



OFFICE OF POLICY, PROCEDURES, AND TRAINING

James K. Whelan, Executive Deputy Commissioner

Stephen Fisher, Assistant Deputy Commissioner
Office of Procedures

POLICY BULLETIN #18-40-OPE

MONTHLY UPDATES: (DHS-10, DHS12, FIA-1210, HRA-121, OCM-33, W-102)

Date: July 5, 2018	Subtopic(s): Forms, Posters
<p>Added or updated items</p> <p>Refer to CD #18-15 for Summer Meals flyer information.</p>	<p>The following forms and posters have been added or updated on edocs:</p> <ul style="list-style-type: none"> • “Special One Time Assistance Program Participant Agreement” (DHS-10) form was created. Individuals who want to participate in the SOTA program must sign this participant agreement. • “Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Community Members: Ten Things to Know” (DHS-12) form was created. The form is designed to extend the reach of our cultural competency efforts by creating an easy reference document for both DHS staff and for non-DHS shelter providers to make clear all legal and policy expectations, and to push out helpful contact information. • “Undue Hardship Information for ACS Provider Use” (FIA-1210) form was created as a tool for Administration for Children’s Services (ACS) staff and ACS vendors to use when deciding whether an individual should request a reduced recoupment rate because of an undue hardship. • “Broker’s Request for Enhanced Fee Payment by Check” (HRA-121) form was updated. The expiration date on the form was changed from June 30, 2018 to June 30, 2019. The form is only available in English. • “Free Summer Meals Program 2018” (OCM-33) poster provides information about the Summer Meals Program, which is a completely free program operating every weekday from June 27th through August 31st at hundreds of sites in all five boroughs. Posters must be removed on September 1st, 2018.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

- “Notice: You Have a New Worker” (**W-102**) form was updated. The title was changed from “Notification to Participant of New Worker” to “Notice: You Have a New Worker,” and the field “Center Name” was replaced with “Case Name.”

Center Directors must ensure that only the latest versions of forms (available on HRA eDocs) are used and that all previous and obsolete versions of the forms are removed from circulation and recycled.

Effective Immediately

Attachments:

DHS-10 (E)	Special One Time Assistance Program Participant Agreement
DHS-10 (S)	Special One Time Assistance Program Participant Agreement
DHS-12 (E)	Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Community Members: Ten Things to Know
FIA-1210 (E)	Undue Hardship Information for ACS Provider Use
HRA-121 (E)	Broker’s Request for Enhanced Fee Payment by /Check 6/08/18
OCM-33 (E)	/Free Summer Meals Program 2018
OCM-33 (S)	Free Summer Meals Program 2018
W-102 (E)	Notice: You Have a New Worker 6/11/18
W-102 (S)	Notice: You Have a New Worker 6/11/18

Special One Time Assistance Program Participant Agreement

The Special One Time Assistance (SOTA) program will pay up to one year of rent up front for eligible Department of Homeless Services (DHS) clients to move within New York City, to other New York State counties, or outside of New York State.

SOTA can be used by individuals and families with income who will be able to pay their rent in the future. The income can be from employment, Supplemental Security Income (SSI), Social Security Disability (SSD) benefits, or other income sources. The rent cannot be more than 50% of the household's income.

As a SOTA Program Participant, I agree to the following:

(Please initial each line if you agree.)

_____ I agree to have the SOTA grant pay one full year of rent directly to the landlord at the beginning of my lease in one lump sum.

_____ I understand that at the end of the year covered by the SOTA grant, I will have to pay my own rent.

_____ I agree to call the Department of Social Services (DSS) at 929-221-0043, right away, if I plan to move out of the SOTA unit within the year that is covered by the SOTA grant.

_____ I agree to call DSS at 929-221-0043 if I am served with eviction papers within the year that is covered by the SOTA grant.

_____ I agree to make every effort to maintain my current or projected monthly income of _____.

_____ If my source of income is social security benefits, I will comply with any requirements of the program from which I am receiving benefits.

_____ If my source of income is employment, I will make every effort to maintain such employment.

(Turn Page)

As a SOTA Program Participant, I agree to the following (continued):

(Please initial each line if you agree.)

_____ If I am using my SOTA grant in New York City, I agree to call DSS at 929-221-0043 if I lose my job or have any other financial difficulties that will make it difficult for me to meet my expenses during the period of the SOTA grant or when the period covered by the SOTA grant is over.

