¹ Human Immunodeficiency Virus causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person’s contacts.

PERMISSION TO SHARE HEALTH INFORMATION

6. Name and address of health provider or entity to release this information:

7. This health provider will send this information to: **NYC Department of Social Services, Customized Assistance Services, Office of Reasonable Accommodations, 150 Greenwich Street, 30th floor, New York, NY 10007.**

8(a). Information to be released: **Medical records for the entire year prior to the signature date below.** Include *(Indicate by Initialing)*:

Alcohol/Drug Treatment Mental Health Information HIV Related Information

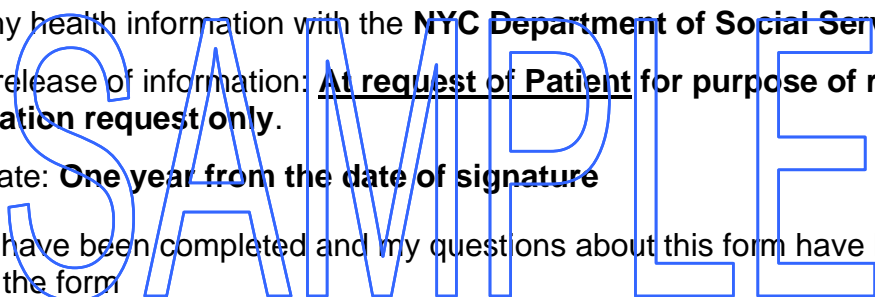
8(b). By initialing here _____, I allow _____
(Initials) (Name of individual health care provider)

to discuss my health information with the **NYC Department of Social Services.**

9. Reason for release of information: **At request of Patient for purpose of reasonable accommodation request only.**

10. Expiration date: **One year from the date of signature**

All items on this form have been completed and my questions about this form have been answered. I was given a copy of the form



Signature of Patient or Authorized Representative by Law

Date

If not the Patient, name if individual signing form

Authority to sign on behalf of patient

The best phone number to contact me

Date: _____

Client: _____

Case Number: _____

Facility: _____

Reasonable Accommodation Appeal Request Form

If you do not agree with our decision about your accommodation, you can file an appeal. We will look at your appeal and decide if we were wrong.

If you want to appeal, you must do it within fifteen (15) calendar days of receiving your Reasonable Accommodation decision.

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

Name: _____

Facility/Program: _____

Client ID/SSN: _____ Phone: _____

SAMPLE

SECTION II: What decision(s) do you want to appeal?

Please explain why you think the decision was wrong. (Attach pages as needed)

If you have any documents related to this RA appeal request, please submit them with this form.

(Turn page)

How to submit your appeal:

You can submit your appeal request by sending this completed form and any new or additional documents to DHS by:



E-Mail: DHSRAappeals@dss.nyc.gov



Fax: 917-639-1032



Mail: DHS RA Appeals Committee
33 Beaver Street
New York, NY 10004

Upon request, assistance shall be provided by the Ombudsman's Office to file an Appeal.

If you filed this request within 48 hours of receiving a denial notice, DHS will provide a comparable shelter placement pending the outcome of the appeal unless no placement options are available.

SAMPLE

Acknowledgement of Receipt

Client Signature or Initials

Date

DHS Signature

Date

Date: _____

Client ID: _____

Name: _____

Facility: _____

Notice of Intent to Reassess Reasonable Accommodation(s)

This notice is to inform you that DHS needs to reassess your currently fulfilled Reasonable Accommodation(s). DHS will continue to fulfill your RA(s) pending the reassessment, unless DHS must transfer you because there are no available placement options.

Reasonable accommodation(s):

Request for Reassessment

You can request DHS to reassess the RA(s) above by selecting from below:

- Yes, I want DHS to reassess the RA(s) listed above. (You must provide documentation for assessment within 10 days or DHS will withdraw your RA(s).)
- No, I acknowledge the RA(s) will be withdrawn. (You do not have to do anything further.)

FOR DHS OR PROVIDER STAFF

If the client selected "yes" above, provide the *Reasonable Accommodation Request* form to the client to complete. Refer to section III "RA Request Process" in the DHS RA procedure for further instructions.

Acknowledgement of Receipt

Client Signature or Initials

Date

DHS/Provider Signature

Date

A medical or mental health condition or disability may make it hard for you to understand this notice or to do what this notice is asking you to do. This kind of condition may make it hard for you to get other services at DHS. **If this is true for you, we can help you.** Please ask shelter staff for help. You have a right to ask for this kind of help under the law.

Decision on Your RA Reassessment

Date: _____ Facility: _____
Case Number: _____ Client: _____

On _____, you asked the Department of Homeless Services (DHS) to reassess the following Reasonable Accommodation (RA):

DHS or CAS has reviewed the following documentation pertaining to your request:

Your accommodation was:

- Approved (Select one)
 - Immediately approved for obvious or apparent conditions.
 - Recommended based on documents.
- Denied. Reason:

SAMPLE

Alternative Offered:

A medical or mental health condition or disability may make it hard for you to understand this notice or to do what this notice is asking you to do. This kind of condition may make it hard for you to get other services at DHS. **If this is true for you, we can help you.** Please ask shelter staff for help. You have a right to ask for this kind of help under the law.

(Turn page)

You or your representative may appeal this Determination by filing an Appeal within **fifteen (15) calendar days** of receipt of this Determination. Unless no placement options are available, DHS will continue to fulfill the RA(s) above for at least two weeks from the date of this Notice, or pending the Appeal determination, whichever period is longer. Complete the DHS RA Appeals Form and send it to DHS by:



Mail: DHS RA Appeals Committee
33 Beaver Street
New York, NY 10004



E-Mail: DHSRAappeals@dss.nyc.gov



Fax: 917-639-1032

If you believe your shelter placement is inadequate, you may request a State Fair Hearing by:



Phone: 800-342-3334



Fax: a copy of this notice to 518-473-6735



Walk-in: Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
5 Beaver Street
New York, NY 10004



Mail: Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201



Online: Complete an online request form at:
<http://www.otda.ny.gov/oah/forms.asp>

If you request a Fair Hearing, the State will send you a notice informing you of the time and place of your hearing.

Acknowledgement of Receipt

Client Signature or Initials

Date

DHS Signature

Date

Decision on your Reasonable Accommodation Appeal

Date: _____ Facility: _____

Case Number: _____ Client: _____

On _____, you asked the Department of Homeless Services (DHS) for:

_____.

Your original request was denied on _____.

DHS has reviewed the following documentation pertaining to your appeal:

You asked for an appeal on _____ Your appeal has been:

- Approved (Select one)
 - Immediately approved for obvious or apparent conditions.
 - Recommended based on documents.
- Denied. Reason:

SAMPLE

Alternative Offered:

If you want to talk about this decision with DHS, please call the Office of the Ombudsman at **800-994-6494**.

(Turn page)

This decision may result in a transfer of your placement.

