

CAPS

Coordinated Assessment
and Placement System

NYC
Human Resources
Administration
Department of
Social Services

Customized
Assistance Services

NYC Supportive Housing Application Module

October 26, 2020

Symbols and Icons



The User Profile indicates who is logged in, whether they work with a referral, placement, or provider agency, and when they last logged in. It is also where users can log-out of the system.



The three red dots located in the Actions column opens submenus that offer additional functions.



This icon allows users to contract or expand the left navigational column on the screen. This function allows for expanded workspace in the main window.



This icon opens menus that allow users to pin, auto-size, filter information, and hide columns.



This icon alerts users of important notifications.



These dots let users know that there are additional screens of information to be displayed. Each dot represents an additional page to view. The left and right arrows are used to navigate the pages.



This icon allows users to undo any filters used for a search.



This icon shows users that a tab is incomplete. When it turns green the section is complete.



This icon allows users to export a list of search results to an Excel spreadsheet.



This icon allows users to add downloaded documents to a client's file.



This icon allows users to filter search results.



This icon allows users to view a video that will explain/describe a section of the application.

Symbols and Icons



This icon allows users to delete information on the selected row.



This icon allows users to edit information on the selected row.



This icon allows users to open and view information on the selected row.



This icon allows the information of the selected row to be added to the client's case file.

Coordinated Assessment Placement System (CAPS) Glossary

Sample of *CAPS Glossary*:

The ***CAPS Glossary*** is a tool for users that will explain many of the acronyms, programs, and vocabulary used throughout CAPS. It is recommended to keep it handy while navigating the system.

AOT: Assisted Outpatient Treatment Program, also known as Kendra's Law. An AOT order is a civil (not criminal) court order mandating outpatient mental health treatment for adults with serious mental illness who have difficulty engaging in treatment voluntarily. The AOT program does not provide direct services or treatment, but monitors adherence to the court order, provides consultation to treatment providers, assists with linkages to services, and initiates 9.60 emergency removal orders when warranted. In NYC, the program is implemented by DOHMH with oversight by OMH.

Health Home: A Health Home is not a physical place, but a group of providers working together to help Medicaid-insured individuals with [chronic conditions](#) connect to the health care and social services they need, in order to reduce reliance on emergency rooms and prevent hospitalizations. Dedicated Health Home Care Coordinators (HHCC) or Care Managers (HHCM) help members better understand and manage their physical and mental health conditions, create care plans, and find appropriate services and programs - including applying for supportive housing - and then makes sure that all the systems are working together.

NYC Supportive Housing Application

There are multiple ways to access a *NYC Supportive Housing Application*, however, in order to start an application, a *Coordinated Assessment Survey* must be completed first. To learn more you can view the coordinated assessment training video in the information section.

Completing a survey generates a summary with a list of supportive housing and city, state, and federal rental subsidies that the client may be potentially eligible for and is used to guide the client's housing choice. Below the list there will be a link that will allow the user to start the Supportive Housing Application for the client.

Housing Programs

Based on the information submitted in this survey, your client may be eligible for the housing programs listed below.

Note: U.S. Citizenship or Permanent Resident or Asylee or Refugee status is a requirement for federally-funded housing programs.

To learn more and apply click on the associated link:

Program Description	Application and Supporting Documents Requirements	What to Do
CITY/State Housing Programs	<ul style="list-style-type: none">• Proof of citizenship	For HPD units, apply through Housing Connect. If you are not in a DHS shelter with a case worker, community-based Housing Ambassadors can help with your search.
HPD Housing Connect NYC Department of Housing Preservation and Development (HPD) has different options for affordable housing based on income qualification. There is an application process and qualified candidates are selected by periodic lotteries and notified of next steps.	<ul style="list-style-type: none">• Proof of income	To apply with Housing Connect: https://www1.nyc.gov/site/hpd/renters/housing-connect.page https://a806-housingconnect.nyc.gov/nyclottery/lottery.html

Home Survey **START SUPPORTIVE HOUSING APPLICATION** Home

NYC Supportive Housing Application

If a user is not ready to start an application at the time of completing the survey, the **HRA Supportive Housing Application** column of the **Submitted Surveys** section will allow users to start or complete a Supportive Housing Application.

To continue working on a previously started application click on the saved application's number

To start a new application click **Start Supportive Housing Application**

The screenshot displays the 'Coordinated Assessment Survey' interface. At the top, it says 'CAPS Training' and 'Welcome, S (Last Login: Apr 3, 2019 11:33) Logout'. Below this is a section titled 'SUBMITTED SURVEYS (2)'. There is a 'Show 10 entries' dropdown and a search box. A note states: 'Pressing "Start Supportive Housing Application" begins an application that copies survey data.' The main table has columns: Name (LN, FN), Survey #, Survey Date, Entered By, Agency/Site, Client Documents, HRA Supportive Housing Application, and Housing Programs. Two rows are visible: one for 'HA' and one for 'DA'. The 'HRA Supportive Housing Application' column for the 'HA' row contains the number '3', and for the 'DA' row, it contains the text 'Start Supportive Housing Application'. Red boxes and lines highlight these elements and link them to the explanatory text above. At the bottom, there are 'Previous', '1', and 'Next' navigation buttons, and an 'Exit' button on the far left.

Name (LN, FN)	Survey #	Survey Date	Entered By	Agency/Site	Client Documents	HRA Supportive Housing Application	Housing Programs
HA	7	09/	SI	1		3	Supportive Housing Programs
DA	7	09/	SI	1		Start Supportive Housing Application	CITY/State Housing Programs

Users will be able to view submitted surveys up to 6 months after they were completed.

NYC Supportive Housing Application

If after completing a client search and a previously submitted survey is found for your client in the last 6 months, the option to **Start a Supportive Housing Application** or **Start Survey** will be given.

Show entries Search:

Name (LN, FN)	Survey #	Survey Date	Entered By	Agency/Site	Housing Programs	
D	81	20	G	1	Supportive Housing Programs	NYC 15/15 - Family with Children. NYC 15/15 - Young Adult Family

Showing 1 to 1 of 1 entries Previous **1** Next

| - | PRIOR SUPPORTIVE HOUSING APPLICATIONS WITHIN THE LAST 5 YEARS FOR 1

Show entries Search:

Referral Date	NY/NY I & II	NY/NY III	NYC 15/15	General Population	Vulnerability Assessment	SMI Housing	Levels	Type	Approval Period	Referring Agency Name/Site	Placement Agency Name/Site	Move In Move Out	Reason Moved
No data available.													

Showing 0 to 0 of 0 entries Previous Next

[Home](#)

[START SUPPORTIVE HOUSING APPLICATION](#)

[START SURVEY](#)

Application Navigation

When users start a new application, they must first complete the *Consent* tab, and view the *Survey Report*, *Client Documents*, and *Prior Supportive Housing* tabs. After completing the *Application Type* tab and selecting *Create*, a *NYC Supportive Housing Application* is generated. You are now able to save the application and return to the application in the *Pending Application* list in the future for up to 30 days. If the application is not created, you will need to return to your submitted survey list to initiate the application again. After creating a new application the consent tab will appear, allowing for the attaching of the *CAS-700* and *CAS-701* in the *Consent Forms* tab.

When users continuing working on a pending application, they will go straight to the *Demographics* tab of the application.

