



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #06-44-OPE

FORMS FOR THE PREVENTION ASSISTANCE TEMPORARY HOUSING (PATH) UNIT

| Date: March 28, 2006 | Subtopic(s): Forms |
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| <p> This procedure can now be accessed on the FIAweb.</p> <p>New PATH forms W-450A, W-450T and W-450U</p> <p> Please use Print on Demand to obtain copies of forms.</p> | <p>The purpose of this policy bulletin is to inform staff of the development of two new forms and one revised form for use by Homelessness Diversion Unit (HDU) staff located at the (PATH) site. PATH is a Department of Homeless Services–operated central intake site for families seeking emergency temporary housing. It is located at 346 Powers Avenue, Bronx, New York. An HDU that diverts families from entering the Department of Homeless Services (DHS) shelter system by exploring alternative housing options and making appropriate referrals for preventative and supportive services is co-located at the PATH site.</p> <p>Currently the forms will be completed manually, but at some future date they will be used as electronic forms (E-forms) to allow for paperless record storage and retrieval. The PATH Diversion Team Intake Form (W-450A) contains detailed information such as income, case composition and reason for homelessness, about a homeless applicant/participant's case. The PATH Daily Diversion Report (W-450T) is a report that summarizes the information recorded on each W-450A. The Diversion Daily Reporting Form (W-450U) also captures this information and is routed to the Housing and Homeless Services Region, 180 Water Street, 21st floor New York, NY for data entry into the Homelessness Diversion database.</p> <p>Samples of the forms are attached.</p> <p><i>Effective Immediately</i></p> <p>Attachments:</p> <p>W-450A PATH Diversion Team Intake Form (Rev. 3/28/06) W-450T PATH Daily Diversion Report (3/28/06) W-450U Diversion Daily Reporting Form (3/28/06)</p> |

HAVE QUESTIONS ABOUT THIS PROCEDURE?
 Call 718-557-1313 then press 2 at the prompt followed by 765 or
 send an e-mail to *FIA Call Center*

C. Emergency Contact

Name: _____
First Name M.I. Last Name

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Relationship to Applicant/Participant: _____

D. Other

Have you or any member of your household ever been known to the Administration for Children's Services (ACS)? No Yes

Have you or any member of your household been the victim of abuse or neglect in any previous living arrangement? No Yes

Please explain in detail:

SAMPLE

Have you or any member of your household ever had Jiggetts relief before? No Yes If Yes, date: _____

If Yes, reason for discontinuance:

E. Reason for Homelessness

- Domestic Violence (0)
- Evicted (1)
Arrears Amount: \$ _____
Monthly Rent: \$ _____
Date: _____
- Left doubled up (2)
- Left own apartment (3)
- Left shelter (4)
- Other (5) Specify: _____

Please explain in detail:

If applicant/participant left doubled up, please indicate

Name of Primary Tenant: _____
First Name M.I. Last Name

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Relationship to Applicant/Participant: _____

F. Address History

| List last known addresses for the past 2 years | Doubled Up | Own Apartment | Reason Left | Date Left | Length of Stay |
|--|------------|---------------|-------------|-----------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

G. Intervention

Please choose appropriate intervention. (Please discuss these and all possible options):

- Third party information
- Noncooperative budget
- Doubled-up shelter allowances
- Share housing/double up information
- New apartment/housing located
- Jiggetts information/evaluation referral
- Citywide broker's list/seek apartment – real estate
- Restaurant allowance
- Other

Please explain in detail:

H. Primary Tenant or Landlord Contacted

Name: _____
First Name M.I. Last Name

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

I. Outcome of Conversation with Primary Tenant or Landlord

J. Outcome (please select one)

- New apartment (5)
- Applicant/participant retained apartment (10)
- Relocation – other (19)
- Still doubled up (6)
- Made own arrangements (11)
- Only supportive services (80)
- Double up new primary tenant (7)
- Relocation – homeward bound (13)
- Remained at PATH (94)
- Child/teen health program oral script read; fact sheet given.*

K. Sign Off

JOS Worker's Signature Date

Supervisor's Signature Date



Diversion Daily Reporting Form

PATH Social Security Number Date

Case Name
Last First

PA Case Date Opened PA Status Contact
1. PA 2. Non-PA 3. Applicant 1. Office

New Case? Yes No Referral Type
0. Domestic Violence
1. Evicted from Own Apartment
2. Left Doubled-Up
3. Left Own Apartment
4. Transitional Housing
5. PATH Reapplicants

SAMPLE

Housing-Related Services: Enter the number of times the services are given this week in the appropriate space.

Dispossess Intervention Eviction Intervention Section 8 Application Section 8 Recertification FEPS/Jiggetts Information
 NYCHA Application Seek Apartment/ Real Estate Third Party Information Housing Located FEPS/Jiggetts Referral
 Legal Services Referral Housing Court Intervention Double-Up Information Other (specify): _____

Income Support Services: Enter "1" in the appropriate space for services given this week.

One-Shot Deal Approved (Assessment Only) Accepted for PA (Assessment Only) Budget Error Corrected (Case Management) Restaurant Allowance Approved Carfare Issued
 Arrears Paid by IS (Case Management) New Apartment Expenses Double-Up Shelter Allowance Other (specify): _____

Supportive Services: Enter the number of times the services are given this week in the appropriate space.

Health Related Short-Term Counseling Education/ Training Employment Child Care Other (specify): _____

Outcome Date Outcome Code

JOS Worker's Initials: Supervisor's Signature: _____ Date: _____