

<p><b>SUBJECT:</b></p> <p>Placement Procedure for Transgender and Gender Non-conforming (TGNC) Clients</p>	<p><b>APPLICABLE TO:</b></p> <p>DHS Divisions of Adult Services, Street Homeless Solutions, and Vacancy Control; provider staff in DHS-funded Adult or Street facilities</p>	<p><b>ISSUED:</b></p> <p>06/13/2023</p> <p><i>(This procedure replaces DHS-PB-2021-011)</i></p>
<p><b>ADMINISTERED BY:</b></p> <p>Adult Services          Street Homeless Solutions          Vacancy Control</p>	<p><b>APPROVED BY:</b></p> <p>Joslyn Carter, Administrator          Department of Social Services/          Department of Homeless Services</p>	

**■ INTRODUCTION**

Accountability, empathy, and equity are central to the Department of Homeless Services (“DHS” or “Agency”) mission to prevent homelessness, provide safe temporary shelter, and connect New Yorkers experiencing homelessness to sustainable housing options. At the time of the *Callahan v. Carey* decision, the city and state were mandated to provide shelter to single men. In the following decades, the mandate expanded to include single women, adult families, and families with children.<sup>1</sup>

DHS recognizes that more transformation is needed to provide safe temporary housing options for transgender and gender non-conforming (TGNC) clients, particularly single adults who face obstacles due to the binary division (“female” and “male”) of facilities. As the Agency expands capacity for TGNC clients, this procedure seeks to strengthen services by connecting clients to placements that most affirm their gender and gender identity.

TGNC clients frequently report discrimination, violence, and harassment in DHS facilities and in society. Spaces where relevant incidents most often occur include bathrooms, showers, congregate settings or dorms, shared living spaces, and public spaces (e.g., sidewalk and areas surrounding a facility).

<sup>1</sup> *The Callahan Legacy: Callahan v. Carey and the Legal Right to Shelter*. Coalition For the Homeless.(n.d.). <https://www.coalitionforthehomeless.org/our-programs/advocacy/legal-victories/the-callahan-legacy-callahan-v-carey-and-the-legal-right-to-shelter/>.

When paired with staff training and accountability, TGNC-specific placement can reduce the frequency of dangerous incidents at DHS sites. However, there may be more requests for TGNC placement than there are available beds, or available beds may not meet the needs of the individual client. In either of these events, staff should seek out alternative options that may be more affirming than standard facility placement until the client can be moved to an appropriate TGNC placement. As is the case with all placements, staff must work with clients to identify a placement that will allow them to use DHS services and leave temporary shelter for secure and permanent housing.

## ■ PURPOSE

- A. To reduce gender-based harassment and other safety concerns in congregate sites due to clients' non-binary, intersex, transgender, or gender-nonconforming status.
- B. To inform DHS and provider staff of gender-affirming placement options for TGNC clients.
- C. To provide options for clients who request gender-affirming placement when a TGNC-dedicated bed is unavailable.
- D. To introduce new coding for TGNC reserved placement.

## ■ TERMINOLOGY

DHS is committed to using respectful, inclusive, and anti-oppressive language in all interactions with, and documentation about, the people we serve. This procedure uses the terms below. See the **DHS LGBTQI+ Glossary of Terms ([DSS-6b](#))** for more terms and definitions.

- A. Gender-affirming** - Services and facilities that support and validate a person's self-determined gender experience, identity, and expression. Gender-affirming services can be accessed by anyone regardless of gender (e.g., single-stalled bathrooms) or are specifically designed with the needs of TGNC people in mind (e.g., trans-specific health services).
- B. TGNC client** - Transgender and gender non-conforming. An umbrella term used to describe any one whose gender does not align with the sex they were assigned at birth. Examples include transgender, non-binary, intersex, gender-nonconforming, genderqueer, and gender-fluid.

**Note:** Use person-centered language when speaking to, about, and on behalf of, TGNC clients. For example, say "a transgender person" or "someone who is transgender" rather than "a transgender."

- C. TGNC-coded or dedicated beds** - Beds reserved for TGNC clients.

## ■ PROCEDURE

### A. TGNC-dedicated Beds

DHS categorizes most beds for single adults as “M” (male) or “F” (female) in the Building Compliance System (BCS) and the Client Assistance and Rehousing System (CARES). DHS also has beds coded “AFFRM” rather than “M” or “F” for TGNC clients. These beds are available to eligible clients (see section B, Eligibility) who request them at intake or as a transfer. As the Agency continues to expand capacity and add TGNC-dedicated beds (“TGNC beds”), they will be added to CARES and BCS for placement purposes.

**Note:** Long-term placement in AFFRM-coded beds is reserved *exclusively* for clients who meet the eligibility criteria in section B and request placement in such beds. Clients who do not identify as TGNC may only be placed in a TGNC bed if there are no other beds coded “M” or “F” that align with the client’s gender identity in the DHS system. Such placements should only occur when a client needs an overnight bed. These placements should be minimized to reduce disruption for clients and staff. Further, clients who are not TGNC may only be temporarily placed in TGNC beds in single rooms (or double, if neither bed is occupied), and not in multi-bed units, floor, or wings of a facility.

### B. Eligibility

DHS places clients according to the gender/gender identity they report during intake. The most important eligibility requirement for placement in a TGNC bed is a client’s self-identification as TGNC. Because TGNC clients do not always select CARES options that indicate TGNC status, such as the gender “X” marker, staff determine eligibility by using the “TGNC Placement Screening Questionnaire” ([DHS-45c](#)) (see section C below and attached).

Clients who select “Male” or “Female” and do not self-identify as TGNC are ineligible for TGNC placement. Clients who indicate they are TGNC must be offered TGNC placement but are not required to accept it.

CARES may provide other indicators that should prompt staff to discuss TGNC beds with a client. These may include, but are not limited to, the following:

- Case notes indicating TGNC identity or related placement or services;
- Complaints or inquiries indicating TGNC identity or related concerns;
- Recorded name change; or
- Preferred name different from legal name.

**Note:** To find out if TGNC-specific placement is a good option, staff should talk to clients about their needs and previous shelter or safe haven experiences openly and respectfully. As a rule, facility staff should take a client’s request for a TGNC bed at face value and pursue gender-affirming placement. If there are any concerns, staff can contact the Department of Social Services (DSS) Office of Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Affairs at [lgbtqi@dss.nyc.gov](mailto:lgbtqi@dss.nyc.gov).