_____ I agree to cooperate fully with the City in its administration of the SOTA Program.

I have chosen to use the SOTA grant for the following address:

Address: _____

City: _____ State: _____ Zip Code: _____

If this address is anywhere outside of New York City, I understand that DHS and/or its providers may not be conducting a walkthrough / review of the apartment or other unit.

SAMPLE

I have read and agree with the above statements.

Name of Program Participant

Signature of Program Participant

Date

Acuerdo del Participante del Programa de Asistencia Especial Única

El programa de Asistencia Única Especial (SOTA por sus siglas en inglés) pagará hasta un año de alquiler por adelantado, para los clientes elegibles del Departamento de Servicios a las Personas Sin Vivienda (DHS por sus siglas en inglés), por la mudanza de la ciudad de Nueva York a otros condados del Estado de Nueva York, o también fuera del Estado de Nueva York.

SOTA lo pueden usar las personas y familias con ingreso que podrán pagar su alquiler en el futuro. El ingreso puede ser de empleo, Ingreso Suplementario de Seguridad (SSI por sus siglas en inglés), beneficios de Discapacitación de Seguridad Social (SSD por sus siglas en inglés), u otras fuentes de ingreso. El alquiler no puede exceder el 50% del ingreso del hogar.

Como participante del programa de SOTA, acuerdo lo siguiente:

(Favor de marcar sus iniciales en cada línea si está de acuerdo.)

_____ Estoy de acuerdo con que el subsidio de SOTA pague un año completo de alquiler directamente al arrendador, al principio de mi contrato de arrendamiento, en una suma global.

_____ Entiendo que al final del año cubierto por el subsidio de SOTA tendré que pagar mi propio alquiler.

_____ Acuerdo llamar al Departamento de Servicios Sociales (DSS por sus siglas en inglés) al 929-221-0043, de inmediato, si decido mudarme de la unidad de SOTA, durante el año cubierto por el subsidio de SOTA.

_____ Acuerdo llamar al DSS al 929-221-0043, si se me notifican documentos de desalojo durante el año cubierto por el subsidio de SOTA.

_____ Acuerdo hacer todo lo posible por mantener mi ingreso mensual actual o previsto de _____.

_____ Si mi fuente de ingreso son los beneficios de seguridad social, cumpliré todo requisito del programa del cual esté recibiendo beneficios.

_____ Si mi fuente de ingreso es el empleo, haré todo lo posible por to mantener tal empleo.

(Voltee la página

Como participante del programa de SOTA, acuerdo lo siguiente (continuación):

(Favor de marcar sus iniciales en cada línea si está de acuerdo.)

_____ Si estoy usando el subsidio de SOTA en la ciudad de Nueva York, acuerdo llamar al DSS al 929-221-0043, si pierdo mi trabajo o si se me dificulta cubrir mis gastos, durante el período del subsidio de SOTA o al final del mismo.

_____ Acuerdo cooperar plenamente con la ciudad en la administración del programa SOTA.

He elegido usar el subsidio de SOTA para la siguiente dirección:

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Si esta dirección se encuentra en cualquier sitio fuera de la ciudad de Nueva York, entiendo que podría ser que el DHS y/o sus proveedores no realicen inspecciones en persona del apartamento u otra unidad.

SAMPLE

He leído y estoy de acuerdo con las declaraciones anteriores.

Nombre del participante del programa

Firma del participante del programa

Fecha



Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Community Members: **Ten Things to Know**

This document provides basic information and an overview of Agency policies for how best to support Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) people at DHS and provider locations. These policies and where to find them are listed below at the end of the document.

1. **LGBTQI Training**

All Department of Homeless Services (DHS), Human Resources Administration (HRA), and Department of Social Services (DSS) staff is required to attend training on LGBTQI issues. In addition to our Agency's mandatory one-time training, employees are also required to attend refresher trainings every two years under citywide mandate. As providers and their staff are required to operate in compliance with the NYC Human Rights Law and the Citywide Equal Employment Opportunity policy, all providers should arrange for LGBTQI trainings for their staff to ensure staff compliance.