Once in the application, the user has the ability to navigate within the application from the left-hand navigation menu. The section that is currently being displayed will be highlighted in grey. Each section of the application is displayed on the left-hand navigation as follows:



- + New Application ^
- ✓ Consent / Search
- Demographics
- Housing / Homeless
- Clinical Assessment
- ADLs
- Medications, Providers and Hospitalization
- Trauma and Child Welfare
- Symptoms and Substance Use
- Housing Preferences
- Psychiatric / Psychosocial / MHR
- Documents
- Application Review and Transmit

Application Navigation

In sections of the application, for example *Demographics*, the tabs related to this area are displayed in the window.

The screenshot displays the application's navigation interface. On the left, a vertical menu lists several sections: 'New Application' (with a plus icon and an upward arrow), 'Consent / Search' (with a green checkmark), 'Demographics' (with an orange clock icon and a red box around it), 'Housing / Homeless', 'Clinical Assessment', and 'ADLs'. On the right, a main content area shows a header with 'Application# : 3', 'Last Name : H', and 'First Name'. Below the header is a horizontal row of four tabs: 'Demographics Data' (with a green checkmark), 'Financial / Benefits' (with an orange clock icon and a blue background), 'Important Contacts' (with a green checkmark), and 'Documents' (with a grey background). A red box highlights the 'Demographics Data', 'Financial / Benefits', and 'Important Contacts' tabs. Below the tabs, the 'Financial / Benefits' section is visible.

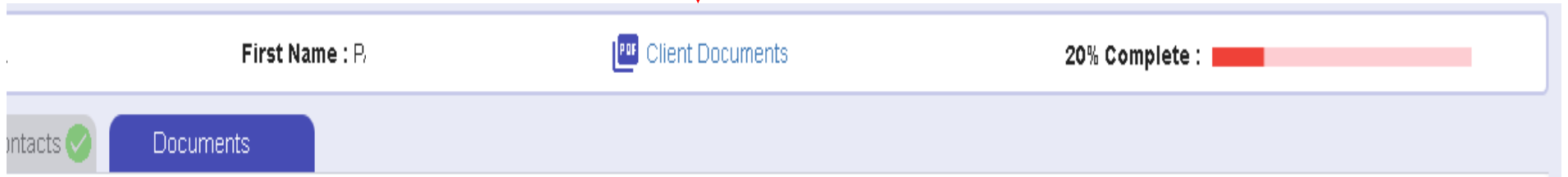
Each tab contains questions, some of which are required, and others are optional. Users must complete each tab.

Tabs that are currently open appear in **blue**, while those that are not actively in use appear in **grey**.

Tabs that have an **orange** clock are missing required information and are incomplete. Tabs that have a **green** check have all required information and are considered complete. The orange clocks and green checks are also displayed on the left-hand navigation menu.

Application Navigation

Client Documents allows the user to view PDFs of the client's identifying and financial documents, if on file from the HRA viewer (i.e. birth certificate, pay stubs).



Each section has a **Documents** tab. This allows users to attach documents to the client's file.

The status bar lets the user know what percentage of the application is complete. The percentage will increase as each section is completed.

Application Navigation

While completing the application users will notice that some questions will be red, black, green, or may be displayed in a yellow box. The table below provides the meanings of these colors:

Question Appears in:	Meaning:
Red	Required to Transmit the application
Black	Optional, however, depending on responses to required fields it may become mandatory
Green	Required to Save the application
Field is Yellow	These are verification/attestation statements that must be checked to verify that your agency has signed and dated documents on file

Application Navigation

Users are able to save as they navigate through the application by clicking the **Save** button displayed on the lower left of many screens throughout the application. When *Save* is clicked a message will be displayed in the upper right-hand corner of the screen that says the application has been saved.

The screenshot shows the CAPS (Coordinated Assessment and Placement System) interface. At the top left is the CAPS logo. The main header reads "Coordinated Assessment and Placement". Below this, the screen title is "Clinical Assessment". The main content area contains a search box for medical diagnoses, a search result field, and several form elements including checkboxes for "R/O" and "H/O", a dropdown menu for "If medical disorders are listed above, do any of them limit activities of daily living?" (set to "No"), and radio buttons for "Does the applicant have a diagnosis of HIV/AIDS?". At the bottom left, a "Save" button is highlighted with a red box. At the bottom right, "Previous" and "Next" buttons are also highlighted with a red box. In the upper right corner, a green notification box with a checkmark and the text "Saved.. Clinical assessment has been saved successfully!" is displayed. A red arrow points from the "Save" button to the notification box.

The **Next** button can be used to move to the following tab instead of click on the desired tab.

The **Previous** button can be used to return to a prior screen instead of clicking on the desired tab.

NYC Supportive Housing Application

Once an application is created and saved it will be available on the **Pending Applications** list. Users will be able to access and complete saved applications for up to 30 days.

Coordinated Assessment and Placement System

Pending Application List (12)

Agency Name/No : V
Pending applications expire in 30 days and must be completed by the expiration dates below.

Show 10 Entries

Actions	Survey Number	Application Number	Client Name	HRA Client ID	Date Entered	Date Expires	Entered By	Agency	Site	Application Type
⋮	1	2	S		8/10/2020	9/9/2020	H	90	0	Individual
⋮	1	2	J	2	8/12/2020	9/11/2020	G	90	0	Individual
⋮	1	2	R		8/14/2020	9/13/2020	FI	90	0	Individual
⋮	1	2	M	2	8/16/2020	9/15/2020	G	90	0	Individual
⋮	1	2	J	2	8/19/2020	9/18/2020	FI	90	0	Individual
⋮	1	2	M		8/19/2020	9/18/2020	O	90	0	Individual
⋮	1	2	Z		8/20/2020	9/19/2020	A	90	0	Individual
⋮		2	A	1	8/26/2020	9/25/2020	C	90	0	Family
⋮		2	J	1	8/26/2020	9/25/2020	C	90	0	Individual
⋮	1	2	JO		8/26/2020	9/25/2020	G	90	0	Individual

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Date Expires displays the expiration date in **red**. The application will not be available in CAPS after this date. If an application expires before being completed, the user will have to start a new application.

Consent/Search

Starting a new application from the *Coordinated Assessment Survey* takes users to the **Consent/Search** section of the application.

Consent ▶ VCS MoveIn Functionality will be offline from 17:00 today (09/11/2020) 🔔⁴

Consent

Referring Agency: 1 Date/Time Entered: 10/08/2020 11:17 AM

Referring Site: Entered By: K

Housing Program: NYC Supportive Housing Application

Consent

[Consent Forms](#)

* I verify the applicant has signed the "New York City Human Resources Administration HIPAA Compliant **Authorization for Disclosure of Individual Health Information** and Medicaid Records for the Coordinated Assessment Survey and/or Supportive Housing Application" and the "New York City Human Resources Administration Authorization for the Coordinated Assessment Survey (CAS) and/or Supportive Housing Application" consents. I also verify that these two consents have been signed within the last 180 days authorizing the release of the applicant's health information, including his or her medical, mental health, HIV-related, alcohol and substance use treatment, Cash Assistance, Supplemental Nutritional Assistance Program and prior supportive housing/coordinated assessment records and that my agency has on file the original form signed by the applicant.

Consent Date: 📅 Verified By:

Location Kept: 🔔

First Name: Last Name: Social Security #:

Date of Birth: Age: 21 Gender:

CIN (or) Medicaid #:

[Search](#)

NYC Supportive Housing Application

Consent/Search

Many sections of the application are prepopulated from the information entered on the survey. Information that was carried over will appear greyed out and will be unable to be modified by users. If changes are needed to these areas a new survey is required.