### **C. Using the TGNC Placement Screening Questionnaire (DHS-45c)**

1. At intake, staff inform all clients of the “TGNC Placement Screening Questionnaire.” They explain that it’s voluntary, and that DHS will not share individual identifying information. After registering a client and assigning an intake worker, staff access and administer the questionnaire to interested clients and read it exactly as written.
2. Although the questionnaire informs placement for TGNC clients, staff must never assume someone’s gender identity.
3. If a client’s response to the questionnaire differs from what’s recorded in CARES, staff must ask if the client wants to change their gender marker in CARES. If yes, social services staff with relevant access immediately make the update.
4. If a client requests a TGNC bed, staff complete the questionnaire and follow the expedited placement steps in section D below.
5. If a TGNC bed is unavailable, staff add the client to the Bed Assignment waitlist and follow the steps in the waitlist process in section E below.

### **D. Expedited Placement from Intake**

Clients who self-identify as TGNC may opt for expedited placement in a TGNC bed or TGNC shelter from intake and complete assessment there instead of at an assessment shelter. The following steps and information support this process:

1. Staff capture or confirm clients’ preferred name, gender, and pronouns in CARES and complete a COVID-19 test or quarantine.
2. Staff complete the required Health Screening and the “TGNC Placement Screening Questionnaire,” which is voluntary for clients.
3. Clients request placement at a women’s or men’s site with TGNC beds and may request a particular borough. Note that DHS cannot guarantee placement at a specific site or bed type.
4. TGNC clients are assigned a TGNC bed when available or reasonable accommodation (RA) placement if applicable. RA requirements supersede TGNC placement.

5. If a TGNC bed is not available, staff follow the waitlist process below.
6. TGNC clients directly placed from intake to a shelter with TGNC beds complete the CARES assessment form with shelter staff.
  - a. **Note:** TB testing must be done as soon as possible and no later than 21 days after a client's arrival. The placement site must refer clients for testing, get results, and record them in CARES. If a site has onsite medical care, testing can be done there. Site staff must also complete a psychosocial assessment and as done for all clients, staff must determine any notable risk factors.
  - b. **Note:** Shelter staff must contact the Language Line if clients need interpretation or document translation. For clients who are deaf or hard-of-hearing, staff must accommodate them using the auxiliary aids and services needed, such as on-site interpreters or video-remote interpreting, real-time computer-aided transcription services, or notetakers. See the Servicing Clients In-Person Who are Deaf or Hard-of-Hearing Through Video Remote Interpretation (VRI) procedure ([DSS-PB-2021-007](#)) and the Desk Guide for Working with Clients Who Are Deaf or Hard-of-Hearing ([DHS-PB-2017-06](#); [DHS-3](#)) for details.

## E. Waitlist Process

### 1. Waitlist at Intake

If a client requests a TGNC bed during intake, but no bed is available, staff must take the following steps:

- a. Intake staff add the client to the waitlist and set a 30-day expiration date. For example, a client asks to be waitlisted on May 1; expiration is set to May 31.
- b. If a non-TGNC bed is available at a site that has currently occupied TGNC beds, the client is placed at the site pending a TGNC bed vacancy. If no beds are available at any sites with TGNC beds, the client is placed in a bed at assessment (if new to DHS) or returns to their official shelter (if known to DHS) while waiting for a TGNC bed. Staff work with the client to find a placement that best meets their needs and may prioritize placement in a small dorm or single room subject to availability and reasonable accommodation requests. (**Note:** *Any immediate safety issues must be addressed through a safety transfer.*)
- c. Vacancy Control reviews the daily TGNC placement waitlist report and looks for available beds according to waitlist expiration date.
- d. When a bed becomes available, Vacancy Control alerts the program administrator and director for the client's current site. This can happen any time of day.

- e. When a client's 30-day expiration date is coming up, Vacancy Control notifies the program administrator and the client's current shelter where staff speak with the client about to whether to stay on the waitlist.
- f. If no bed is available when a client nears expiration, but the client wants to stay waitlisted, Vacancy Control staff move the expiration date out 30 days.

## 2. Waitlist From Program Shelter

If a client is placed in a non-TGNC bed at a program shelter and requests a transfer to a TGNC bed, staff must take the following steps:

- a. Program shelter staff notify the program administrator and Vacancy Control.
- b. Vacancy Control checks availability. If no TGNC beds are available, Vacancy Control adds the client to the waitlist and sets a 30-day expiration date. For instance, if a client is waitlisted on May 1, the expiration is set to May 31.
- c. The client waits for a TGNC bed at their current location. (*Note: Any immediate safety issues must be addressed through a safety transfer.*)
- d. Vacancy Control monitors the waitlist in chronological order by expiration date. When a bed becomes available, Vacancy Control informs the shelter and program administrator. This can happen any time of day.
- e. When a client's 30-day expiration date is coming up, Vacancy Control notifies the program administrator and director for the client's current site. Shelter staff speak with the client about whether to stay on the waitlist.
- f. Shelter staff confirm the client still wants a transfer and give the client a "Facility Transfer, Reassignment, or Referral Notice" ([DHS-48c](#)) in the client's preferred language.
- g. When the client arrives and shelter staff check them in, Vacancy Control takes them off the waitlist.
- h. Shelter staff can view and monitor the waitlist but cannot add, remove, or set expiration dates. Before the expiration, shelter staff ask if the client wants to stay waitlisted. If yes, shelter staff alert Vacancy Control to add 30 days to the expiration.

**F. Checking in a Client at the Assigned Site**

1. A client arrives at the assigned site, and shelter staff check them in.
2. The receiving site confirms the arrival with Vacancy Control staff who reset the expiration to that date and then remove the client from the waitlist. For example, if a client is waitlisted on May 1, expiration is set to May 31. A bed is available on May 15, and the client checks in on May 15; Vacancy Control then resets the expiration date to May 15.
3. If a client does not arrive within 48 hours, the bed goes to the next client on the waitlist. The receiving site deletes the reservation.
4. If a client arrives after 48 hours and the bed is still available, staff can check the client in. If the site already deleted the reservation, the site alerts Vacancy Control by calling **(212) 607-5100** and reporting the client's arrival and need to be reassigned.
5. If a client reports to the site after 48 hours and the bed is unavailable, the client has the following options:
  - a. Take a program bed at the assigned site, if available, and return to the waitlist for a TGNC bed there;
  - b. Take a program bed at the assigned shelter, if available, without waitlisting;
  - c. Transfer to another site with an available TGNC bed; or
  - d. Transfer to another site with an available (non-TGNC) bed and be waitlisted for a TGNC bed there or at another site

**Note:** In some situations, DHS may allow the client to return to the top of the waitlist instead of the bottom.

6. The program shelter informs the program administrator and Vacancy Control (emails [VC@dhs.nyc.gov](mailto:VC@dhs.nyc.gov) and copies their Vacancy Control liaison) of the client's placement and waitlist decision.