If you believe your shelter placement is inadequate, you may request a State Fair Hearing by:

- 1) **Phone:** 800-342-3334
- 2) **Fax:** a copy of this notice to 518-473-6735
- 3) **Walk-in:** Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
5 Beaver Street
New York, NY 10004
- 4) **Mail:** Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201
- 5) **Online:** Complete an online request form at:
<http://www.otda.state.ny.us/oah/forms.asp>

If you request a Fair Hearing, the State will send you a notice informing you of the time and place of your hearing.

A medical or mental health condition or disability may make it hard for you to understand this notice or to do what this notice is asking you to do. This kind of condition may make it hard for you to get other services at DHS. **If this is true for you, we can help you.** Please ask shelter staff for help. You have a right to ask for this kind of help under the law.

Acknowledgement of Receipt

Client Signature or Initials

Date

DHS Signature

Date

**REFERENCE GUIDE:
REASONABLE ACCOMMODATION MENU FOR DHS**

<p>NOTE: The categories outlined below are for the purpose of providing general guidance only. This Menu does not replace the interactive process; all RAs must be assessed individually and in consultation with the client. DHS must immediately approve any RA if the need for the RA is obvious, apparent, or known to DHS. DHS must provisionally fulfill any RA where there is a serious risk of harm to the client if the RA is not immediately fulfilled, pending a full review from the Office of Reasonable Accommodations Customized Assistance Services Unit.</p>		
#	Reasonable Accommodation Name (by category)	Description
1	Immediately Approved	
1.1	Expedited intake and placement	Prioritize applicant/client's intake process, including placement into shelter and relocation to/from sites.
1.2	Placement for client who is deaf/hard of hearing	DHS will find placements that have or can install visual smoke alarms for clients who are deaf or hard of hearing.
1.3	Help reading forms	DHS will help clients read and understand forms, when possible. This may include repeating information, explaining content in a clear and concise manner, confirming the clients understand their next steps.
1.4	Help completing forms	DHS will help clients fill out forms, when possible.
1.5	Help for people who are blind or low vision	Client must describe how DHS can help them. E.g., help with wayfinding; provide alternative formats for documents; explain any barriers or obstacles to avoid; explain emergency plans, etc.
1.6	Help for people who are deaf or hard of hearing	Client must describe how DHS can help them. E.g., provide interpretation services; captioning on TVs; provide visual doorbells (not applicable to congregate settings), etc. (Refer to Auxiliary Aids Procedure.)
1.7	Accessible transportation between facilities	DHS will help arrange accessible transportation from Intake to Assessment/Shelter, and between DHS facilities. Through FLEET services, times will vary.
1.8	Help with referrals to request equipment	Refer clients to provider(s) who can assess client's needs, including access to care and/or approved equipment.
1.9	Flexible scheduling for in-shelter appointments	DHS will schedule in-shelter appointments (e.g., ILP appointments) when the client is available. For example, if the client has medical appointments every Monday at 2pm, then DHS scheduled meetings will not be scheduled during that time. Clients must provide their availability details.
1.10	Grant service dog residence in facility	Service dogs are allowed into any DHS facility at any time. Clients must be able to answer the two questions as permitted by the ADA. (Refer to Service Dog Policy.)
1.11	Permit facility access to care service provider	DHS will allow professional home attendants access to the facility at appointed times, if the RA is approved. Clients must provide the details of the attendant, services, and schedule.

**REFERENCE GUIDE:
REASONABLE ACCOMMODATION MENU FOR DHS (Continued)**

<p>NOTE: The categories outlined below are for the purpose of providing general guidance only. This Menu does not replace the interactive process; all RAs must be assessed individually and in consultation with the client. DHS must immediately approve any RA if the need for the RA is obvious, apparent, or known to DHS. DHS must provisionally fulfill any RA where there is a serious risk of harm to the client if the RA is not immediately fulfilled, pending a full review from the Office of Reasonable Accommodations Customized Assistance Services Unit.</p>		
#	Reasonable Accommodation Name (by category)	Description
2	Provisionally Granted	
2.1	Access to refrigerator for medication	DHS will provide clients with access to a refrigerator (or space in one) to store and refrigerate medication when necessary. If the medication does not indicate refrigeration requirements, DHS may request for additional information.
2.2	Disability or medically-related dietary needs	Some DHS sites will provide nutritious meals, including most dietary restrictions (except religious restrictions). Clients must describe their dietary restrictions. If the meals provided are not enough or appropriate, DHS may request for additional information.
2.3	Condition requires location-based placement	DHS will find placements that are near health-related centers or near public transportation that is more convenient for clients who require regular and frequent health-related services.
2.4	Access to Electrical outlet(s) to power equipment	DHS will find placements that have outlets in sleeping areas for clients with medical equipment that requires charging. For significant power-drawing devices, DHS may request for more information.
2.5	Placement in elevator building and/or first floor	DHS will assign the client to a building with an elevator or a ground floor placement when necessary. For example, for those using a wheelchair, or those with chronic respiratory or back issues.
2.6	Placement with accessible bathroom features	Clients must provide details on the type of feature they require. Most common features are grab bars in bathrooms or a bench for the shower. DHS will find placements that have these features available, or can be installed.
2.7	Placement with wheelchair accessible bathroom	DHS will place clients using wheelchairs in facilities with an accessible bathroom and shower. This is typically for single adult facilities where dorms and bathrooms are separate.
2.8	Placement in wheelchair accessible unit	DHS will place clients using wheelchairs in units that are accessible, including the bathroom, shower. This is typically for families assigned to units with private bathrooms.

(Turn page)

**REFERENCE GUIDE:
REASONABLE ACCOMMODATION MENU FOR DHS (Continued)**

<p>NOTE: The categories outlined below are for the purpose of providing general guidance only. This Menu does not replace the interactive process; all RAs must be assessed individually and in consultation with the client. DHS must immediately approve any RA if the need for the RA is obvious, apparent, or known to DHS. DHS must provisionally fulfill any RA where there is a serious risk of harm to the client if the RA is not immediately fulfilled, pending a full review from the Office of Reasonable Accommodations Customized Assistance Services Unit.</p>		
#	Reasonable Accommodation Name (by category)	Description
3	Generally Requires Review	
3.1	Placement with air conditioning in sleeping area	DHS will find placements that have or can install air conditioners in the sleeping area, if the RA is approved.
3.2	Allow assistance by support person at appointments	DHS will allow support persons, such as relatives, access to the facility during in-shelter appointments, if the RA is approved. They are only permitted during the scheduled time.
3.3	Permit emotional support animal to reside in facility	DHS will allow emotional support animals entry into the facility, if the RA is approved. The animal approved is the only animal allowed into the site. (Other/replacement ESAs require additional RARs.)
3.4	Single Room	DHS will place clients in a single room due to a disability or medical condition.
3.5	Kitchen/cooking facility	DHS will find placements with a kitchen or cooking facility for client-use.
3.6	Private bathroom - not for physical accessibility	DHS will find placements with access to a private bathroom.
3.7	Refrigerator in room for food storage	DHS will allow client to have a small refrigerator to store food in their placement..
3.8	Microwave in room	DHS will allow client to have a microwave in their placement.
3.9	Storing food in room/ Eat meals in room	DHS will allow client to store food in their placement.
3.10	Bedrest	DHS will allow client to remain in their placement during the day.
3.11	Specialized bed, mattress, or chair	DHS will allow client to use a specialized bed in their placement (e.g., hospital bed, orthopedic mattress, double mattress).
3.12	Other RA	Case by case basis, per the client's request.
3.13	Reduced Density Placement	DHS will place client in a reduced density location/unit with no more than 4 people.