Consent

Referring Agency: 1

Date/Time Entered : 10/08/2020 11:17 AM

Referring Site :

Entered By : k

Housing Program :

Consent/Search

In order to submit a *NYC Supportive Housing Application* for a client, consent must be obtained within the last 180 days. To access the consent forms, click **Consent Forms**, select the client's preferred language, then click *Print*. Both consent forms, the *New York City Human Resources Administration HIPAA Compliant Authorization for Disclosure of Individual Health information and Medicaid Records for the Coordinated Assessment Survey and/or Supportive Housing Application (CAS-700)* and the *New York City Human Resources Administration Authorization for the Coordinated Assessment Survey and/or Supportive Housing Application (CAS-701)*, must be signed by the client. Currently, the consent is available in 12 languages.

Click the check box to verify that the client signed the consents, then enter the date it was signed and the location your agency is maintaining the consent (i.e. on site at your agency's location).

Consent

Consent Forms

* I verify the applicant has signed the "New York City Human Resources Administration HIPAA Compliant **Authorization for Disclosure of Individual Health Information** and Medicaid Records for the Coordinated Assessment Survey and/or Supportive Housing Application" and the "New York City Human Resources Administration Authorization for the Coordinated Assessment Survey (CAS) and/or Supportive Housing Application" consents. I also verify that these two consents have been signed within the last 180 days authorizing the release of the applicant's health information, including his or her medical, mental health, HIV-related, alcohol and substance use treatment, Cash Assistance, Supplemental Nutritional Assistance Program and prior supportive housing/coordinated assessment records and that my agency has on file the original form signed by the applicant.

Consent Date :

10/08/2020



Verified By : K

Location Kept :

ON SITE



Consent/Search

Below the consent confirmation section, there will be identifying information about the client displayed. This information is pulled over from the completed survey and cannot be manipulated by users. Click **Search** to continue with the application.

First Name : P

Last Name : H

Social Security # : 5

Date of Birth : 1998

Age : 21

Gender : MALE

CIN (or) Medicaid # :

Search

NYC Supportive Housing Application

Consent/Search

Survey Report displays the *Coordinated Assessment Survey* that was completed for the client. Reports can be downloaded by clicking the down arrow or print it by clicking the printer icon.

Consent	Survey Report	Client Documents	Prior Supportive Housing	Application Type
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**THE CITY OF NEW YORK
HUMAN RESOURCES ADMINISTRATION
CUSTOMIZED ASSISTANCE SERVICES
NYC COORDINATED ASSESSMENT SURVEY**

Client Name:	F	S.R.#:	7
Entered By:	K	Date/Time Entered:	10/08/2020 11:09 AM
Submitted By:	K	Submission Date:	10/08/2020
Agency Submitted By:	1		
Site Submitted BY:	C		

Consent

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NYC Supportive Housing Application

Consent/Search

Client Documents allows users to view documents in the HRA One Viewer, i.e. Birth Certificate, Non-Driver's License ID.

Consent Survey Report **Client Documents** Prior Supportive Housing Application Type

Social Security # : 54 Date of Birth : 1998 Name : H4

HRA Viewer Documents ^

Document Description	CIN	CASE#	Entry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No Documents To Show

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Consent/Search

Prior Supportive Housing allows users to view applications that were submitted for the applicant over the last five years.

[Consent](#)
[Survey Report](#)
[Client Documents](#)
[Prior Supportive Housing](#)
[Application Type](#)
[Consent](#)

Social Security # : 2 **Date of Birth :** 1986 **Name :** B

PRIOR SUPPORTIVE HOUSING APPLICATIONS WITHIN THE LAST 5 YEARS

Action	Referral Date	Referring Agency/Site	Eligibility	Prioritization	S
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
⋮	06/15/2020	BRONXWORKS / THE LIVING ROOM	NY/NY III POP A; NYC 15/15 AD...	SVA - High	C
⋮	10/24/2019	ICL / GENERIC SUPPORTIVE HOUSING - NOT TRACKED	High Service Needs/SMI Singles...	SVA - High	C

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Consent/Search

The **Action** menu contains the following additional actions:

Application Package opens a separate window contains the application for the selected referral date.

Referral History opens a separate window that will contain the transmitted supportive housing referral history and HRA verified placements. This history is limited and will not reflect referrals made external to the system.

The screenshot displays the 'Prior Supportive Housing' tab in the application interface. At the top, there are navigation tabs: 'Consent', 'Survey Report', 'Client Documents', 'Prior Supportive Housing' (selected), and 'Application Type'. Below the tabs, there are search filters for 'Social Security # : 0', 'Date of Birth : /1964', and 'Name : L'. The main content area is titled 'PRIOR SUPPORTIVE HOUSING APPLICATIONS WITHIN THE LAST 5 YEARS'. It features a table with columns for 'Action', 'Referral Date', 'Referring Agency/Site', 'Eligibility', and 'Prioritization'. A dropdown menu is open over the 'Action' column, showing 'Application Package' and 'Referral History' options. The table contains several rows of application data, including referrals from HASA / QUEENSBORO CENTER and OFFICE OF MENTAL HEALTH - CENTRAL NEW YORK PC / FISHKILL M... with various eligibility and prioritization levels.

Action	Referral Date	Referring Agency/Site	Eligibility	Prioritization
	08/07/2020	HASA / QUEENSBORO CENTER	NY/NY III POP E; NY/NY III POP...	SVA - Low
		HASA / QUEENSBORO CENTER		
		OFFICE OF MENTAL HEALTH - CENTRAL NEW YORK PC / FISHKILL M...		
		HASA / QUEENSBORO CENTER	NY/NY III POP H	SVA - High
		HASA / QUEENSBORO CENTER		

To learn more about the functionality of the Prior Supportive Housing review the *CAPS Overview and Dashboard Module*.

Consent/Search

Application Type displays the categories of housing being applied for on the client's behalf. The categories displayed depend on whether the application is for an individual or a family.

If users start an application from a survey, **Select Application Type for the Client** will be greyed out because it is prepopulated from the survey. If the application type needs to be changed, a new survey must be completed, and the household composition revised on the new survey. If users are completing an application as a resubmission, they will be able to change the **Select Application Type for the Client** on this screen.

< Consent Survey Report Client Documents Prior Supportive Housing **Application Type** Consent >

Social Security # : 2 Date of Birth : 1986 Name : BF

Select Application Type for the Client : Family (Includes pregnant youth)

Check all types of supportive housing the Applicant is applying for (at least one must be checked). To see the description and criteria for each supportive housing category [click here](#).

Housing for Families in which the Head of Household has a Serious Mental Illness including those with Co-Occurring Substance Use

Housing for Families in which the Head of Household has a Substance Use Disorder, a Disabling Medical Condition or HIV/AIDS

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NYC Supportive Housing Application

Consent/Search

The categories displayed are also dependent on the age of the client and the site type. Supportive housing categories that are specifically for young adults 18-25 will not be displayed for individual adults who are not in that age group.

Consent Survey Report Client Documents Prior Supportive Housing Application Type

Social Security # : 0 Date of Birth : 1/2001 Name : D

Select Application Type for the Client : Individual

Check all types of supportive housing the Applicant is applying for (at least one must be checked). To see the description and criteria for each supportive housing category [click here](#).

- Housing for Individuals with Serious Mental Illnesses including those with Co-Occurring Substance Use
- Housing for Homeless Individuals with Substance Use Disorders
- Housing for Individuals who have Successfully Completed/Participated in a Course of Substance Use Treatment
- Housing for Individuals Living with HIV/AIDS with co-occurring Serious Mental Illness and/or Substance Use Disorder
- Housing for Young Adults (18-25 years of age) with Serious Emotional Disorders
- Housing for Young Adults (18-25 years of age) who are Homeless or at risk of Homelessness (including aging out of foster care)
- Housing for low-income single adults with a disabling clinical condition currently residing in a Department of Homeless Services (DHS) shelter

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Additionally, the option to apply for DHS General Population Housing is only available to CAPS users from the following DHS contracted programs: *Adult Single Shelter, Street Outreach, Safe Haven, or Drop-In Center*. If the youth category and/or DHS General Population categories are not displayed for your applicant, this means you will not be able to submit an application for review for these specific housing options.