## G. Additional Considerations for Placements or Transfers

To ensure that clients are placed in gender-affirming beds, staff should consider the following:

### 1. Client Rights

- a. TGNC clients may request a TGNC bed, and DHS will make every attempt to place them in a TGNC bed or work with them to identify a site that best meets their needs subject to availability and reasonable accommodation requests;
- b. TGNC clients may request a smaller dorm or single room for safety reasons;
- c. TGNC clients may request a safety transfer to a more suitable placement due to safety concerns (e.g., threats, harassment, assault) because of the client's gender identity or expression;
- d. Otherwise, placements in congregate sites must meet the needs of the individual client.

### 2. Other Gender-affirming Options

- a. Beds in single-occupancy rooms
- b. Beds in limited-occupancy (<5 beds) rooms or dorms
- c. Rooms with access to single-occupancy bathrooms
- d. Rooms with access to limited-occupancy bathrooms or bathrooms accessible to a limited number of rooms

### 3. Safety Transfers

Safety transfers are explained in the Facility Transfer, Reassignment and Referral Procedure ([DHS-PB-2023-001](#)). TGNC clients are at increased risk of harassment or violence and may experience the same issues regardless of placement site. In the case of gender-based incidents where transfer is discussed, staff should talk with clients to understand the nature and severity of the client's safety risk before transferring them.

In some cases, TGNC clients may prefer to remain in their current placement rather than start over from a case management perspective, especially if they are successfully accessing services there, such as healthcare and rehousing support. In those cases, staff *may* consider transferring the other party depending on safety concerns. Clients who decline a safety transfer must sign the refusal form attached to the Transfer Procedure. As a reminder, transfers may not be used to retaliate against clients.



Questions staff should ask:

- Would you feel or be safer if you transferred to a different site?
- Would transfer to another placement disrupt community connections, access to services, or access to employment?
- Would you like to pursue action such as a police report or Ombudsman report describing the incident(s) that have occurred?
- How else can staff support your safety in this site?

#### 4. Reasonable Accommodations

Clients should not request a reasonable accommodation (RA) when requesting gender-affirming amenities (e.g., proximity to a single-occupancy bathroom). However, some clients may have documentation supporting an accommodation request for physical or mental health matters related to their gender experience. Staff must accept this documentation and accompanying requests when they support an RA request. Requests that do not meet RA criteria should be treated as requests for gender-affirming placement. For more information on RAs for clients with disabilities, see the Interim Reasonable Accommodation Request Process ([DHS-PB-2022-002](#)).

#### 5. Behavioral Health Placement

Clients who identify as TGNC experience disproportionate rates of disorders such as Post-Traumatic Stress Disorder (PTSD) (Reisner et al., 2016) and placement in larger dorms available in mental health shelters may be triggering.

If clients need placement in a behavioral health site, they should be placed according to Agency procedure. In the case that there are no available behavioral health sites with TGNC beds, staff should follow standard practice by placing clients based on the client's selected gender categorization.

In some cases, placement in a TGNC-specific or otherwise gender-affirming unit may help relieve a client's symptoms for disorders such as PTSD by reducing incidents of violence, discrimination, and harassment.

#### 6. Checking Client Name and Pronouns

If a client requests a transfer from one facility type to another (e.g., a men's facility to a women's facility), provider staff must review the "Name" and "Demographics" categories in CARES with the client to confirm their information is correct and follow existing procedures for making demographic changes.

**Note:** TGNC clients who previously requested placement in a men's or women's site are entitled to change their selection, and DHS must grant their request.

For more information on transfers, including notice to clients, see Facility Transfer, Reassignment and Referral Procedure ([DHS-PB-2023-001](#)).

## 7. Confidentiality

A client's preferred name and gender pronouns are communication preferences and are **not** confidential. However, information about a person's sexual orientation; transgender, gender non-conforming, non-binary, or intersex status; medical history or treatment; or sex assigned at birth **is** confidential. All staff must be mindful of protected information and may only share confidential information when required for program purposes. For more information, see the Client Confidentiality and Data Protection Policy procedure ([12-150](#)).

### ■ ATTACHMENTS

<a href="#">DSS-6b</a>	DHS LGBTQI+ Glossary of Terms
<a href="#">DHS-45</a>	Action Taken on Request to Change Gender, Add Preferred Name, Gender Pronoun in CARES, or Move From a Gender-Based Facility
<a href="#">DHS-45a</a>	Improving Services for LGBTQI Clients
<a href="#">DHS-45c</a>	TGNC Placement Screening Questionnaire
<a href="#">DHS-48c</a>	Facility Transfer, Reassignment, or Referral Notice
<a href="#">PALM-4</a>	DSS/HRA/DHS Welcome Here Cards

### ■ RELATED ITEMS

- A. Transgender, Non-binary and Intersex Clients (TGNBI) ([DHS-PB-2019-015](#))
- B. Single Adult Bed Management ([DHS-PB-2020-020](#))

### ■ CONTACTS

#### [LGBTQI Affairs](#)

The DSS LGBTQI Affairs Office is dedicated to ensuring that the agency can meet the needs of LGBTQI staff and clients. The LGBTQI Affairs unit is available to answer questions about LGBTQI policies, best practices and client issues for DSS, DHS and HRA. Contact [lgbtqi@dss.nyc.gov](mailto:lgbtqi@dss.nyc.gov) or (929) 221-8553 for more information.

#### [Office of the Ombudsman](#)

The Office of the Ombudsman supports individuals and families experiencing homelessness in New York City. The Office resolves client issues and concerns through alternative dispute resolution methods, including mediation services.

Clients can contact the Office directly at (800) 994-6494 Monday through Friday between 9 a.m. and 5 p.m., or submit a Constituent Grievance Form ([DHS-38](#)) in writing to their shelter director or shelter case manager to present grievances about DHS-funded services.