Date: _____
 Client ID: _____
 Name: _____
 Facility: _____
 Confirmation Number: _____
 RAR Number: _____

Your Reasonable Accommodation Expiration Notice

Your Reasonable Accommodation (RA) will expire on _____. The details of your RA are listed below:

Reasonable Accommodation	Start Date	End Date	RAR #
SAMPLE			

You can request to renew this RA. Please provide additional information before the RA expires on _____.

Yes, I want DHS to renew this RA. (You must provide documents related to this request.)

Please explain (optional)

No, I accept that the RA(s) will expire. (You do not have to do anything else)

Please complete this form and provide a copy to your facility director.

(Turn page)

A medical or mental health condition or disability may make it hard for you to understand this notice or to do what this notice is asking you to do. This kind of condition may make it hard for you to get other services at DHS. If this is true for you, **we can help you**. Please ask shelter staff for help. You have a right to ask for this kind of help under the law.

This may result in a transfer of your placement, if necessary. DHS will assign placement with consideration of any and all active RAs on your case.

If you believe your shelter placement is inadequate, you may request a State Fair Hearing by:



Phone: 1-800-342-3334



Fax: a copy of this notice to 1-518-473-6735



Walk-in: Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
5 Beaver Street
New York, NY 10004



Mail: Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201



Online: Complete an online request form at:
<http://www.otda.state.ny.us/oah/forms.asp>

If you request a Fair Hearing, the state will send you a notice informing you of the time and place of your hearing.

Acknowledgment of Receipt

Signature

Date

Date: _____
 Client ID: _____
 Name: _____
 Facility: _____
 Confirmation Number: _____
 RAR Number: _____

Second Reasonable Accommodation Expiration Notice

Your Reasonable Accommodation (RA) will expire on _____. The details of your RA are listed below:

Reasonable Accommodation	Start Date	End Date	RAR #

You can request to renew this RA. If you would like to renew this RA, please provide additional information before the RA expires on _____.

If you do not want to renew this RA, you do not have to do anything else.

SAMPLE

A medical or mental health condition or disability may make it hard for you to understand this notice or to do what this notice is asking you to do. This kind of condition may make it hard for you to get other services at DHS. If this is true for you, **we can help you**. Please ask shelter staff for help. You have a right to ask for this kind of help under the law.

This may result in a transfer of your placement, if necessary. DHS will assign placement with consideration of any and all active RAs on your case.

If you believe your shelter placement is inadequate, you may request a State Fair Hearing by:



Phone: 1-800-342-3334



Fax: a copy of this notice to 1-518-473-6735



Walk-in: Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
5 Beaver Street
New York, NY 10004



Mail: Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201



Online: Complete an online request form at:
<http://www.otda.state.ny.us/oah/forms.asp>

If you request a Fair Hearing, the state will send you a notice informing you of the time and place of your hearing.

Date: _____
 Client ID: _____
 Name: _____
 Facility: _____
 Confirmation Number: _____
 RAR Number: _____

Reasonable Accommodation Fulfillment Confirmation

The Department of Homeless Services (DHS) approved your Reasonable Accommodations (RA):

RAR #	You Requested	Approval Date	Status	Check If Fulfilled
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

DHS is confirming that your request was fulfilled. If you are satisfied with the RA, check the box in the column "Check if Fulfilled." Sign and date this form and return it to your Facility Director.

If you received a transfer to a different site, DHS will confirm that your RA was fulfilled at your new placement.

If you are not satisfied with the fulfillment of your approved RA(s), you do not have to complete this form.

If you want to talk about this decision with DHS, please call the Office of the Ombudsman at **1-800-994-6494**.

You can request another Reasonable Accommodation at any time. If you need help requesting additional RAs, contact your Facility Director.

Acknowledgment of Receipt

 Signature

 Date

(Turn page)

A medical or mental health condition or disability may make it hard for you to understand this notice or to do what this notice is asking you to do. This kind of condition may make it hard for you to get other services at DHS. If this is true for you, **we can help you**. Please ask shelter staff for help. You have a right to ask for this kind of help under the law.

SAMPLE

Date: _____
 Client ID: _____
 Name: _____
 Facility: _____
 Confirmation Number: _____
 RAR Number: _____

**Request to Withdraw
 Reasonable Accommodation(s)**

Please confirm that you requested to withdraw your Reasonable Accommodation(s) listed below:

RAR #	Reasonable Accommodation	Reason For Withdrawal	Check To Withdraw
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

The Department of Homeless Services (DHS) will withdraw the RA you selected. If you do not wish to withdraw this RA, do not complete this form.

After you confirm the withdrawal of the RA(s), DHS will no longer review and/or fulfill the RA(s). The withdrawal may result in a transfer of your placement, if necessary.

You can request another Reasonable Accommodation at any time. If you need help requesting additional RAs, contact your Facility Director.

Acknowledgment of Receipt

 Signature

 Date

Date: _____
 Client ID: _____
 Name: _____
 Facility: _____
 Confirmation Number: _____
 RAR Number: _____

Receipt for the Reasonable Accommodation(s) You Asked For

We received your request on _____ for the following accommodations:

Reasonable Accommodation	Documentation Needed	Status	RAR Number

SAMPLE

This is your confirmation number, please keep it: _____ . To see the specific details of an RA, please see the attachments.

In the pages that follow, each accommodation request is printed separately.

Acknowledgment of Receipt

 Signature

 Date

Date: _____

Client ID: _____

Name: _____

Facility: _____

Confirmation Number: _____

RAR Number: _____

Reasonable Accommodation Request Details

RA Name: _____

RA Type: _____

Documentation Requested? Yes No

Service Description: _____

SAMPLE

A medical or mental health condition or disability may make it hard for you to understand this notice or to do what this notice is asking you to do. This kind of condition may make it hard for you to get other services at DHS. If this is true for you, **we can help you**. Please ask shelter staff for help. You have a right to ask for this kind of help under the law.

CLINICIAN ASSESSMENT FORM

THIS SECTION TO BE COMPLETED BY DSS		
Client's Name:	Date of Birth:	SSN:
Shelter:		Gender:
Shelter Address:		

THE FOLLOWING SECTIONS MUST BE COMPLETED BY A QUALIFIED, LICENSED HEALTHCARE PROVIDER

Your patient has submitted a request to the New York City Department of Homeless Services (DHS) for a reasonable accommodation. To assist in determining your patient's need for a reasonable accommodation, please complete this form and/or include copies of any medical records that would be relevant in making this decision.