NYC Supportive Housing Application

TIP

If a user is from one of the following DHS contracted programs: *Adult Single Shelter, Street Outreach, Safe Haven, or Drop-In Center*, their clients' applications can be reviewed for both DHS General Population and Supportive Housing. They will need to include the clinical documentation for the applied supportive housing categories.

For example, if the user is interested in having their client reviewed for DHS General Population and Supportive Housing for those with a Serious Mental Illness, the application will need to include a psychiatric evaluation along with the psychosocial assessment.

For more information on documentation requirements, review the *Supportive Housing Description and Criteria Guide*.

Select Application Type for the Client : Individual

Check all types of supportive housing the Applicant is applying for (at least one must be checked). To see the description and criteria for each supportive housing category [click here](#).

Housing Descriptions and Criteria

Mental Health			
Supportive Housing Types	Clinical Criteria	Homeless Criteria	Documentation Requirements
SMI/High Service Needs Supportive housing for single adults with a serious mental illness (SMI) ¹ or who have a SMI with a co-occurring substance use disorder.	Adults with a serious mental illness or who have a SMI with a co-occurring substance use disorder.	None	<ul style="list-style-type: none">• HRA Supportive Housing Application (2010e)• Psychiatric Evaluation (within 180 days)• Psychosocial Assessment (within 180 days)

Consent/Search

Consent Forms allows users to attach signed consent forms to a client's case record.

Consent Survey Report Client Documents Prior Supportive Housing Application Type **Consent Forms**

Application # : 3 Social Security # : 5 Date of Birth : 7/1998 Name : H

Attach Documents

Document Type : Consent/HIPAA Release

File to Attach :

Document Description :

Actions	Type	Name	Description	Attached Date	Attached Time	Attached By	Agency/ Site
No Documents To Show							

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Demographics

Demographic Data will be prepopulated from the survey, where applicable. When completing **Preferred or AKA First/Last Name**, information should be obtained from the client to determine how they self-identify to avoid mis-categorization.

Application# : 3


Last Name : H


First Name : F

 Client Documents

10% Complete : 

Demographics Data 

Financial / Benefits 

Important Contacts 

Documents

Demographics

Preferred or AKA First Name:

Preferred or AKA Last Name:

Social Security Number:

Gender:

Date of Birth:

Age:

Address:

Apt#:

City:

State:

Zip:

Demographics

Financial Benefits will be prepopulated from the survey, where applicable. For the other sources of income not contained in the survey, users will be required to provide a response.

For income sources where **Yes** is selected, the amount the client receives and the frequency that this benefit or income is paid will need to be entered. The application will automatically provide an annualized amount for that financial resource.

No additional information is required for *No*, *Applied*, or *Pending*.

Demographics Data Financial / Benefits Important Contacts Documents


Financial / Benefits

Employment Salary:	Yes	Amount: 225	Frequency: Weekly	Yearly Total: 11700.00
Public Assistance (Recurring grant):	Yes	Amount: 103	Frequency: Monthly	Yearly Total: 1236.00
SSD/SSI:	Applied			
Veterans Assistance - GI Bill:	No			
Veterans Assistance - Services Connected:	No			
Social Security:	No			
Pension/Retirement:	No			
Unemployment Compensation:	No			
Medicaid:	Yes	Medicaid #: M.		

Demographics

Important Contacts is not required but should be explored with the client. In case of an emergency these individuals may be contacted. These contacts are typically not the same as the client's service providers, however, may be as a matter of client preference.

Demographics Data 

Financial / Benefits 

Important Contacts 

Family Composition 

Documents

Please list all of the applicant's important contacts, if available. Important contacts may be used in cases of emergency.

Important Contacts

First Name

Last Name

Relationship

Select One



Phone

Alternate Phone


Demographics

If your client had important contacts listed in prior applications, their information would appear in the lower portion of the screen. By clicking the icon in the action column, the important contact is added to the application.

Important contacts from last 5 years of Prior Supportive Housing Applications

Actions	First Name	Last Name	Relationship Type	Phone	Alternate Phone
	J.	T.	FI	6	

Once added, the contact may be edited or deleted.

Actions	First Name	Last Name	Relationship Type	Phone	Alternate Phone
 	J.	T.	FRIEND	6	

Demographics

If completing a family application, the **Family Composition** tab will be after *Important Contacts*. The family composition must include all family members that will be in the household. If the client had family members listed in prior applications, their information will be listed on the bottom of the screen. Clicking the ▲ icon in the *Action* column adds the selected family member to the application. Once added, the information may be edited or deleted.

Demographics Data ✓ Financial / Benefits ⌚ Important Contacts ✓ **Family Composition** ⌚ Documents

Family Members

First Name	Last Name	Relationship	Date of Birth	Age	Comme
<input type="text"/>	<input type="text"/>	Select One ▼	MM/DD/YYYY	<input type="text"/>	<input type="text"/>

Actions	First Name	Last Name	Relationship Type	Date Of Birth	Age	Comments
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Demographics

If completing a young adult family application, there is an additional question: ***Is the applicant currently pregnant?***
If **Yes**, the expected date of delivery will be required.

Is the Applicant currently pregnant?

Yes No

What is the expected delivery date?

MM/DD/YYYY





TIP

If the household will include children who are currently in the custody of the Administration for Children's Services (ACS), the application must include documentation from ACS or the foster care agency stating that the children are pending discharge.

Housing/ Homeless History




Housing/Homeless History contains a video which provides instructions to complete this section of the application. Additionally, there is a link to the reference sheet for the definition of HUD Chronically Homeless, and a sample of a homeless verification letter.

Housing / Homeless History  Housing Documents 

Please Note: Housing/Homeless History information is an important component in the applicant's eligibility, referral and placement.
 Provide Housing History for the last four years including the applicant's current housing location. Please include all episodes of homelessness (if applicable) and attach supporting documentation for each episode of homelessness when prompted. Also, see [reference sheet](#) for definition of HUD chronically homeless and examples of appropriate supporting documentation for this application. For training on the Housing/Homeless page click the Tutorial Help icon.

Housing History as of 09/17/2020												
Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016												
2017												
2018												
2019												
2020												

Shelter
 2010e
 User Entered
 Missing Information

From Date:  To Date:  



Housing/ Homeless History


To view **Housing Episodes** that were pulled in from the system click on the plus sign or the bar labeled *Housing Episodes* to expand the list. Clicking on the minus sign will collapse the list. The housing history displayed is as of the date that the application was created.

Housing Type:

Facility Name:

Street Address: City: State: 

 Housing Episodes 

Actions	From Date	To Date	Housing Type	Facility Name	Street Address
	03/30/2020	10/16/2020	HASA EMERGENCY PLACEMENT	J	89
	01/24/2020	03/28/2020	CORRECTIONAL FACILITY	UTO	UTO
	01/08/2020	01/23/2020	HASA EMERGENCY PLACEMENT	11	11



Housing/ Homeless History

Housing Documents allows users to upload housing verification letters to support the information included on the *Housing/Homeless History* tab. *Housing Documents* includes instructions on what should be contained in the homeless verification letter. This information should be reviewed before uploading the letter.