### DHS Office of Disability Affairs

The Office of Disability Affairs assists clients who believe they have been discriminated against due to disability. The office also helps by providing support or accommodations to facilitate needed services during the shelter request process, such as RAs, and services for those who are deaf or hard of hearing. Contact [disabilityaffairs@dss.nyc.gov](mailto:disabilityaffairs@dss.nyc.gov) for more information.

### Disability Access and Functional Needs (DAFN)

The DAFN unit supports clients with disabilities during the Intake/Assessment process and assists with access to shelter services, programs and facilities as well as support with RAs and shelter placement. Contact [DAFNRARequests@dhs.nyc.gov](mailto:DAFNRARequests@dhs.nyc.gov) for more information.

### Equal Employment Opportunity Commission

The U.S. Equal Employment Opportunity Commission (EEOC) is responsible for enforcing federal laws making it illegal to discriminate against a job applicant or an employee because of the person's race, color, religion, sex (including pregnancy, transgender status, and sexual orientation), national origin, age (40 or older), disability or genetic information.

## ■ BIBLIOGRAPHY

Reisner, S. L., White Hughto, J. M., Gamarel, K. E., Keuroghlian, A. S., Mizock, L., & Pachankis, J. E. (2016). *Discriminatory experiences associated with posttraumatic stress disorder symptoms among transgender adults*. *Journal of Counseling Psychology*, 63(5), 509–519. <https://doi.org/10.1037/cou000143>.

*Effective Immediately*

# LGBTQI+

## GLOSSARY OF TERMS

*This document provides common definitions to gender and sexual orientation terms staff may see or hear at the Department of Social Services, Department of Homeless Services, and Human Resources Administration. This document will be updated regularly to reflect the agencies' most up-to-date understanding of these terms.*

### ***Please Keep in Mind:***

- *Many of the words found herein have more nuanced or expansive meanings, and these meanings vary depending on cultural context and change over time. These definitions have been simplified and should not be considered the final word on the use of any term.*
- *There are a lot of terms! It's normal to feel confused or overwhelmed, particularly if most are new or unfamiliar to you. The following things are most important:*
  - *Ask what people want to be called (what name, what pronouns)*
  - *Do not make assumptions*
  - *Always be respectful*
  - *If you make a mistake, apologize, correct the mistake, and move on*
- *If you have any questions, please contact the Department of Social Services Office of Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex Affairs at [lgbtqi@dss.nyc.gov](mailto:lgbtqi@dss.nyc.gov).*



**Department of  
Social Services**

Human Resources  
Administration

Department of  
Homeless Services

## A

### Agender

Someone who identifies as not having a gender.  
Also: “No gender,” “genderless,” “gender neutral.”

### Ally

Someone who recognizes that others may have different needs and experiences, and who supports and advocates for them

### Aromantic

A person who experiences little or no romantic attraction. Use of this term varies from person to person.

Also see: *Asexual, Demisexual*

### Asexual

A person who experiences little or no sexual attraction. Use of this term varies from person to person.

Also see: *Aromantic, Demisexual*

### Assigned Sex at Birth

The sex a person was given at the time of birth. This is usually decided based on the child’s visible genitalia. This assumption may not be correct, as in the case of transgender and intersex people, who may identify differently.

Also: “birth sex,” “assigned sex”

## B

### Biological Sex Characteristics

Physiological characteristics commonly used to assign people as female or male.

### Bisexual

A word used to describe a person who experiences attraction to more than one gender, or who can experience attraction regardless of sex or gender.

Also see: *Pansexual*

## C

### Cisgender

A person whose gender matches their assigned sex at birth.

### Chosen Name

A name a person uses that differs from their legal or documented name.

Also: “preferred name,” “name in use,” “name you go by”

## D

### Demisexual

A person who only feels sexual or romantic attraction when they also feel an emotional bond. Use of this term varies from person to person.

Also see: *Asexual, Aromantic*

### Deadname

The previous name of someone who has changed their name, especially the first name of a trans person before gender transition. “Deadnaming” refers to harming someone by using their previous name against their wishes

## G

### Gay

Someone who identifies as a man and who is attracted to men. May also be used to refer to virtually any aspect of LGBTQI communities.

### Gender

The state of being male, female, or non-binary in relation to cultural and social roles associated with those identities

### Gender Binary

A way of seeing gender as either male or female exclusively. This idea defines many aspects of our lives, including jobs, education, sports, clothing, access to spaces such as bathrooms, and more.

### Gender Dysphoria

Distress associated with conflict between a person’s gender and the sex they have or were assigned at birth. A more modern understanding of what was once known as Gender Identity Disorder.

### Gender Non-Conforming

A person who does not conform to typical cultural expectations for their gender or assigned sex.

Also: “Genderqueer,” “gender variant,” “gender diverse”

### Gender Transition

The process of bringing a person’s external presentation in line with their internal experience of gender. These changes may include legal or medical procedures, or may be entirely social.

Examples: *using a different name or pronouns, wearing different clothing, taking hormone replacement medication.*

## G

### Gender X

“X” is a legal gender marker like M or F used to reflect a non-binary gender identity. This is similar to the way M is used to reflect Male and F is used to reflect Female. Adults 18+ in New York City may change the gender listed on their birth certificate to “X” as of 2019.

## H

### Heteronormativity

Assumptions, practices, and institutions that privilege and reward binary gender roles within society. These can sometimes invalidate or erase TGNC identities and relationships.

### Heterosexism

Individual or systemic discrimination against those who do not conform to binary gender roles.

### Intersex

An umbrella term referring to people born with physical traits that do not fit typical understandings of male and female bodies.

### Legal Name

The name on a person’s legal or government-issued documents.

Also: *“government name,” “name on documents”*

### Lesbian

Someone who identifies as a woman and who is attracted to women.

## N

### Nonbinary

A term used to describe people whose gender does not fall into one of the binary categories of male or female.

Also see: *Agender*

## P

### Pansexual

A person whose attraction to others is not based on gender. Use of this term varies from person to person.

Also see: *Bisexual*

## Q

### Queer

An umbrella term encompassing any non-cisgender, non-heterosexual identity, relationship, or behavior. May also be used to refer to virtually any aspect of LGBTQI communities.

Note: *“Queer” is a reclaimed term with a formerly derogatory meaning, and should not be used to refer to a person unless they use it to identify themselves.*

### Questioning

A person who is exploring some aspect of their gender identity or expression, or sexual orientation.