Please write clearly.

CLIENT INFORMATION
What was the date of the client's last visit? _____
How frequently does the client have appointments? _____
Was the client hospitalized recently? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was the date and length of stay? _____
Does the client have Home Care Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours/days? _____
MEDICAL INFORMATION
Medical and/or Psychiatric Diagnoses and Date of Onset: _____ _____
Current Medications (<i>Please indicate if any medications must be refrigerated</i>): _____ _____
Durable Medical Equipment (<i>including wheelchair, oxygen tank/concentrator, CPAP, specialized equipment</i>): _____ _____
Disability or medically related dietary needs: _____ _____
Types and frequency of treatments: _____ _____

(Turn page)

CLINICIAN ASSESSMENT FORM *(continued)*

FUNCTIONAL NEEDS		
<u>Do any of the listed clinical conditions affect the following:</u>		
Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify: _____
Climbing Stairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify: _____
Sitting	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify: _____
Standing	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify: _____
Cognitive Functions (Understanding/Recall)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify: _____
Being in Crowded Places	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify: _____
Traveling to Medical Appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify: _____
Participating in Appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify: _____
Are any of the functional needs related to a temporary disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the needs and estimated recovery time: _____ _____ _____		
ADDITIONAL INFORMATION		
Is there any other information you'd like us to know about the client? _____ _____ _____		

PLEASE COMPLETE OR STAMP AND SIGN

This form is invalid without signature.

Specialty: _____

License Number: _____

Address: _____

Phone Number: _____

Clinician's Name *(Please print)*: _____

Clinician's Signature: _____

Date: _____

WHAT DO I NEED TO KNOW ABOUT THE CLINICIAN ASSESSMENT FORM?

Q: What is the clinician assessment form?

A: The clinician assessment form asks about disability and/or medical information that may be helpful in deciding your reasonable accommodation request.

Q: Who fills out the clinician assessment form?

A: This is a form that your doctor, social worker, therapist, or other clinician can fill out.

Q: Do I have to have this form filled out?

A: No, this form is not required. You do not have to have it filled out if you don't want to.

Q: Do I have to give this form to my doctor or other clinician to fill out?

A: No, you don't have to give this form to your doctor or other clinician. You can give it to them if you want to, but that is not required. We can send this form to your doctor or clinician to fill out. If you want us to send this to your doctor to fill out, you will need to fill out a HIPAA form so we can contact your provider directly.

Q: Who can I talk to if I still have questions about this form?

A: You can talk to your case manager or other shelter staff.

Desk Guide for Working with Clients Who Have an Approved Emotional Support Animal

See DHS-PB-2020-012 Reasonable Accommodation Procedure for Clients with Disabilities

By law, DHS clients and applicants:

- May be permitted to have an **Emotional Support Animal** live with them in DHS facilities, including intake facilities, if the animal is approved by DHS through the formal Reasonable Accommodation process. **(See page 2 of this desk guide)**
- Must be able to take care of and control their animal at all times while in the DHS facility.

DHS staff must review the Notification of Requirements for Clients with an Approved Emotional Support Animal (DHS-58c) form with the client. Clients are not required to sign this form, but staff must document that the form has been reviewed with the client.

Note: Staff and/or other clients in DHS sites may be allergic to a client's approved emotional support animal or have negative feelings towards animals in general. These are never to be used as reasons to deny a client's approved Emotional Support Animal from residing with the client in DHS facilities. If such issues arise, DHS must work with the individuals to resolve the issue (e.g., transferring a client to a different floor or area; discuss the rules and responsibilities with the animal's handler).

Sites are not responsible for providing or storing food or other necessary supplies for a client's animal.

SAMPLE

LICENSING REQUIREMENTS



Clients with approved emotional support animals must provide a current license for their animal, if it is a dog. All dog owners in New York City must have a [NYC Dog License](#) and have proof of this license on the dog's collar.

Emotional Support Animals:

- **are not** required to wear a jacket, vest, or tag stating the type of animal they are;
- **are not** required to have any type of identification, certification, registration, or be trained by a professional; and
- **can be** any breed of dog or **can be** any animal that's legal in New York City.

Desk Guide for Working with Clients Who Have an Approved Emotional Support Animal *(continued)*

EMOTIONAL SUPPORT ANIMALS REQUIRE AN APPROVED REASONABLE ACCOMMODATION (RA)

An Emotional Support Animal is a type of animal whose presence provides its owner with a sense of well-being, safety, calm, and/or comfort. An Emotional Support Animal is **neither** trained **nor required** to perform a specific task or set of tasks directly related to the client’s disability. An Emotional Support Animal in NYC can be any animal that is [legal in NYC \(https://portal.311.nyc.gov/article/?kanumber=KA-02255\)](https://portal.311.nyc.gov/article/?kanumber=KA-02255).

To determine if a client has a service dog: first, staff must determine if it is readily apparent that the dog is trained to do work or perform tasks for the benefit of an individual with a disability. If yes, no further inquiries are necessary. For example, it is readily apparent that a dog is a service dog when the dog is observed:

- Guiding a client who is blind or has low vision
- Pulling a client’s wheelchair
- Providing assistance with stability or balance to a client with an observable mobility disability.

This is a non-exhaustive list. If it is not readily apparent that the dog is a service dog, to determine if a client has a service dog, staff must ask two specific questions (and only these two questions) in the following order:

1. Is the dog required because of a disability?

If the client says “**yes**,” staff must then ask the second question. If the client says “**no**,” then the dog is **not** a service animal.

2. What work or task has the dog been trained to perform?

The client must be able to provide an answer to this question. If the dog performs a specific activity or task to assist the individual, then it is considered a service animal and no further evidence is necessary. The task a dog has been trained to do must be directly related to the person’s disability. Please refer to DHS-PB-2020-013 Client Service Dog Policy. If the dog’s presence helps keep the person calm and provides comfort, then it is considered a comfort or emotional support animal. In that instance, please utilize this desk guide and follow the RA process listed below.