Housing / Homeless History ✓

Housing Documents ✓

Attach Documents

Please attach documentation of homelessness that is drafted on agency letter head, dated, includes dates of homeless outreach engagement and location(s) of where the applicant was observed to be homeless, and name of staff attesting to agency's homeless assistance. For more information see [reference sheet](#) for definition of HUD chronically homeless and examples of appropriate supporting documentation for this application.

Document Type :

Housing



File to Attach :

Browse File







Document Description :



Housing/ Homeless History

If your client previously submitted a supportive housing application which contained housing documents, it would be listed on the bottom of this screen. Clicking  in the action column allows users to view the documentation. Clicking  allows them to add the documentation to the application. Once added, the information may be edited or deleted.

Housing Documents from Prior Applications

Actions	Type	Name	Description	Attached Date	Attached Time
 	Housing	TB homeless.pdf	Homelessness Verification	06/15/2020	12:12
 	Housing	Tb residency 620.pdf	Residency Letter	06/15/2020	12:12
 	Housing	TB Address.msg	housing ad	09/27/2019	14:36

TIP

Housing documentation added to the application should be reviewed and compared to the collected housing history. The homeless verification letter reference sheet should be used as a guidance to ensure comprehensiveness.

Clinical Assessment

Medical Diagnoses should be completed based on the information contained in the clinical documentation. If the documentation indicates that the client doesn't have a medical diagnosis, then **None** should be selected. Otherwise, the diagnosis can be added by typing in the first letter of the condition, which will bring up a list of diagnoses starting with that letter.

The screenshot shows the 'Medical Diagnoses' section of the application. At the top, there are four tabs: 'Medical Diagnoses' (active), 'Psychiatric Diagnoses', 'AOT / ACT', and 'Medical Documents'. Below the tabs, the text reads 'Medical Diagnoses' followed by a checkbox for 'None'. A prompt asks the user to 'Provide Medical Diagnoses of the client as per latest Diagnostic and Statistical Manual of Mental Disorders (DSM) code and description'. There is a text input field for this purpose. Below it is a 'Search Result' field. To the right of the search result field are checkboxes for 'R/O' and 'H/O', and a green plus sign icon. Below these fields is a question: 'If medical disorders are listed above, do any of them limit activities of daily living?' with a dropdown menu showing 'No'. At the bottom, there is a question: 'Does the applicant have a diagnosis of HIV/AIDS?' with radio buttons for 'Yes' and 'No'.

If the client's diagnosis was listed as a **Rule Out (R/O)** or **History Of (H/O)**, check the box next to that label. Selecting the **+** icon will add the diagnosis to the application. For diagnoses that are added to the application you will need to indicate if they have an impact on the client's activities of daily living. The remaining questions in this section pertain to whether the client has a diagnosis of HIV/AIDS and receives services from the HIV/AIDS Services Administration.

Clinical Assessment

Psychiatric Diagnosis should be completed based on the information contained in the clinical documentation. If the documentation indicates that the client doesn't have a psychiatric diagnosis, then **None** should be selected. Typically the psychiatric diagnosis can be found in the psychiatric evaluation. The diagnosis can be added as described in the previous section. If there are no other conditions that may be the focus of clinical attention indicate **None**, otherwise add the diagnoses following the steps previously provided.

The diagnoses contained in the **Medical** and **Psychiatric** tabs are only those found in the **ICD10** and the **DSM-V**.

The screenshot shows the 'Psychiatric Diagnoses' tab in the application. It features two main sections: 'Principal Diagnoses' and 'Other Conditions that may be the focus of Clinical Attention'. Each section includes a search input field, a search result field, and a '+ Add' button. The 'Principal Diagnoses' section also has checkboxes for 'R/O', 'H/O', and 'P/V'. The 'Other Conditions' section has a checkbox for 'R/O'. At the bottom of the form, there are 'Save', 'Previous', and 'Next' buttons.

← **P/V** -
Provisional

Clinical Assessment

If a client has an **Assisted Outpatient Treatment (AOT)** order, also known as Kendra's law, then the first question would be answered **Yes**. Then select the borough in which they are receiving **AOT** services. The system will populate the phone number for that borough's location. The last question in the tab refers to your client's connection to **Assertive Community Treatment (ACT)** services. Similarly, if the client is in receipt of **ACT** services, select **Yes** and enter the contact information for the provider.

The screenshot shows a web application interface for the 'Clinical Assessment' section, specifically the 'AOT / ACT' tab. The interface includes a navigation bar with four tabs: 'Medical Diagnoses', 'Psychiatric Diagnoses', 'AOT / ACT' (which is active and highlighted in blue), and 'Medical Documents'. Below the navigation bar, the main content area is titled 'Assisted Outpatient Treatment (AOT) / Assertive Community Treatment (ACT Team)'. It contains two questions, each with a 'Select One' dropdown menu. The first question is 'Is Client in Assisted Outpatient Treatment (AOT) program?' and the second is 'Is Client in Assertive Community Treatment (ACT Team)?'. A note below the first question states: '(If Applicant is or may be in Assisted Outpatient Treatment, provide elaboration in the Psychiatric Evaluation & Psychosocial Summary.)'. At the bottom of the form, there are three buttons: 'Save' on the left, and 'Previous' and 'Next' on the right.

Medical Diagnoses | Psychiatric Diagnoses | **AOT / ACT** | Medical Documents

Assisted Outpatient Treatment (AOT) / Assertive Community Treatment (ACT Team)

Is Client in Assisted Outpatient Treatment (AOT) program?

(If Applicant is or may be in Assisted Outpatient Treatment, provide elaboration in the Psychiatric Evaluation & Psychosocial Summary.)

Is Client in Assertive Community Treatment (ACT Team)?

Save | Previous | Next

Clinical Assessment

Medical Documents allows users to add medical documents, where applicable, to the application.

Medical Diagnoses Psychiatric Diagnoses AOT / ACT **Medical Documents**

Attach Documents

Verification

I verify that my agency has on record a completed "Medical Evaluation" performed within the last 180 days and signed by a health care professional.

Verified By :	Verified Date :
Clinician who performed the Medical Evaluation :	Name of Clinician :
License No :	Date of Medical Evaluation :

Document Type : Medical

File to Attach :

For a list of required clinical documents review the *Supportive Housing Description and Criteria Guide*.

Activities of Daily Living

Activities of Daily Living (ADL) provides a list of daily activities that are essential to independent living. Some activities refer to the more basic tasks such as *Personal Hygiene* (bathing, grooming) while others refer to more complex tasks, Instrumental Activities of Daily Living (IADLS), such as managing finances and shopping.

Please Note: Activities of Daily Living information is an important component in the applicant's eligibility, referral and placement.

Complete the checklist for each of the activities of daily living skill as a result of any medical and/or mental health conditions to determine the level of support the applicant may need in a supportive housing program

Activity	Description	Type of Support
Personal Hygiene	Bathing, toileting or incontinence, washing clothes, appropriate dress for the weather, purchasing and using personal care products	Select One
Travel / Mobility	Able to follow directions and comfortable using public transport, able to climb stairs, walk, get around; any vision, hearing or physical challenges	Direct Assistance
Shopping and Meals Preparation	Able to plan meals by buying or cooking food and store food properly	Mostly Independent
Managing Finances	Ability to pay bills and plan for the month	Some Support
Apartment/Room Upkeep	Regular cleaning of space; take out garbage; no excess clutter or hoarding; notify maintenance of plumbing problems; understands fire safety evacuation	Select One
Social Skills/ Supports	Interacts regularly with family/other supports; does not isolate; assertive; respects the rights of others/neighbors	Select One
Manage Health and Behavioral Health	Recognize health and mental health symptoms/problems; communicate health concerns to care providers; make and keep appointments; take medications as prescribed; relapse preventive awareness	Select One
If Other ADL Impairments, describe:		Select One

Select one of the three available levels of support for each category



Activities of Daily Living

Activities of Daily Living (ADL) provides a list of daily activities that are essential to independent living. Some activities refer to the more basic tasks such as *Personal Hygiene* (bathing, grooming) while others refer to more complex tasks, Instrumental Activities of Daily Living (IADLS), such as managing finances and shopping.