## S

### Same-Gender Loving (SGL)

A culturally-affirming Afrocentric description for Black people who are attracted to others of the same gender, intended to affirm and engage the history and cultures of people of African descent.

### Sexual Orientation

A person’s identity in relation to the gender(s) to which they are sexually or romantically attracted. This includes attraction to the same gender, a different gender, or multiple genders.

### Transgender

An umbrella term for people whose gender identity or expression is different from their sex assigned at birth. The opposite of “cisgender.”

### Traditional Gender Roles

Gender roles as broadly understood in the United States, many of which were established by European colonists in North America. Cultural traditions vary widely, and some are more inclusive of TGNC identities.

### Transsexual

An outdated term referring to people who identify as transgender.

Note: *This term may be considered derogatory and should not be used to refer to a person unless they use it to identify themselves.*

Also see: *Transgender*

### Two-Spirit

An umbrella term used by some Indigenous North Americans to describe Native American and First Nations people who fulfill a traditional third-gender or gender-variant role in their cultures.

## ***Additional Terms Related to Gender***

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### **Gender Experience**

A person's overall experience of gender. May include gender identity, expression, or other factors such as life experiences.

### **Gender Expression**

External expression of gender. Includes observable characteristics that we tend to think of as either masculine or feminine. Examples: clothing choice, vocal tone, mannerisms.

### **Gender Identity**

Internal expression of gender. A person's sense of their own gender, which may or may not match their sex assigned at birth or gender expression.

### **Gender Socialization**

The things people learn about gender from their family, culture, and the place they live or grew up.

Examples: *clothing and toys given to children, sports and activities we make available based on gender, clothing in separate departments, education, employment, parenting, etcetera.*

Also: "gender role"

SAMPLE

**Action Taken on Request to Change Gender, and/or Add Preferred Name, and/or Gender Pronoun in CARES, and/or Move from a Gender-based Facility**

**Section I – Current Case Information (completed by client or staff)**

Client Name:	
CARES ID:	Date of Request:
Facility Name:	Facility Address:
Phone Number:	Email Address:

**Section II – Acknowledgment and Action Taken**

Note to Client: The information entered and the box(es) checked below indicate the action taken in response to the request you made to correct the demographic information that we maintain on file for you, and/or to move facility types due to a gender-based request.

**SAMPLE**

<input type="checkbox"/> CARES updated, preferred name added as (only add one):
<input type="checkbox"/> CARES updated, gender pronoun added as (only select one): <input type="checkbox"/> he/him/his (masculine pronouns) <input type="checkbox"/> ze/zir/zirs (neutral pronouns) <input type="checkbox"/> she/her/hers (feminine pronouns) <input type="checkbox"/> ze/hir/hirs (neutral pronouns) <input type="checkbox"/> they/them/theirs (neutral pronouns) <input type="checkbox"/> Other: _____
<input type="checkbox"/> CARES updated, gender marker now reads as (only select one): <input type="checkbox"/> Male <input type="checkbox"/> X (Not Male or Female) <input type="checkbox"/> Female <input type="checkbox"/> Don't Know <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Other: _____ <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Refused
<b><u>ADULT SERVICES FACILITIES ONLY</u></b>
For requests to switch facility types based on gender identity: <input type="checkbox"/> Shelter move request submitted/documented: <input type="checkbox"/> Move from male/female shelter (circle one) to a male/female shelter (circle one)

Staff Name:	Staff Signature:
Staff Title/Office Name:	Date:





## DHS's GUIDE TO IMPROVING SERVICES FOR LGBTQI CLIENTS FREQUENTLY ASKED QUESTIONS (FAQs)

### WHAT SHOULD I KNOW ABOUT LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUESTIONING AND INTERSEX (LGBTQI) HOMELESSNESS?

LGBTQI is an acronym used to refer to Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex communities. It is important to know that LGBTQI individuals - especially transgender and gender non-conforming individuals (TGNC) - may use a wide range of terms to describe themselves. The best practice is to use terms that individuals use to describe themselves. The individual is the best person to determine their own identity. Avoid assigning terminology to identities and using terms that make individuals uncomfortable. Review the [DSS LGBTQI Policy](#) for definitions of all the terms contained in this acronym.

As a social services agency, it is important for staff to understand that LGBTQI people may experience discrimination in society at large due to their sexual orientation or gender, and particularly when accessing services such as shelter. This is especially true for those who are also experiencing structural racism. Homeless services can be especially difficult to navigate for transgender and gender non-conforming clients - clients whose gender identity or expression is different than the sex they were assigned at birth. This is where our support can make the greatest difference.

There are several unique drivers to homelessness for the LGBTQI community. These include:

- Familial rejection due to sexual orientation or gender expression.
  - **Note:** Research shows a strong link between family rejection and negative health and mental health outcomes. Generally, rejection and discrimination of any kind contributes to higher rates of depression, conduct disorder, post-traumatic stress, and suicidal behavior.<sup>1</sup> Up to 40% of transgender people attempt suicide.<sup>2</sup>
- Housing discrimination and refusal to take on LGBTQI people as tenants.
- Employment discrimination, especially among trans women of color.
  - **Note:** In June 2020, the United States Supreme Court ruled that it is illegal to fire someone because of their sexual orientation or because they are transgender. Prior to that ruling, in most states, it was still perfectly legal to fire someone from their job because they are LGBTQI.
  - **Note:** Due to widespread employment discrimination, many turn to sex work to survive. This has led to negative stereotypes about sex workers and transgender people.
- Higher rates of arrest and incarceration, particularly for youth of color.
  - **Note:** Incarceration can lead to a cycle of housing and employment discrimination.

These obstacles increase the likelihood that LGBTQI people will experience housing insecurity and street homelessness. It is essential that providers understand what our clients may be experiencing when they arrive at intake, safe havens, drop-ins, or are engaged by street outreach workers.

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<sup>1</sup> U.S. Department of Health and Human Services: [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/homelessness\\_programs\\_resources/learning-field-programs-serving-youth-lgbtqi2s-experiencing-homelessness.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/homelessness_programs_resources/learning-field-programs-serving-youth-lgbtqi2s-experiencing-homelessness.pdf)

<sup>2</sup> The Williams Institute: <https://williamsinstitute.law.ucla.edu/publications/suicidality-transgender-adults/>

## WHAT DOES LOCAL AND NATIONAL DATA TELL US ABOUT LGBTQI PEOPLE?

The data below emphasizes the importance for DHS' recent efforts and the acknowledgement to do more. New York City has a robust set of human rights laws to protect New Yorkers from discrimination of different kinds.