2. **All Shelters Must Be LGBTQI-Affirming Environments**

All DHS sites and provider locations must be LGBTQI-affirming environments; that is, places where LGBTQI identities and experiences are treated with the same degree of respect and dignity as other identities. In an affirming environment:

- Hateful or derogatory language, graffiti, or jokes about gender and sexuality is never tolerated;
- There are visible signs in client and staff areas making it clear LGBTQI people are welcome parts of the community in the space — such as DSS “Ally” Cards, LGBTQI-themed posters, or even something as simple as a rainbow sticker;
- Where possible, forms should allow for gender-affirming information such as preferred name and gender pronoun, and reflect gender-neutral relationship options. For example, the Client Assistance and Rehousing Enterprise System (CARES) uses “legal spouse” as an alternative to “husband/wife”.

3. **Always Use Preferred Name, Pronouns & Titles**

Sometimes LGBTQI people may use names that are different from their legal name. This may especially be true for transgender people, who identify differently than the sex they were assigned at birth. City law requires all agency and provider staff to use a person's preferred name even if they have not legally changed it. A good way to find out someone's preferred name is to ask: “Do you go by a name other than your legal name?”

Similarly, you may not know what gender pronoun a person uses when you meet them for the first time. A gender pronoun is a word that refers to a person you are talking about, such as *she*, *him*, or *they*. It is not safe to assume that a person identifies as male or female just because of what is in the computer system, or because of their appearance. It is best to ask — although sometimes this can be awkward. A good practice is to always share your preferred pronouns when meeting someone, which gives them the opening to tell you theirs. For example: “Hi! My name is Sam. My pronouns are she, her, or hers.”

4. Gender & Shelter Placement

DHS Policy expressly permits transgender and gender non-conforming people to reside in a shelter option that affirms their gender and where they will feel safest. Thus, clients in the single-adult shelter system may express interest in being placed in a shelter that seems at odds with their information on their government ID, the way they dress, or even the way that they describe their own gender. Intake staff may not question such shelter preference, and must direct any questions about appropriate shelter placement for LGBTQI clients to the appropriate DHS program contact, or to the DSS LGBTQI Affairs Office as needed.

In accordance with our general commitment to helping clients find the support they need to thrive independently, shelter staff are expected to work with transgender and gender non-conforming clients to identify appropriate programmatic placements and, while in shelter, connecting to benefits and programs to facilitate their road to independent living. This could include referrals for legal assistance with name or gender change, gender-affirming treatments, employment opportunities, or social supports like community organizations.

5. Processing Legal Name and Gender Change

Clients may decide to legally change their names or change their gender on their ID cards. If clients undergo this change, CARES should be updated accordingly.

- **Name.** To change a client's name in CARES, clients should provide documentation of a name change, such as a court order, or an updated government-issued ID. If a client needs a referral for assistance with a legal name change, please contact the DSS LGBTQI Affairs office.
- **Gender.** Gender change in CARES does not require documentation; change of gender information in CARES should be made immediately upon request. Provider staff may engage their Program Administrator or Program Analyst for assistance with changing clients' information in CARES.

6. Ensure Client Data Confidentiality

Under New York State law and regulations, clients' identifying information is held confidential. This confidential information includes any information about a person's sexual orientation, transgender status, intersex status, medical history, or assigned sex at birth. This information is not to be disseminated unless required for programmatic usage. Please consult DHS' Records Access Officer with any questions or concerns about sharing client data.

7. Bathrooms, Locker Rooms, and Showers

Under New York City Law, all people may access bathrooms and other sex-separated spaces that match their gender identity, regardless of their documentation or assigned sex at birth. All DHS and provider sites must display a sign which reminds clients and staff of this right. Under no circumstances should a person be stopped from using a bathroom that matches their gender identity.

8. Dress Codes Must Be Gender Neutral

New York City law mandates that all dress codes must be gender-neutral. Specifically, men and women must not be subjected to separate rules or expectations as to how they dress. For example, your employee dress codes cannot require only men to wear ties. Please note, shelter staff should not advise a client on how they are to express their gender; shelter clients are not required to express their gender in any particular fashion while residing in shelter.

9. Families In the Shelter System

All families (that is, couples, families with children and other adult family compositions) entering and residing in the shelter system are to be treated with dignity and respect, regardless of gender and age composition. Families applying for entrance into the shelter system are subject to eligibility criteria, including DHS' Family Unit Policy, irrespective of gender identities, gender expressions and age composition of the intended family unit.