Direct assistance: Client requires significant assistance in order to complete the ADL, this typically includes frequent reliance on another person, intensive supportive services and/or the use of supportive devices.

Travel / Mobility	Able to follow directions and comfortable using public transport, able to climb stairs, walk, get around; any vision, hearing or physical challenges	Direct Assistance ▼
Details:	Client has a difficult time navigating public transportation, becomes extremely overwhelmed by crowds and has significant difficulty with directions/map as result will miss appointments. Must be escorted to ensure attendance. 225/250	

Mostly Independent: Client is able to independently attend to ADL.

Example:

Psychosocial assessment and/or psychiatric evaluation states that client's living area is observed to be neat and orderly. Client doesn't require prompting to maintain living space.

Apartment/Room Upkeep	Regular cleaning of space; take out garbage; no excess clutter or hoarding; notify maintenance of plumbing problems; understands fire safety evacuation	Mostly Independent ▼
-----------------------	---	----------------------

Activities of Daily Living

Some Support: Client requires minimal to moderate support in order to complete ADL.

Example:

Psychosocial assessment states that the client has reported on occasion to the case management office malodorous and slightly disheveled. Case manager has discussed with the client their personal care routine and hygiene to explore potential barriers. Client can become disorganized when medication is missed and/or discontinued. When adherent to medication client is better able to manage hygiene, ongoing support and encouragement recommended.

<p>Personal Hygiene</p>	<p>Bathing, toileting or incontinence, washing clothes, appropriate dress for the weather, purchasing and using personal care products</p>	<p>Some Support ▼</p>
<p>Details:</p>	<p>Client requires reminders for the use of personal care products and hygiene. Client presents on occasion to case management as malodorous and slightly disheveled, however, is very receptive to feedback.</p>	

Medications Providers and Hospitalization

Current Medication is where any medication that the client has been prescribed should be included.

Add **Medication Name** then select **Psychotropic** or **Non-Psychotropic** for **Medication Type**. After all medications have been added, you must indicate the level of support that the client will need to maintain medication compliance once housed. Select the level of support as identified in the documentation and/or based on assessment.

Current Medications Current Treatment/Service Providers Hospitalizations Care Coordination Crisis Intervention

Current Medications

Medication Name: Medication Type: Psychotropic Non-Psychotropic

Actions	Medication Name	Medication Type
	ABILIFY	Psychotropic

1 to 1 of 1 < < Page 1 of 1 > >

Once the applicant is housed, what level of support, if any (new or in place), is required to maintain medication compliance?

If the client is not currently prescribed medication, then no medication should be entered in this tab. The required question should be answered as **Not Applicable/No Medications Prescribed**. If the applicant is prescribed medication and is not taking the medication, **Refuses/Noncompliant** should be selected.

Medications Providers and Hospitalization

Current Treatment/Service Providers is where the client's providers are added to the application. The **Modality** options available will be dependent on the **Type** of service selected. For example, if the **Type** of service is **Medical**, then the **Modality** options will only show treatments specific to **Medical**.

Current Medications Current Treatment/Service Providers Hospitalizations Care Coordination Crisis Intervention

Current Treatment/Service Providers

List Applicant's current treatment & service providers, including, but not limited to, medical, mental health and case management services providers/programs. Please list any substance use treatment providers on the Substance Use tab.

Add New Treatment/Service Provider

Agency/Program Name Provider/Contact Name Phone Type Modality

Actions	Agency/Program Name	Provider Contact Name	Type	Modality
No Treatment Services				

0 to 0 of 0 | Page 0 of 0

If your client is engaged in substance use treatment this should be entered in the *Symptoms and Substance Use* section of the application and not within this tab.

Medications Providers and Hospitalization

Hospitalizations asks for information about prior psychiatric hospitalizations and current hospitalizations. This information is not intended to collect information regarding emergency room visits and should only include hospital admissions.

Current Medications Current Treatment/Service Providers Hospitalizations Care Coordination Crisis Intervention

Hospitalizations

(Hospitalization history should be detailed in the Psychiatric Evaluation and Psychosocial Summary.)

Has the applicant ever been psychiatrically hospitalized?

Estimated Number of Psychiatric Hospitalizations in Past 3 Years: Most recent discharge date:

Is the Applicant Currently Hospitalized?

If yes, Date of Admission: Service:

Name of Hospital:

If **Yes** to **Has the applicant ever been psychiatrically hospitalized?**, a subsequent question will appear asking for the **Estimated Number of Psychiatric Hospitalization in Past 3 Years** and the **Most recent discharge date**.

If the applicant is hospitalized, the **Date of Admission**, area of **Service** where the client is hospitalized, and **Name of Hospital** are required.

TIP

If the client has a history of hospitalization this information must be described in the psychosocial and/or psychiatric evaluation. If the client is unable to recall the details of their hospitalizations, then this should be explained in the documentation. For tips on how to write a psychosocial assessment and/or psychiatric evaluation visit:

<https://www.cucs.org/housing/housing-resource-center/>

If your client is currently hospitalized, it is strongly encouraged that the hospital submit the application on behalf of the client as the treatment team has the most current information available on the prognosis of the client and the clinical documentation necessary for the application.

Medications Providers and Hospitalization

Care Coordination is used to enter contact information and indicate if a client is enrolled in a *Managed Long-Term Care (MLTC)* or a *Health Home*. If **Yes** is selected, there will be additional fields to enter the **Agency/Program Name** and additional contact information. If **No**, there is no further information required.

Current Medications Current Treatment/Service Providers Hospitalizations **Care Coordination** Crisis Intervention

Care Coordination

Is the client enrolled in a Managed Long Term Care (MLTC) Plan? Yes No

Agency/Program Name :

Provider/Contact Name and Address:

Phone #:

Is the client enrolled in a Health Home ? Yes No


Medications Providers and Hospitalization

Crisis Intervention is to document if a client has a history of being involuntarily escorted from public spaces due to safety concerns. If Yes, **Date of the most recent occurrence** will be required. This information should also be discussed in the psychosocial assessment and/or psychiatric evaluation. If **No**, no further information is required.

Current Medications Current Treatment/Service Providers Hospitalizations Care Coordination Crisis Intervention

Crisis Intervention

Was the applicant involuntarily escorted by street outreach and/or mobile crisis team for psychiatric assessment due to safety concerns? Yes No

Date of most recent occurrence: 

Was the applicant involuntarily transported from a public space to emergency services or shelter due to extreme weather conditions? Yes No

Trauma and Child Welfare

Domestic Violence and Trauma deals with very sensitive subject matter, particularly for clients who have experienced or witnessed intimate partner and/or gender-based violence. It is important to be careful not retraumatize clients while exploring these questions.

If the answer to the first question, **Has the applicant been a victim of domestic violence?** is **No**, there will be no subsequent questions.

If the answer to the first question is **Yes**, there will be a required follow-up question, **How long ago did the domestic violence occur?** If *Less than 3 months*, the question **Is the applicant at serious risk of intimate partner violence?** is required.