- More than 1 in 10 TGNC people in the United States (U.S.) has been evicted from their homes because of their gender identity.<sup>3</sup>
- 40% of the 1.6 million homeless youth in the U.S. identify as LGBTQ.<sup>4</sup>
- Gender minorities are more likely to experience unsheltered homelessness (e.g., 82% of gender non-binary adults who are experiencing homelessness are unsheltered).<sup>5</sup>
- In a 2015 LGBT Health and Human Services Needs for New York State, 40% of respondents reported experiencing food insecurity within the past year. Nearly 1 in 5 (17.75%) reported having been homeless at some point in their lives. For people of color, 30.2% of respondents had been homeless at some point in their lives.<sup>6</sup>
- LGBTQI youth comprise up to 40% of the homeless youth population.<sup>7</sup>

One third of LGBTQI people have been rejected by their families after they come out, and these children are more likely to experience food insecurity, homelessness, and/or incarceration.<sup>8</sup>

## WHAT TOOLS DOES DHS HAVE IN PLACE TO HELP STAFF BETTER SUPPORT AND SERVICE LGBTQI CLIENTS?

Our recent Agency-wide efforts demonstrate a commitment to the LGBTQI community, and we encourage all providers to ensure that staff of all levels are aware of them and practice them with diligence.

### 1. Policies that apply to all staff and providers:

- DHS released a [Transgender, Non-binary, and Intersex Clients Policy \(DHS-PB-2019-015\)](#) policy that includes:
  - Guidance for appropriate service delivery.
  - Background on terminology and purpose
  - An introduction of gender pronouns and chosen name to Agency procedures.
  - A script for modeling respectful introductions to clients.
- DSS released a comprehensive [LGBTQI policy](#) which covers general use of practices such as pronouns and relevant laws.

### 2. System Changes to Assist Providers Better Serve LGBTQI Community:

- DHS added a **field in CARES for preferred/chosen name**, a name that clients may use that is different than their legal name.
- CARES **nightly rosters print preferred name** over legal name, which prevents clients from being “outed” as transgender during roster checks.
- DSS provides **LGBTQI training** to all new DHS and HRA staff.
- DSS opened **Marsha’s House**, a shelter for LGBTQI adults ages 18-30.
- DSS is **distributing non-discrimination signage** and plans to increase the visibility of rights and resources for all clients.

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<sup>3</sup> National Center for Transgender Equality: <https://transequality.org/issues/housing-homelessness>

<sup>4</sup> National Center for Transgender Equality: <https://transequality.org/issues/housing-homelessness>

<sup>5</sup> National Alliance to End Homelessness using HUD data: <https://endhomelessness.org/wp-content/uploads/2019/06/Gender-Minority-Homelessness-Article-Revised-6-24-19-JJ-002.pdf>

<sup>6</sup> LGBT Health and Human Services Needs in New York State: <https://37vtav3mmzd7nxd582dquu4m-wpengine.netdna-ssl.com/wp-content/uploads/2018/01/Needs-Assessment-WEB.pdf>

<sup>7</sup> Center for American Progress: <https://www.americanprogress.org/issues/lgbtq-rights/reports/2012/07/12/11954/gay-and-transgender-homeless-youth-face-huge-obstacles/>

<sup>8</sup> Texas Criminal Justice Coalition: <https://www.njin.org/uploads/digital-library/Out of Sight LGBTQ Youth and Adults in Texas Justice Systems.pdf>; Coalition for Juvenile Justice: [https://www.csh.org/wp-content/uploads/2017/03/Principles\\_FINAL.pdf](https://www.csh.org/wp-content/uploads/2017/03/Principles_FINAL.pdf)

## WHAT TOOLS DOES DHS HAVE IN PLACE TO HELP STAFF BETTER SUPPORT AND SERVICE LGBTQI CLIENTS? *(continued)*

### 3. Resources, Referrals and Partnerships:

- DHS is working to improve resources and linkages to strengthen a continuum of services. For example, we are partnering with the Unity Project to distribute resource guides for LGBTQI young adults.
- DHS is working with transgender advocates such as the Solutions Coalition and the Sylvia Rivera Law Project to better understand the needs of TGNC clients.
- The DHS Office of the Medical Director is creating a fact sheet for staff and clients, to assist in the coordination for health-related resources for LGBTQI people experiencing homelessness.
- DSS/DHS hired a consultant, the National Innovation Service, to conduct an evaluation of the needs and experiences of TGNC clients, in order to inform ways to improve service provision.
- DHS, in partnership with the CUNY School of Professional Studies, developed a series of Model of Practice (MOP) foundational trainings that include components of the LGBTQI community.

**Note:** While the Agency collects gender identity in CARES, some individuals may choose not to disclose. We do not know how many of our clients identify as LGBTQI, since we do not ask for information about sexual orientation. Therefore, the best practice is to implement inclusive practices and procedures.

## WHAT CAN I DO TO MAKE MY FACILITY MORE AFFIRMING AND WELCOMING FOR LGBTQI CLIENTS?

We invite you to take charge and be proactive in your efforts. Here are some things you can do:

- 1. Make sure all staff are familiar with the [DHS TNBI Procedure](#) and [DSS LGBTQI Policy](#).** These resources exist to assist staff with any questions they may have and contain information that may be new to some. The materials cover most common needs of TNBI and LGBTQ people, including what the law expects, how to use affirming language like preferred name and pronouns, what to do if you make a mistake, what to do if an employee or coworker comes out to you, and how to make sure CARES provides the most helpful information for serving transgender clients.
- 2. Understand the most common needs of LGBTQI clients:** If client says they are being harassed due to their LGBTQI identity, take their word seriously and help them resolve the conflict. Work with other staff and clients to increase competency and knowledge of LGBTQI identities to minimize the risk of discriminatory incidents.
  - a. Example:** Some client requests require a receipt. These include: name change, gender pronoun change, and requests to transfer. Please refer to form DHS-45(E) attached to the TNBI procedure.
- 3. Privacy and Reasonable Accommodations:** Create opportunities for privacy when possible. For example, transgender clients may request a separate shower time. Contact DSS Disability Affairs for assistance if a client submits a reasonable accommodation request related to their gender identity or sexual orientation. Contact the DSS Office of LGBTQI Affairs (contact information below) if an LGBTQI client needs additional support.
- 4. Attend Training:** Offer your staff effective LGBTQI awareness and cultural sensitivity training and materials. Attend trainings offered by DSS/DHS and research additional training resources within your community. For example, the [Safe Zone Project](#) offers online training resources. You may also contact the [Mayor's Office to End Gender-based Violence](#), which offers LGBTQI trainings related to interpersonal violence, and you may also contact the DSS LGBTQI Affairs Office for guidance on resources.