Emotional Support Animals v. Service Animals: *Quick Reference Guide*

<p>Emotional Support Animals (ESAs):</p> <ul style="list-style-type: none"> • Can be any animal, if the animal is legal in New York City • Not trained to perform a specific task; presence of the animal provides comfort and emotional support • May be granted as a reasonable accommodation 	<p>Service Animals:</p> <ul style="list-style-type: none"> • Dog or miniature horse • Trained to perform specific work or a specific task • No reasonable accommodation required
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- The client must complete the Reasonable Accommodation Form (**DHS-13**) and submit any reliable and relevant documentation to support the RA. You must assist the client in filling out the Reasonable Accommodation Form upon request. All Reasonable Accommodation Requests for Emotional Support Animals must be submitted to the Office of Reasonable Accommodations for assessment.
- While under review, clients **are not** allowed to keep their animal in shelter unless DHS determines that failure to admit the animal is likely to cause serious harm to the client. (**See next section of this desk guide for resources**)

Desk Guide for Working with Clients Who Have an Approved Emotional Support Animal (*continued*)

EMOTIONAL SUPPORT ANIMALS REQUIRE AN APPROVED REASONABLE ACCOMMODATION (RA) (*continued*)

- For **approved** Emotional Support Animals, staff must review the **Notification of Requirements for Clients with an Approved Emotional Support Animal (DHS-58c)** form within 10 calendar days after the client receives **approval** for the reasonable accommodation. Clients are not required to sign the form, but staff must document in CARES that the form was reviewed with the client.
- The completed form must include proof of rabies vaccination and, for dogs, a valid NYC Dog license number to enter and stay in the DHS facility. Emotional Support Animals that are not cats or dogs must have species-appropriate vaccinations as applicable. (**See next section of this desk guide for resources**)
- For multiple **approved** Emotional Support Animals, staff **must review a Notification of Requirements for Clients with an Approved Emotional Support Animal (DHS-58c)** form with the client for each approved animal.
- For each **approved** Emotional Support Animal, staff must provide the **Emergency Plan (DHS-58b)** form to complete. Staff must help the client complete the form upon request. This form is an emergency contact form in case the client must leave the DHS facility and is separated from their **approved** Emotional Support Animal(s).

ANIMAL CARE RESOURCES

If clients need to find temporary shelter for their animal(s) while their Reasonable Accommodation Request is being reviewed or was denied, they may benefit from the following options:

- Asking a friend or family member to care for their animal; and
- Contacting the rescue group, shelter, or breeder where they got their animal and finding out if there are options to temporarily board or foster their animal.

If the above options are not feasible for the client, you should provide them with a copy of the **DHS Client Referral for Animal Care (DHS-58d)** notice. This notice provides clients with the following information related to care resources for their animal(s):

- List of private animal shelters for **Surrender Prevention Programs** and/or **Limited Intake**;
- Contact information for **NYC Animal Care Center (ACC) – Open Intake Animal Shelters**;
- List of low-cost and free spay/neuter clinics;
- Link to **NYC Department of Health and Mental Hygiene – Dog Licensing and Vaccination Events**;
- Contact information for pet food banks/pantries; and
- Information on dog and cat vaccinations.

Desk Guide for Working with Clients Who Have an Approved Emotional Support Animal (*continued*)

RECORD KEEPING

For each client who has an **approved** emotional support animal with them in DHS facilities, you must complete each screen noted below in CARES and/or StreetSmart. This is to make sure all staff who may work with this client in the future, or any facility the client is transferred to, is aware of the client's approved RA for the animal(s) to stay in the facility.

Client's physical case file:

- Place a copy of the client's completed **Notification of Requirements for Clients with an Approved Emotional Support Animal (DHS-58c)**, and the completed **Emergency Plan (DHS-58b)** form for each approved ESA in the client's case file.
- Place a copy of the reasonable accommodation request form, supporting documents, and RA determination letter indicating the **approval** in the client's case file.

CARES and/or StreetSmart:

- **Approved Reasonable Accommodations** for emotional support animals **must** be recorded in the Reasonable Accommodations Screen in CARES and/or StreetSmart.
- **Reasonable Accommodations Screen in CARES:**
 - Click "Reasonable Accommodations" under the Details tab on the left panel of the Client Home screen and select "new."
 - Enter the date that the client's request was received by the Program/Facility Directors or functional equivalent.
 - Under "Accommodation Types" select "Therapy Pets."
 - Under "Accommodation Comments" enter the following information:
 - Date of entry of the RAR;
 - The specific reasonable accommodation request; and
 - The reason that the reasonable accommodation is being requested.
 - Under "Fulfillment Comments" enter the date the reasonable accommodation was approved and why.
- **For Approved Reasonable Accommodation Requests:**
 - The Program Administrator (PA) or facility director must create a case note with the following text:
 - "[Insert client name] has an approved emotional support animal. The client's approved animal is a [insert type of animal] and it is [insert specific description of the animal, including colors and distinct markings]. The client made this request on [insert date of request]. The client's request was approved on [insert date of approval]. The documents received in support of the client's request were [insert list of documents]. The client has provided proof of vaccinations and license, dated [insert date of documents]. Those documents can be found in the client's physical case file."

Service Animal or Approved Emotional Support Animal: *Emergency Plan*

If you have a Service Animal or an approved Emotional Support Animal, it is important for you to have a plan in case of an emergency. By filling out this form, we can help make sure that your animal is safe if there is an emergency and you need to leave a DHS facility. If you or your family have more than one service animal or approved Emotional Support Animal, please fill out separate plans for each animal.

Note: This form is optional but recommended for the safety of your animal.

Name of Animal

Breed

Markings (if any)

Please attach a picture of your animal (optional).

Is your emergency contact able to care for your animal in an emergency? Yes No

If not, is there another person who can care for your animal in an emergency? Yes No

If "yes", what is their name and telephone number?

If you do not have any emergency contacts or if they are not able to care for your animal in an emergency, we will call local animal shelters to help.

Do you have a specific animal shelter or boarding facility you want us to call? Yes No

If "yes", what is the name of the animal shelter or boarding facility?

Your Name (please print)

Your Signature

Date

Notification of Requirements for Clients with an Approved Emotional Support Animal

DHS has approved your Emotional Support Animal(s) through the DHS Reasonable Accommodation Procedure for Clients with Disabilities. You must complete this form for each animal. If you cannot complete this form, staff can help you complete this form. This form is only valid for **approved Emotional Support Animals**.

You must review this form

Print Your Name: _____ CARES/StreetSmart ID: _____
Today's Date: _____ Facility Name: _____
Name of Animal: _____ Breed: _____
Any identifying feature(s) of the animal (e.g., markings): _____
Color(s): _____ Approximate Weight: _____
Emergency Contact Name: _____ Emergency Contact Phone: _____

Emotional Support Animal

Dog Cat Other (specify): _____

Date of Reasonable Accommodation approval: _____

*You must complete and submit this form **no later than 10 days** after the date the reasonable accommodation for the emotional support animal was approved.*

(Turn page)

Emotional Support Animal (*continued*)

Emotional Support Dog

NYC Dog License¹ #: _____

- Provide a copy of your dog's current NYC dog license. NYC dog licenses may be purchased or renewed for one to five years.

The dog must have an up-to-date rabies vaccination ².

Date of last rabies vaccination: _____

- Provide documented proof of rabies vaccination/booster, and/or influenza vaccination. Dogs must receive a booster shot one year after the first vaccination, and then again every one to four years, depending on the vaccine used.

Note: Core vaccinations vital to the health of dogs include canine parvovirus, distemper, canine hepatitis, and rabies. A veterinarian can best determine a vaccination schedule for your dog.