Domestic Violence and Trauma ✓

Child Welfare and Development ✓

Domestic Violence and Trauma

Has the applicant been a victim of domestic violence?

Yes No

How long ago did the domestic violence occur?

Less than 3 mo... ▾

Has the applicant received domestic violence services?

Yes No

Name of most recent provider

Contact Name

Phone Number

Is the applicant at serious risk due to intimate partner violence?

Yes No

Provide a brief description about intimate partner violence:

Trauma and Child Welfare

A response of **Yes** to the question *Is the applicant at serious risk of intimate partner violence?* will bring up a required comment box, **Provide a brief description about intimate partner violence.**

Is the applicant at serious risk due to intimate partner violence?

Yes No

Provide a brief description about intimate partner violence:

The description should not be a retelling of the client's experience. The description should be brief, providing enough details to give a general overview of the experience. For example, *"Client states that their partner threatened serious physical harm and as result had to flee their home three months ago"*

This section also asks if the client is receiving domestic violence services, if **Yes**, the contact information is required while **No**, ends the question.

To learn more about these issues visit:

<https://www1.nyc.gov/site/ocdv/index.page>

<https://www.cdc.gov/violenceprevention/sexualviolence/trafficking.html>

Trauma and Child Welfare

A response of **Yes** to the question *Is the applicant at serious risk due to gender-based violence?* will bring up required follow-up questions.

Is the applicant at serious risk due to gender based violence? ●

Yes No

How long ago did the gender based violence occur?

Select One ▼

Provide a brief description about gender based violence:

Does the applicant have a history of commercial sexual activity and/or coerced into sexual or other exploitative situations?

Yes No

Again, the description should not be a retelling of the client's experience.

Trauma and Child Welfare

Child Welfare and Development tab will appear if completing a family (with children) and/or young adult application.

If the individual or head of household is a young adult the question ***Has the applicant had a history of not being able to return to an adoptive family/placement?*** will appear. If **Yes**, a description will be required. If **No**, there is no further information required.

Domestic Violence and Trauma

Child Welfare and Development

Child Welfare and Development

Has the applicant had a history of not being able to return to an adoptive family placement?

Yes No

Provide a brief description:

Save

Previous

Next

Trauma and Child Welfare

For family applications with children included in the household composition, ***Do any children in the applicant's household have significant emotional/behavioral/developmental or health issues?*** will be included in this tab. If ***Yes***, a description will be required. If ***No***, there is no further information required.

When answering this question, it is important to provide details and if a diagnosis is available, it should be included in the description. Ideally, information regarding the clinical and service needs of the children should be discussed in the psychosocial. This provides a comprehensive picture of the overall supportive needs of the family, if housed.

Do any children in applicant's household have significant emotional / behavioral / developmental or health issue?

Yes No

Please describe the children's emotional / behavioral / developmental / health issue and any services being provided:

Does applicant have an open child protective investigation services case or mandated to ACS services?

Yes No

Provide a brief description:

Trauma and Child Welfare

Below are example descriptions, one of which demonstrates a preferred response:

Example 1 - The description provided is vague and doesn't provide enough information to understand the child's behavioral health issue.

Do any children in applicant's household have significant emotional / behavioral / developmental or health issue?

Yes No

Please describe the children's emotional / behavioral / developmental / health issue and any services being provided:

The client reports that their six year old misbehaves.

Example 2 - The description provided gives details on behaviors displayed by the child, engagement in supportive services at school and, in this scenario a diagnosis was available. By reading this description you are able to understand the child's behavioral health issue and combined with the application information the family's service needs.

Do any children in applicant's household have significant emotional / behavioral / developmental or health issue?

Yes No

Please describe the children's emotional / behavioral / developmental / health issue and any services being provided:

The client reports that their six year old has attention deficit hyperactivity disorder and receives supportive services at school. The client reports that the child has difficulty paying attention and requires frequent redirection to complete school work. Client notes that doing homework can take hours as a result. Additionally, client reports that the child can become frustrated easily resulting in frequent outbursts.

Symptoms and Substance Use

Symptoms and Behaviors is a review of client history. Users select *Current*, *History*, *Both*, or *Never* to indicate if the client has ever experienced the listed item. *Both* should be selected if the client has experienced the symptom currently (with in the past 3 months) **and** has a history (more than 3 months ago).

These selections should be based on information obtained from the psychosocial assessment, psychiatric evaluation and/or mental health report. Additionally, the selected behavior and/or symptom should be described in detail in the documentation.

Symptoms & Behaviors

Select all that apply. For all selected items Current or History, provide an explanation in the Psychiatric and Psychosocial Summary, or MHR report. "Current" is "Within past 3 months". "History" is "More than 3 months ago"

Homicidal Ideation/Attempts :

Select One

Suicidal Ideation/Attempts :

Current

History

Violent Behavior :

Both

Disruptive Behavior :

Never

Criminal Conviction:

Select One

Arson/Firesetting :

Select One

Cognitive Impairment :

Select One

Symptoms and Substance Use

Below are two examples of descriptions of a selected symptom:

Example 1 - **Hallucinations**: Current

Psychiatric Evaluation: Client reports that they hallucinate.

Example 1 states that the client experiences hallucinations, it is unclear the type of hallucinations (auditory, visual, etc.) severity, frequency and provides limited context as to how the client experiences these symptoms. Overall, the statement is vague and unclear what symptoms are being defined as a hallucination.

Example 2 - **Hallucinations**: Current

Psychiatric Evaluation: Client reports seeing dark shadows moving towards them and over the last few months this has been occurring a few times a week. Client also reports hearing someone whispering in their ear, denies that the voice is commanding in nature. The voice is reportedly laughing or saying nonsensical things .

Example 2 describes the type of hallucinations, frequency and provides more context on how the client experiences these symptoms. This information should be discussed in relation to the client's ADLs to inform their overall functioning and need for supportive housing.

Symptoms and Substance Use

Substance Use includes two primary questions about the client's substance use history, past and present. If **Yes** for either question, users must check all that apply from a list of substances. After checking all that apply, select the substance use pattern from the drop-down menu. If the answer is **No** for either or both questions, there is no further information required.

Symptoms & Behaviors Substance Use Treatment Programs Substance Use Documents

Substance Use

Has the applicant used substances within the last 3 months? Yes No

Check all that apply. For items checked provide an explanation in the Psychiatric and Psychosocial Summary, or MHR report.

Alcohol Opiates ⓘ Cannabis ⓘ Cocaine/Crack ⓘ Stimulants ⓘ Benzodiazepine ⓘ
 Sedatives/Hypnotics ⓘ Hallucinogens ⓘ Designer Drugs ⓘ Other

Substance Use Pattern :

Has the applicant used substances in the past 3 months? Yes No

Alcohol Opiates ⓘ Cocaine/Crack ⓘ Stimulants ⓘ Benzodiazepine ⓘ
 Sedatives/Hypnotics ⓘ Designer Drugs ⓘ Other

Substance Use Pattern :

Less than weekly
Once a week
Several Times a week
Daily
Unknown

Symptoms and Substance Use

For the question ***Has the applicant used substances in the past?***, if **Yes**, a subsequent question regarding the client's period of sobriety for the selected substance will be displayed. Users will need to select the period of time from the drop-down menu, then indicate the date since the applicant has been substance use free.

It is important that the information entered in the application is consistent with the information contained in the supportive documentation, particularly when applying for housing for those with a substance use disorder.