## WHAT CAN I DO TO MAKE MY FACILITY MORE AFFIRMING AND WELCOMING FOR LGBTQI CLIENTS? *(continued)*

5. **Create and Maintain Community Linkages:** Research LGBTQI organizations and health clinics in the local community. Establish a relationship with these organizations and refer clients to them. Share information about them with all clients, not only those who are “out” as LGBTQI. For help finding organizations to work with, please contact the DSS Office of LGBTQI Affairs.
  - a. **Example:** There are many community-based organizations (CBO’s) and non-profits around the city that aim to provide assistance as resources to LGBTQI New Yorkers. For example, contact the [Unity Project](#), a division of the Mayor’s Office, which provides resources and opportunities to LGBTQI young people, and is willing to meet with service providers to discuss their work and available resources. **Providers are encouraged to establish relationships with these groups.**
6. **Enhance the Physical Space:** Display LGBTQI-affirming posters or flags in public spaces. This can be anything from an LGBTQI flag to a poster explaining gender pronouns, in addition to DHS Rights & Responsibilities signs and other approved collaterals.
7. **Distribute Non-Discrimination Statements:** Print out DHS’ [non-discrimination statement](#). When clients arrive at your facility, hand them a copy. Make yourself available to answer questions regarding filing official complaints through the Office of the Ombudsman. You can also access guidance of the NYC Human Rights Law that explains [protections again discrimination based on sexual orientation and gender identity and expression](#).
  - a. **Example:** LGBTQI clients experience housing discrimination at higher rates. Housing specialists should work to identify LGBTQI brokers who are proactive in counteracting discrimination and violations of [NYC Human Rights Law](#).

## WHO CAN I CONTACT IF I HAVE QUESTIONS?

- ▶ **DSS Office of LGBTQI Affairs:** Under DSS, this office increases awareness and visibility of LGBTQI issues across DHS and HRA, works with program staff to implement solutions to obstacles faced by LGBTQI participants, coordinates with community organizations, and assist program participants with concerns or complaints related to accessing HRA/DHS services. **Email:** [lgbtqi@dss.nyc.gov](mailto:lgbtqi@dss.nyc.gov)
- ▶ **DHS/OPDI:** The Office of Program Development and Implementation (OPDI) sits in the DHS Executive Office. OPDI works closely with the Agency’s divisions, as well as our partners at DSS, providing foundational support in the development and implementation of strategic initiatives, trainings, policies, and procedures. **Email:** [opdi@dhs.nyc.gov](mailto:opdi@dhs.nyc.gov).

## TGNC Placement Screening Questionnaire

I want to ask some questions about gender to help with shelter placement options. Answering these questions is **up to you (not required)** and will be used only to help us make the most appropriate placement.

1. Do you feel comfortable answering questions about gender? These questions will help us identify placement options related to your gender or gender identity.

- If **YES** ► **CONTINUE**
- If **NO** ► **SKIP – End Questions, REVERT TO STANDARD INTAKE**

2. I'm going to read to you some gender-related terms. Then I'll ask which of them describe your GENDER – Select All that apply. Note that you shouldn't ask an adult if they identify with the term "girl" or "boy."

- Woman / girl
- Man / boy
- Transgender woman / transgender girl
- Transgender man / transgender boy
- Non-Binary / Gender X
- Gender Non-conforming
- Intersex
- Prefer Not to Say
- Another Gender Not Listed / OTHER

- **IF ANSWERED a OR b ONLY** ► **STOP QUESTIONS; PROCEED WITH STANDARD INTAKE**
- **IF SELECTED c to i** ► **CONTINUE WITH QUESTIONS**

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### TGNC Placement Screening Questionnaire *(continued)*

3. **IF CLIENT IS NEW TO DHS, SKIP THIS QUESTION. IF CLIENT IS ALREADY KNOWN TO DHS, ask:** Is this the same gender you reported in the past? If not, would you like us to update your gender in our system, which is called CARES?
- a. No
  - b. Yes ► **IF YES, STAFF MUST READ CARES EQUIVALENT BELOW AND CONFIRM THAT CLIENT AGREES TO THE EQUIVALENT**

ANSWER ON SCREENER & (UPDATED) CARES	(FORMER) CARES EQUIVALENT
Transgender man / transgender boy	Transgender female to male
Transgender woman / transgender girl	Transgender male to female
Non-binary / Gender X	Gender X (Not male or female)
Intersex	Other
Prefer Not to Say	Refused
Another Gender Not Listed	Other

• **IF SELECTED c TO i IN QUESTION #2, THEN ASK:**

4. Which types of placements best match your needs? Select ALL that apply.
- a. Women’s site
  - b. Men’s site
  - c. TGNC-specific space (this may be a men’s or women’s site with beds designated for TGNC clients only or it may be a TGNC-specific site, if available):
    - i. TGNC bed at a women’s site
    - ii. TGNC bed at a men’s site
    - iii. (WHEN DEVELOPED) TGNC shelter

## Facility Transfer, Reassignment, or Referral Notice

Last Name:	First Name:	CARES ID:
Preferred Name:	Preferred Pronoun(s):	Household Composition _____ / _____
Current Facility Name and Address:		
Current Facility Director Name and Number:		
Program Administrator Name:		

**(Select one option)**

- The Department of Homeless Services (DHS) is going to**  
 **You asked to**  

(Select one - transfer, reassign, or refer)
- Transfer your household to a different facility within the same population (For example: from a single adult shelter to another single adult shelter) due to:**  

\_\_\_\_\_  
 Additional details if "Other" is selected: \_\_\_\_\_
- Check this box if this is an emergency transfer to avoid risk to health and safety. Staff must also select a reason above.**
- Reassign your household to a new unit in a different population (For example: move from a families with children shelter to an adult families shelter) (select one below):**  

Shelter for adult families because your household no longer has any children or a pregnant person.  
 Shelter for families with children because your household now includes a minor child or a pregnant person.
- Refer you to an intake facility (For example: PATH, AFIC, 30th Street, HWC, or Franklin) because you no longer meet the criteria for households in your current facility.**

**(Turn Page)**

Head of Household Name: \_\_\_\_\_

### Facility Transfer, Reassignment, or Referral Notice *(continued)*

Your new facility/intake is:

<b>New Facility/Intake Name:</b>	<b>New Facility/Intake Phone Number:</b>
<b>New Facility/Intake Address:</b>	

Beginning \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ you must go to this new location. You cannot go to any other DHS facility without DHS approval.