Emotional Support Cat

The cat must have an up-to-date rabies vaccination.

Date of last rabies vaccination: _____

- Provide documented proof of rabies vaccination/booster, and/or influenza vaccination. Cats must receive a rabies booster shot one year after the first vaccination, and then again every one to four years, depending on the vaccine used.

Note: Core vaccinations vital to the health of cats include panleukopenia (feline distemper), feline calicivirus, feline herpesvirus type I (rhinotracheitis) and rabies. A veterinarian can best determine a vaccination schedule for your cat.

(Turn page)

¹ <https://www1.nyc.gov/assets/doh/downloads/pdf/vet/vet-doglicense-form.pdf>

² <http://www1.nyc.gov/site/doh/health/health-topics/rabies.page>

Emotional Support Animal (*continued*)

Emotional Support Animal (Other) Specify: _____

You must be able to handle and care for the approved ESA regardless of size and habitat of the animal. For example, for caged or tank-animals, clients must be able to clean and care for the animal's habitat.

If the animal must have an up-to-date rabies vaccination, enter the date of last rabies vaccination: _____

- Provide documented proof of rabies vaccination or rabies booster, if applicable.

Rules and Responsibilities

For **Approved Emotional Support Animals**, you must follow these rules:

■ **CARE**

- Your animal must be housebroken.
- You must be able to care for your animal. This means you must be able to:
 - Pick up and dispose of your animal's feces inside and outside the facility;
 - Clean up any urine in your unit/area or within the facility property;
 - Use wee wee pads, plastic mats, or papers when you are in your unit (only in non-congregate settings);
 - Bathe/groom your animal. If you are in a congregate setting, bathing and grooming must not be done in the communal bathroom.
 - Maintain the health and hygiene of your animal, such as preventing and treating fleas.
- You must be able to feed your animal. You must protect the surface below food dishes (e.g., using a plastic mat or papers).
- Your animal must be spayed or neutered. If your animal is not spayed and/or neutered, you will be given a reasonable period of time to complete this, but no longer than 15 days.
- Your animal must not breed while in a DHS facility.
- DHS will ask you to remove any animals that you did not report as an emotional support animal, or that are **not** recorded as an approved Reasonable Accommodation for an Emotional Support Animal.

(Turn page)

Rules and Responsibilities (*continued*)

For **Approved Emotional Support Animals**, you must follow these rules:

■ **CONTROL**

- You are responsible for your animal's behavior at all times.
- You must have your animal on a leash and/or harness while in public areas of the facility unless you are unable to use a harness and/or leash because of a disability.
- Your animal must not damage the unit/facility (e.g., chewing on furniture).
- Your dog must not sit, lie, or sleep on common area furniture (e.g., couches or chairs).
- Your animal must be in a crate or cage during inspections.

■ **SAFETY**

- Your animal must not scare or intimidate other people even as a way to calm you. You must prevent your animal from being aggressive toward other animals in your facility.
- Your animal must not directly threaten the health or safety of staff and clients.
- Your animal must be with you at all times, unless you have made arrangements with the DHS facility.
- You must remove your animal's clothing during search at entry.

If you don't follow these rules and responsibilities, DHS may:

- **Call 911;** and/or,
- **Ask you to remove your animal** from the DHS system.

(Turn page)

Acknowledgement of Rules and Responsibilities

I, (print your name) _____, understand that I must follow all of the rules and responsibilities listed in this document to keep my Emotional Support Animal with me in the New York City shelter and street homeless outreach system. Before ending authorization for my emotional support animal, I understand DHS will schedule a conference with me to discuss the rules and provide a reasonable time for me to follow them before taking any further action. I must follow the rules whether I sign this document or not. Staff signature indicates this form has been provided and explained to me.

Client Signature: _____ Date: _____

DHS Staff Signature: _____ Date: _____

Staff Name: _____

Staff Title: _____

If you have any questions, or wish to file a grievance, please contact the DHS Office of the Ombudsman for assistance. You can call them at **1-800-994-6494**.

SAMPLE

FOR DHS FACILITY STAFF

Make sure to attach the following documents with the completed form:

- The Reasonable Accommodation **Approval** for an Emotional Support Animal.
- For dogs:
 - A copy of the current NYC dog license.
 - Documented proof of rabies vaccination/booster.
- For cats:
 - Documented proof of rabies vaccination/booster.
- For other animals:
 - Documented proof of rabies vaccination/booster, and any applicable vaccinations.
 - A copy of a valid license, if applicable.

INFORMATION ABOUT THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA) CONSENT FORM

This FAQ helps explain the HIPAA consent form and why we are asking you to complete it.

Why should I complete the HIPAA consent form?

Some Reasonable Accommodation Requests (RAR) need a review to decide if it will be approved. The Office of Reasonable Accommodations (ORA) reviews relevant information from your provider to make this determination. Signing the HIPAA consent lets ORA contact your provider when more information is needed to decide about your request. Signing it saves time in the review process.

What information will be collected using this form?

ORA will only ask for information related to the Reasonable Accommodation (RA) that you asked for. Staff will not use the form to contact your provider to get any information unrelated to your request.

How do I complete this form?

- You must fill out, sign, and date the HIPAA consent for it to be valid.
- The HIPAA consent is valid for one year from the date you sign it.
- If you are not able to sign the consent, an authorized representative can sign for you. If an authorized representative is signing for you, you must give us a document that proves their authority, such as a Power of Attorney or Guardianship Commission.

(Turn page)

INFORMATION ABOUT THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA) CONSENT FORM *(continued)*

What if I no longer want ORA to use this form to reach out to my provider?

You can tell us to stop the use of the form at any time, but you must tell the shelter or facility director in writing.

Note: You don't need to sign this consent if you don't want our help getting information from your provider. Instead, you can get relevant information directly from your providers to hand in with your accommodation request.

What if I don't have any documentation?

If you do not have any documentation to submit with the RAR(s), and you do not complete and sign the HIPAA form, your request may be denied because we did not have any supporting documents or information to review.

What if I have more questions about this form?

DHS staff and shelter staff will answer any questions you have about the form and can help you fill it out in person.

SAMPLE

DO YOU HAVE A DISABILITY?



Do you need help applying for shelter or accessing shelter locations?

We can give certain types of help to make it easier for you to get access to the services you need. This type of help is called a reasonable accommodation. You have a right to ask for this kind of help.

A few examples of conditions that may make it hard for you to get access to the services you need are:

- Vision, speech, or hearing disabilities
- Mobility disabilities (disabilities that make it hard to get around)
- Cognitive disabilities (disabilities that may make it hard to understand forms or remember appointments)
- Mental health conditions like anxiety, depression, bipolar disorder, or schizophrenia

How do I ask for a reasonable accommodation?