10. Working with LGBTQI Youth

Young LGBTQI people may enter the DHS shelter system as single adults, in adult families, and as members of families with children. All DHS-run and provider-run locations must ensure resources are available for LGBTQI youth, either onsite or through linkages with community-based providers. If you work with young people who are exploring their gender or sexual orientation, especially those who need support from outside their families, please reach out to the LGBTQI Affairs office to help identify options. For example:

- DHS operates Marsha's House, a shelter specifically for LGBTQI young people ages 18-30.
- Young people up to age 21 may also want to enter a Department of Youth and Community Development shelter, which can provide an LGBTQI-affirming environment with a higher level of support than adult shelter.
- The LGBTQI Affairs office can help connect youth and families to powerful resources, such as "Growing Up NYC," the NYC Unity Project, and family acceptance programs.

For More Information: The DSS LGBTQI Affairs Office

The LGBTQI Affairs team is part of the DSS Office of Advocacy and Outreach. We can provide advice, technical assistance and resources to all members of the Department of Social Services family including staff members, leadership, and our affiliated providers and vendors. Please do not hesitate to reach out for assistance with any aspect of serving LGBTQI people, or supporting LGBTQI coworkers, employees and friends.

- Learn More on the Web: [The LGBTQI Affairs Webpage](#)
- Reach Out By Phone: 929 221 8553
- Reach Out By Email: lgbtqi@dss.nyc.gov

DHS Records Officer

Records Access Officer
Office of Legal Affairs
Human Resources Administration
4 World Trade Center
150 Greenwich Street, 38th floor
New York, New York 10007
recordsaccess@dhs.nyc.gov

Policies Referenced

- [DSS LGBTQI Policy, Available on the HRA/DSS Webpage](#)
- [DSS Pronoun Guide, Available on the HRA/DSS LGBTQI Webpage](#)
- [DHS Transgender & Intersex Policy, Available on the DHS Intranet](#)
- [DHS Code of Conduct, Available on the DHS Intranet](#)
- [HRA Code of Conduct, Available on the HRA Intranet](#)

If you are having trouble meeting basic expenses, we can help.



Recoupment Relief due to Undue Hardship

BENEFITS

- Have your recoupment rate reduced to as low as 5%!
- If you have more than one recoupment the reduction applies to all recoupments.
- Keep more of your benefits.
- Have more money to help meet basic expenses like buying food and clothing, paying rent or utilities, paying for needed medical items.
- Relieve stress on you and your family.

REDUCING RECOUPMENT RATE FOR UNDUE HARDSHIP

Did you know?

- The current rate of recoupment for an overpayment is 10% of your Cash Assistance needs.
- The determination of Undue Hardship could reduce that rate to as low as 5%.
- You can make the request to review your recoupment rate at your application or recertification for Cash Assistance.
- You can also request a review at any time you feel that you do not have enough money to pay for food, rent or utilities, to buy clothes or to pay for necessary medical expenses that are not covered by your health insurance.

SAMPLE

FEATURES

- Easy to request a recoupment review.
- Uses the amount of your rent to reduce your recoupment rate.
- You can submit additional bills if your rate is still more than 5% after they look at the rent you pay.
- Extra time to give in utility bills or medical bills if you do not have them at the time of your interview.
- Receive a notice on your eligibility for recoupment reduction.

PAPERWORK NEEDED FOR REVIEW OF YOUR RECOUPMENT

All you need is:

- How much rent you are charged each month
- Your light/gas bills for the last three (3) months
- If you own the home where you live, your fuel bills (oil/gas) for the last three (3) months
- Bills for medically needed items which were not covered by your health insurance
- Even if you do not have all the documents, you can still request a review!
- Also, you can get extra time to give in the bills if you do not have them at the time of your interview.



Date:	Tenant's Name:
Lease ID # (if applicable):	Telephone Number:

Broker's Request for Enhanced Fee Payment by Check

HRA will issue a check for a broker's fee for households that are exiting DHS and HRA shelters as well as certain other households if the tenant is otherwise eligible and the Broker meets **all** of the following criteria:

- The Broker has verified that the actual rental unit has a current Certificate of Occupancy in effect issued by the New York City Department of Buildings.
- No change has been made in the occupancy or use of the rental unit that is inconsistent with the last issued Certificate of Occupancy.
- No dangerous or hazardous violations are present on the premises.
- The Broker has a current broker's license in good standing.
- The Broker is not the owner, controlling person, or an affiliate of the owner of the actual rental unit.
- The lease or rental agreement is for one year or longer

I (we) _____, located at
 _____, Name of Broker
 _____, Address
 _____, Borough _____, State _____, Zip Code _____

request payment for services rendered in the form of a check in the amount of \$ _____ on behalf of the above-named tenant who will be the primary tenant of the premises located at:

 Address Apartment Number

 Borough State Zip Code

This amount represents the entire broker's fee. The tenant is not responsible for any monies in excess of the amount issued by HRA, which is equal to 15% of the annual rent. **This enhanced broker's fee expires June 30, 2019. Brokers who submit the Broker's Request for Enhanced Fee Payment by Check form on or before that date will receive the enhanced fee even if the leasing process is not completed by June 30, 2019.**

I (we) certify that I (we) have not requested any fees directly from the tenant, other than, if applicable, an incidental apartment application fee required of all tenant applicants, and am (are) not aware of the landlord requesting any fees from the tenant other than what is set forth in the lease/agreement.

I (we), as the Broker of the above-named premises, certify that this rental unit meets all of the criteria listed above.

I (we) agree to promptly refund to HRA the Broker's fee paid hereunder if the tenant fails to move into the above-described premises or equivalent premises acceptable to the tenant.

Failure to provide true and accurate statements is punishable as a Class A Misdemeanor pursuant to Penal Law § 175.30 (offering a false instrument for filing to a public office or a public servant).

 Broker's Signature Date License Number Telephone Number

If corporation, name of officer and corporate seal

FREE SUMMER MEALS

FOR EVERYONE 18 YEARS OLD AND UNDER

STARTING JUNE 27 AT PARTICIPATING

SCHOOLS

POOLS,

PARKS

& LIBRARIES



DID YOU KNOW?

SCHOOL MEALS ARE FREE YEAR ROUND!



iOS
Android

SPREAD THE WORD WITH:
#FREESUMMERMEALS

NO ID, REGISTRATION, OR DOCUMENTATION REQUIRED



www.schoolfoodnyc.org



"NYCMEALS" to 877-877
Standard text messaging rates may apply.



311



Bill de Blasio
Mayor
Richard A. Carranza
Chancellor



SchoolFood
Feed your mind



This institution is an equal opportunity provider.
Dates, locations, and menus subject to change.

COMIDAS GRATIS ESTE VERANO

PARA NIÑOS Y JÓVENES DE HASTA 18 AÑOS
A PARTIR DEL 27 DE JUNIO EN DETERMINADAS

ESCUELAS, PISCINAS, PARQUES Y BIBLIOTECAS

¿SABÍAS QUÉ?

LA COMIDA EN LAS ESCUELAS ES GRATIS TODO EL AÑO

Descarga
la aplicación

**SCHOOLFOOD
APP**

para encontrar la
ubicación más
cercana.



iOS
Android

CORRE LA VOZ CON
#FREESUMMERMEALS

NO ES NECESARIO INSCRIBIRSE
NI PRESENTAR UN DOCUMENTO DE
IDENTIDAD.



www.schoolfoodnyc.org



"NYCMEALS" al 877-877

Pueden aplicarse las tarifas de mensajes y descarga de datos.



311



Bill de Blasio
Alcalde
Richard A. Carranza
Canciller



SchoolFood
Feed your mind



Esta institución ofrece igualdad
de oportunidades.

Las ubicaciones, las fechas y los menús
están sujetos a cambio.



Department of
Social Services

Human Resources Administration
Department of Homeless Services
W-102 06/11/18 LLF

Family Independence
Administration

Notice Date: _____
Case Number: _____
Case Name: _____
New Caseload: _____

Notice: You Have a New Worker

Dear Participant:

This notice is to let you know that starting _____ a new Worker will take care of your case.

Your new Worker's name is: _____

Your new Worker's telephone number is: _____

If you have any questions or problems, call your Worker. Your Worker may be able to help you over the phone.

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.



Department of
Social Services

Human Resources Administration
Department of Homeless Services
W-102 (S) 06/11/18 LLF

Family Independence
Administration

Fecha del Aviso: _____

Número del Caso: _____

Nombre del Caso: _____

Nueva Unidad
de Casos: _____

Aviso: Usted Cuenta Con un Nuevo Trabajador

Estimado(a) participante:

Por el presente se le informa que a partir del _____ su caso será administrado por un nuevo trabajador.

El nombre de su nuevo trabajador es: _____

El número de teléfono de su nuevo trabajador es el: _____

Ante cualquier pregunta o problema, favor de llamar a su trabajador. Tal vez su trabajador le pueda asistir por teléfono.

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.