If your household situation remains the same, you should remain eligible for any housing voucher you currently have or housing supplement/subsidy you have been found eligible to receive. If your household situation changed, your case manager at your new facility will help you develop an independent living plan based on your household's new circumstances.

Talk to your current case manager if you need or have questions about:

- 1. Reasonable Accommodation(s)** – If you have an approved reasonable accommodation (RA) at your current facility, you will have it at your new facility. If you have a disability and need an RA, you may ask your current facility for a **Reasonable Accommodation Request Form (DHS-13)** and they will help you complete and submit it for you.
- 2. Transportation** – DHS or your current facility will transport you to your new facility, or your current facility will give you a MetroCard.
- 3. Materials to pack your belongings** – Remember, you are only allowed to move two (2) pieces of luggage for each household member unless you have durable medical equipment and/or an approved reasonable accommodation that requires you to have more than two pieces of luggage. Some items, such as furniture, appliances, and large televisions, are not allowed in DHS facilities because of their size.

If you need to store them, we can help you request a storage grant. If you have an active Cash Assistance case, you can request a special storage grant allowance on ACCESS HRA ([www.nyc.gov/accesshra](http://www.nyc.gov/accesshra)) or go into one of the Cash Assistance Benefits Access Centers, which are listed, on <https://www1.nyc.gov/site/hra/locations/job-locations-and-service-centers.page>. Even if you do not have a Cash Assistance case, you can apply for an emergency grant on ACCESS HRA ([www.nyc.gov/accesshra](http://www.nyc.gov/accesshra)) or you can go to a Cash Assistance Benefits Access Center. You will need to provide a list of items you are or will be storing and a bill if you have one. An open and active Cash Assistance case is not required to be eligible for storage funds.

**(Turn page)**



Head of Household Name: \_\_\_\_\_

**Facility Transfer, Reassignment, or Referral Notice** *(continued)*

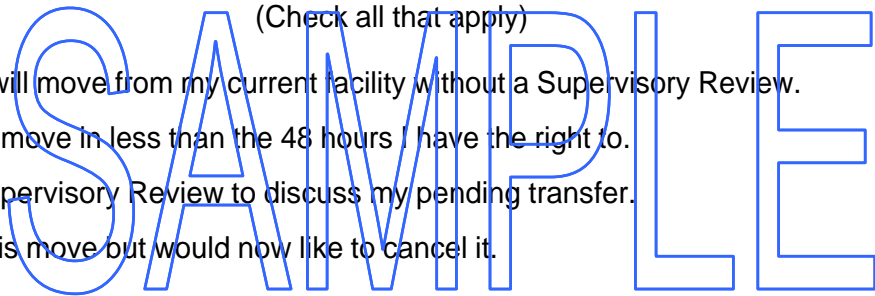
- 4. Copy of your case record** – You have the right to free copies of documents from your shelter case record. To request such documents or to find out how you may review your shelter case record, e-mail [RECORDSACCESS@hra.nyc.gov](mailto:RECORDSACCESS@hra.nyc.gov). Full instructions can be found on the DHS website at <https://www1.nyc.gov/site/dhs/about/contact.page>. Speak with your case manager if you have questions about this.
- 5. Mail forwarding** – You should report your change of address to anyone who sends you mail. Speak with your case manager to discuss holding your mail.
- 6. Supervisory Review** – If you have any additional questions, you may ask your facility for a supervisory review to discuss this move with a facility supervisor.

You may also contact the Central Complaint Unit (718-291-4141), the Office of the Ombudsman (800-994-6494, [ombudsman@dhs.nyc.gov](mailto:ombudsman@dhs.nyc.gov)), and/or the Office of Disability Affairs ([disabilityaffairs@dss.nyc.gov](mailto:disabilityaffairs@dss.nyc.gov)) to file a complaint or ask for additional assistance.

**Acknowledgement of Receipt**

(Check all that apply)

- I agree that I will move from my current facility without a Supervisory Review.
- I am willing to move in less than the 48 hours I have the right to.
- I request a Supervisory Review to discuss my pending transfer.
- I requested this move but would now like to cancel it.



\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

- I received the rescinded notice.

\_\_\_\_\_  
Client Signature






\_\_\_\_\_  
Date

**(Turn page)**

Head of Household Name: \_\_\_\_\_

### Facility Transfer, Reassignment, or Referral Notice *(continued)*

If you believe the new shelter/safe haven/stabilization bed is inadequate, you may ask for a State Fair Hearing though this does not mean that your transfer will be stopped. You have five ways to ask for a Fair Hearing:

1.		<b>Phone</b>	800-342-3344
2.		<b>Fax</b>	a copy of this notice to 518-473-6735
3.		<b>Walk-In</b>	New York Office of Temporary and Disability Assistance 14 Boerum Place, Ground Floor Brooklyn, NY 11201
4.		<b>Mail</b>	New York State Office of Temporary and Disability Assistance P.O. Box 1930 Albany, NY 12201
5.		<b>Online</b>	Complete an online request form at: <a href="http://www.otda.ny.gov/oah/forms.asp">http://www.otda.ny.gov/oah/forms.asp</a>

SAMPLE

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

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Head of Household Name: \_\_\_\_\_

**Facility Transfer, Reassignment, or Referral Notice (continued)**

STAFF USE ONLY	
I explained this form to the client.	
_____	
Staff Name (print)	
_____	_____
Staff Signature	Date
<input type="checkbox"/> Client declined to sign.	
<input type="checkbox"/> Client Requested a Supervisory Review that was held on:	
_____ with _____	
and the outcome was _____	

DHS STAFF USE ONLY	
DHS rescinds this notice	
_____	
Program Administrator Name (print)	
_____	_____
Program Administrator Signature	Date

SAMPLE