- You can ask for help because of a disability from staff at any intake, assessment, or shelter location.
- You can fill out the Reasonable Accommodation Request Form (**DHS-13**).
- If you need a form in large print or another language, you can visit the DHS website or ask a DHS or shelter staff member for help.
- You can get these forms online.
- <https://www1.nyc.gov/site/dhs/about/applicants-and-clients-with-disabilities.page> or ask staff for the forms.
- You do not have to fill out these forms to ask for a reasonable accommodation. Staff can fill out the forms for you.

Where can I submit a Reasonable Accommodation Request (RAR) form or a written request for an accommodation?

- Give your completed request form or written request to DHS or shelter staff.
- Ask for a copy of your completed request or a receipt.
- Write down the date you gave the request to DHS or shelter staff and the name of the person you gave it to on your copy.
- You do not need to give us proof of your condition or disability at the time of the request. We may ask you to give us some documents or additional information that is related to your request later.

What if I need help completing forms?

- You can ask DHS staff, shelter staff, or someone you know for help filling out these forms.

How will I find out if my request was approved?

- We will give you a notice and let you know our decision.

What if I have questions about my request or other disability-related needs?

- You can talk to your shelter director or case manager if you have questions.
- You can also contact the Office of Disability Affairs at DisabilityAffairs@dss.nyc.gov.

ANTI-DISCRIMINATION POLICY

What if I feel like I've been treated unfairly because of my disability?

- If you believe that DHS denied you or someone in your family services or discriminated against you because of a disability, you may contact:

Director of Disability Affairs for Homeless Services
NYC Department of Social Services
Office of Disability Affairs
150 Greenwich Street
New York, NY 10007
Fax: (917) 639-0442
Email: DisabilityAffairs@dss.nyc.gov

You may also contact the Central Complaint Unit at **(718) 557-1399**.

In addition, you can also contact the Office of the Ombudsman at **(800) 994-6494** or visit the Office in person at 109 East 16th Street, Monday – Friday from 9:00 A.M. – 4:00 P.M.

What information should I include if I make a complaint?

- Your name, mailing address, telephone number, or email address.
- A description of what happened, where it happened, and when it happened.
- The names and job titles of staff involved, if you have them.
- The DHS or shelter site, program, or service involved.

DHS is committed to ensuring meaningful access to programs and services for people with disabilities consistent with the Americans with Disabilities Act (ADA) of 1990 and other laws.

Do you have a disability? We can help! You have a right to ask for this kind of help.



- You can ask for help because of a disability from staff at any intake, assessment, or shelter location, as well as from street outreach staff.
- You can fill out the Reasonable Accommodation Request Form (DHS-13). You can ask staff for the form or for help completing the form.

The form is available online at: nyc.gov/dhsdisability

If you think that DHS, shelter, or street outreach staff discriminated against you because of a disability, you may file a complaint at the address below:

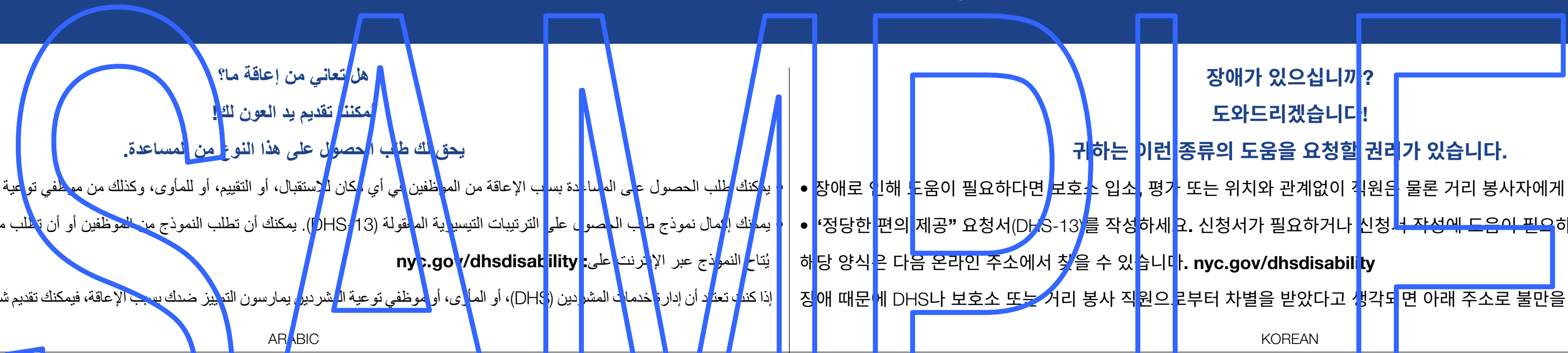
Office of Disability Affairs for Homeless Services

33 Beaver Street, 17th Floor

New York, NY 10004

Fax: (917) 639-0442

disabilityaffairs@dss.nyc.gov



هل تعاني من إعاقة ما؟
ممكننا تقديم يد العون لك!
يحق لك طلب الحصول على هذا النوع من المساعدة.
يمكنك طلب الحصول على المساعدة بسبب الإعاقة من الموظفين في أي مكان للاستقبال، أو التقييم، أو المأوى، وكذلك من موظفي توعية المشردين.
يمكنك إكمال نموذج طلب الحصول على الترتيبات التيسيرية المعقولة (DHS-13). يمكنك أن تطلب النموذج من الموظفين أو أن تطلب مساعدتهم في إكمال النموذج.
يُتاح النموذج عبر الإنترنت على: nyc.gov/dhsdisability
إذا كنت تعتقد أن إدارة خدمات المشردين (DHS)، أو المأوى، أو موظفي توعية المشردين يمارسون التمييز ضدك بسبب الإعاقة، فيمكنك تقديم شكوى على العنوان المذكور أعلاه.

장애가 있으십니까?
도와드리겠습니다!
귀하는 이런 종류의 도움을 요청할 권리가 있습니다.
장애로 인해 도움이 필요하다면 보호소 입소, 평가 또는 위치와 관계없이 직원들 물론 거리 봉사자에게 도움을 요청하면 됩니다.
“정당한 편의 제공” 요청서(DHS-13)를 작성하세요. 신청서가 필요하다거나 신청서 작성에 도움이 필요하다면 직원에게 문의하세요.
해당 양식은 다음 온라인 주소에서 찾을 수 있습니다. nyc.gov/dhsdisability
장애 때문에 DHS나 보호소 또는 거리 봉사 직원으로부터 차별을 받았다고 생각되면 아래 주소로 불만을 신청하실 수 있습니다.

আপনার কী কী অক্ষমতা আছে?
আমরা সাহায্য করতে পারি!
এই ধরনের সাহায্য চাওয়ার অধিকার আপনার আছে।
• অক্ষমতার কারণে আপনি স্ট্রেট আউটরিচ কর্মী সহ শাদন্য গৃহস্থ, মূল্যায়ন, বা আশ্রয়স্থলের কর্মীদের কাছ সাহায্য চায়ে নতি পাবেন।
• প্রতিনিধীদের জন্য বিশেষ ব্যবস্থার করে দেওয়া অনুরোধ ফর্ম (DHS-13) আপনার পূরণ করতে পারেন। আপনি এই ফর্ম বা ফর্ম পূরণ করার জন্য কর্মীদের কাছে সাহায্য চায়ে নতি পাবেন।
ফর্মটি এখানে অনলাইনে উপলভ্য: nyc.gov/dhsdisability
আপনি যদি মনে করেন যে অক্ষমতার কারণে DHS, আশ্রয়স্থল বা স্ট্রেট আউটরিচ কর্মীরা আপনার সাথে বৈষম্যমূলক আচরণ করছেন, তাহলে উপরে উল্লেখিত ঠিকানায় আপনি অভিযোগ দায়ের করতে পারেন।

Jesteś osobą niepełnosprawną?
Możemy pomóc!
Zgodnie z przepisami możesz prosić o taką pomoc.
• Pomoc personelu ze względu na niepełnosprawność można uzyskać podczas każdego przyjęcia, oceny, w dowolnej lokalizacji schroniska, a także od pracowników ds. pomocy.
• Można wykonać formularz wniosku o racjonalne usprawnienia (DHS-13). Personel udzieli pomocy w uzyskaniu i wypełnieniu formularza.
Formularz jest dostępny online na stronie: nyc.gov/dhsdisability
Jeśli uważasz, że personel DHS, schroniska lub pracownik ds. pomocy dopuścił się dyskryminacji ze względu na niepełnosprawność, możesz złożyć zażalenie na podany powyżej adres.

您是否身患残疾?
我们可为您提供帮助!
您有权要求此类帮助。
• 如果您身患残疾，您可以向任何接收中心、评估所或收容所的工作人员以及街头外展工作人员寻求帮助。
• 您可以填写“合理便利安排申请表”(DHS-13)。您可以向工作人员索要该表或寻求表格填写方面的帮助。
如需在线获取表格，请访问: nyc.gov/dhsdisability
如果您认为 DHS、收容所或街头外展工作人员因您身患残疾而加以歧视，您可以写信至下列地址提出投诉。

У вас есть инвалидность?
Мы поможем вам!
У вас есть право потребовать такие услуги.
• В связи с инвалидностью вы можете обратиться за помощью к персоналу любого приемного пункта, оценивающего учреждения или приюта, а также к команде по оказанию помощи на улице.
• Вы можете заполнить форму заявления о потребности в приспособленном жилье (DHS-13). Вы можете обратиться к персоналу, чтобы получить форму или помощь в ее заполнении.
Форма заявления доступна на веб-странице: nyc.gov/dhsdisability
Если вы полагаете, что из-за своей инвалидности подверглись дискриминации со стороны персонала DHS или приюта либо команды по оказанию помощи на улице, вы можете подать жалобу по указанному выше адресу.

您是否為殘障人士?
我們可為您提供協助!
您有權尋求此類協助。
• 您可以出於殘障狀況向任何接收、評估或收容所地點的工作人員以及街頭推廣工作人員尋求協助。
• 您可以填寫「合理便利安排申請表」(DHS-13)。您可以向工作人員索取此表格或尋求填寫此表格的協助。
如需線上取得此表格，請造訪: nyc.gov/dhsdisability
如果您認為 DHS、收容所或街頭推廣工作人員因您的殘障狀況而加以歧視，您可以寄信至下列地址提出投訴。

¿Tiene una discapacidad?
¡Nosotros podemos ayudarlo!
Usted tiene derecho a pedir este tipo de ayuda.
• Puede pedir ayuda por una discapacidad al personal de cualquier centro de ingreso, evaluación o refugio, y al personal de contacto en la calle.
• Puede rellenar el Formulario de solicitud de adaptación razonable (DHS-13). Puede pedir al personal el formulario o ayuda para completarlo.
El formulario está en línea, en: nyc.gov/dhsdisability.
Si cree que el personal del Departamento de Servicios para Personas sin Vivienda (DHS), del refugio o de contacto en la calle lo discriminó por una discapacidad, puede presentar una queja en la dirección de arriba.

Vous souffrez d'un handicap ?
Nous pouvons vous aider !
Vous avez le droit de demander ce type d'assistance.
• Vous pouvez demander de l'aide en raison d'un handicap auprès du personnel de n'importe quel centre d'admission, d'évaluation ou d'hébergement, ou auprès de l'équipe des services de proximité (Street Outreach).
• Vous pouvez remplir un formulaire de demande d'aménagement raisonnable (Reasonable Accommodation Request Form, DHS-13). L'équipe peut vous remettre le formulaire et également vous aider à le remplir.
Ce formulaire est disponible en ligne à l'adresse : nyc.gov/dhsdisability.
Si vous pensez que vous avez été victime d'une discrimination de la part du personnel du Département des services pour les sans-abri (Department of Homeless Services, DHS), d'un centre d'hébergement ou des services de proximité en raison de votre handicap, vous pouvez déposer une réclamation à l'adresse ci-dessus.

کیا آپ کو کوئی عذر لاحق ہے؟
ہم مدد کر سکتے ہیں!
آپ کو اس قسم کی مدد طلب کرنے کا حق ہے۔
• آپ معذوری کی وجہ سے کسی بھی انٹیک، تشخیص یا پناہ گاہ کے مقام پر موجود عملہ سے، نیز اسٹریٹ آؤٹ ریج کے عملہ سے مدد طلب کر سکتے ہیں۔
• آپ مناسب رہائش کی درخواست کا فارم (DHS-13) پُر کر سکتے ہیں۔ آپ عملہ سے فارم طلب یا فارم مکمل کرنے میں مدد کی گزارش کر سکتے ہیں۔
فارم اس پتے پر آن لائن دستیاب ہے: nyc.gov/dhsdisability
اگر آپ کا خیال ہے کہ DHS، پناہ گاہ یا اسٹریٹ آؤٹ ریج کے عملہ نے معذوری کی وجہ سے آپ کے خلاف امتیازی سلوک کیا ہے تو آپ مندرجہ بالا پتے پر شکایت درج کروا سکتے ہیں۔

Eske ou gen yon andikap?
Nou kapab ede!
Ou gen dwa pou mande pou kalite èd sa.
• Ou ka mande èd akoz yon andikap nan men anplwaye yo nan nenpòt kote admisyon, evalyasyon, oswa kote pou lojman, ak anplwaye sansibilizasyon lari yo.
• Ou ka ranpli Fòmilyè Demand Akomodasyon Rezonab (DHS-13) la. Ou ka mande anplwaye yo fòmilyè a oswa èd pou ranpli fòmilyè a.
Fòmilyè a disponib sou entènèt nan: nyc.gov/dhsdisability
Si ou panse ke DHS,abri, oswa anplwaye sansibilizasyon lari yo fè diskriminasyon kont ou menm akoz yon andikap, ou ka depoze yon plent nan adrès ki anwo a.

Urdu text content.