The screenshot shows a web form titled "Has the applicant used substances in the past?". At the top, there are radio buttons for "Yes" (selected) and "No". Below this, there are checkboxes for various substances: Alcohol (checked), Opiates, Cannabis, Cocaine/Crack, Stimulants, Benzodiazepine, Sedatives/Hypnotics, Hallucinogens, Designer Drugs, and Other. Each checkbox has an information icon. Below the checkboxes, there is a "Substance Use Pattern" dropdown menu currently set to "Several Times a week". To the right, there is a date input field labeled "If known, indicate date since Applicant has been Alcohol free:" with a placeholder "MM/DD/YYYY" and a calendar icon. A "Save" button is on the left, and "Previous" and "Next" buttons are on the right. A dropdown menu is open under "Alcohol sobriety period:", showing options: "Select One", "Less than 3 months", "3 to 6 months", "6 to 12 months", and "1 year or more".

Symptoms and Substance Use

The category of supportive housing that the client is applying for will determine the need to include substance use treatment documents. This information can be found in the *Supportive Housing Description and Criteria Guide*.

The instructions on the **Substance Use Documents** tab provides details on the letter requirement and a reference sheet that gives additional guidance with a sample treatment letter.

Symptoms & Behaviors ✓ Substance Use ✓ Substance Use Documents

Attach Documents

Please attach documentation from a NYS OASAS licensed substance use treatment provider that is drafted on agency letter head, dated within the last 30 days, and includes the name of the agency staff attesting to the applicant's treatment progress. The documentation must demonstrate 90 days of sobriety and/or treatment completion (including the results along with dates of the last three toxicology test). For an example of a substance use treatment letter, please see the [reference sheet](#).

Document Type: Substance Use

File to Attach: Browse File

Document Description: +

Actions	Type	Name	Description	Attached Date	Attached Time	Attached By
No Documents To Show						

Housing Preferences

Applicant Preferences is intended to be completed with the applicant utilizing the instructions provided in the section.

Applicant Preferences

Housing Levels

Recommended Services

The following questions are intended to clarify the Applicant's housing preferences and to highlight for the Applicant the areas where substantial differences between different types of supportive housing exist. The Applicant and the worker may find it helpful to identify long-term housing goals and the intermediate steps that may help to reach those goals. It is assumed that these preferences may change over time. Utilization of this section is strongly encouraged. Additional details regarding the Applicant's preferences may be included in the Psycho-social Summary.

It has been explained to the Applicant that along with the housing recommendations of the referring worker and the availability of different types of housing, his/her housing preferences will be considered in an effort to find an appropriate residence.

Borough Preferences

1st Preference: Manhattan Bronx Brooklyn Queens Staten Island No Preference

2nd Preference: Manhattan Bronx Brooklyn Queens Staten Island No Preference

Do you have a particular borough of exclusion? Manhattan Bronx Brooklyn Queens Staten Island No Preference

In which borough are most of your services located? Manhattan Bronx Brooklyn Queens Staten Island

Housing Preferences

Housing Levels includes a list of housing level recommendations. These options should be selected based on the clinical documentation and/or recommendation of the service provider.

Applicant Preferences Housing Levels Recommended Services

Levels of Housing Recommended: (Check all that apply. At least one item must be selected under any section.)

Community Care

- Supported Housing Program
- Supported Single Room Occupancy Residences (Supported SRO)
- Other

Level I

- Family Type Home for Adults (Adult Foster Care)
- Other

Level II

- Community Residence/Single Room Occupancy (CR/SRO)
- Apartment Treatment Program (formerly known as Intensive Supportive & Supportive Community Residence)
- Supervised Community Residence (SUPER/CR)
- MICA Community Residence (MICA/CR)
- Residential Care Center for Adults (RCCA)
- Residence for Adults (RFA)

Housing Preferences

Recommended Services allows users to indicate the services that are recommended for the client based on the information contained in the documentation and/or provided by the service provider. Users can check all services that apply from the drop-down menu.

The screenshot shows a web application interface with a navigation bar at the top containing three tabs: "Applicant Preferences" (with a green checkmark), "Housing Levels" (with a green checkmark), and "Recommended Services" (with a yellow clock icon). Below the navigation bar is a form titled "Recommended Services". A red error message reads "At least one item must be checked." Below this is a text input field with a blue border and a dropdown arrow, containing the text "(Check all that apply, including those currently in place, provide an explanation of checked items in the Psychosocial Summary.)". A scrollable list of services is displayed below the input field, each with an unchecked checkbox:

- Ongoing Psychiatric Treatment
- Substance Use Treatment Services
- Twenty-four Hour Staff Supervision
- Medication Management
- Case Management Service (includes ACT)
- Assisted Outpatient Treatment (AOT)

At the bottom right of the form are two blue buttons labeled "Previous" and "Next".

Housing Preferences

After the recommended services have been selected and are listed under **You Selected**, there will be an option to check **Other**, then enter required additional comments.

Applicant Preferences

Housing Levels

Recommended Services

Recommended Services

At least one item must be checked.

(Check all that apply, including those currently in place, provide an explanation of checked items in the Psychosocial Summary.)

You selected:

Ongoing Psychiatric Treatment

Substance Use Treatment Services

Other :

Psychiatric/Psychosocial/MHR

Supporting Documents is required for the submission of the application. The supportive documents that are required for transmission depend on the category of housing being sought. If **Yes** is selected for attaching or data entering either the psychosocial assessment or psychiatric evaluation, a subsequent question will appear asking how the documentation will be submitted. Once these questions are answered a set of tabs appear for the psychiatric evaluation and psychosocial assessment. You will need to enter the documentation as indicated based on the questions answered.

Supporting Documents

Supporting Documents

Note: Switching response on these questions might remove the Documents or Comprehensive Evaluation data from Psychiatric, Psychosocial or MHR tabs.

Are you going to attach/data-enter the psychiatric evaluation?



Yes No

How will the psychiatric evaluation be submitted?

Attach Data-enter

Are you going to attach/data-enter the psychosocial assessment?




Yes No

How will the psychosocial assessment be submitted?

Attach Data-enter

Psychiatric/Psychosocial/MHR

If the user indicated a psychiatric evaluation and a psychosocial assessment will be submitted, a set of tabs will appear for the **Psychiatric Evaluation** and **Psychosocial Assessment**. Users will need to enter the documentation, by data-entry or attachment, as answered in the supporting documents tab.

Supporting Documents  **Psychiatric Evaluation** Psychosocial Evaluation


Attach Comprehensive Psychiatric Evaluation

Verification

I verify that my agency has on record the "Comprehensive Psychiatric Evaluation" completed and signed, within the last 180 days, by a New York State licensed clinician (psychiatrist, psychiatric nurse Practitioner, psychologist or clinical social worker). I understand that HRA reserves the right to request this document and that I and/or my organization may be held liable for incorrect or fraudulent information.


Verified By : Verified Date :

NYS Licensed Clinician who performed the Evaluation : Name of Licensed Clinician :

Clinician License No : Date of Psychiatric Evaluation : 

Document Type :

File to Attach :

Document Description : 

Psychiatric/Psychosocial/MHR

If **No** is selected for a supporting document that is required for the category of housing applied, you may be required to complete a **Mental Health Report (MHR)**.

Supporting Documents 

Mental Health Report

Supporting Documents

Note: Switching response on these questions might remove the Documents or Comprehensive Evaluation data from Psychiatric, Psychosocial or MHR tabs.

Are you going to attach/data-enter the psychiatric evaluation?



Yes

No

Are you going to attach/data-enter the psychosocial assessment?




Yes

No

Note: Mental Health Report is required since Psychiatric/Psychosocial evaluation is not available

An *MHR* combines the psychosocial assessment and psychiatric evaluation into one templated report.

Supporting Documents 

Mental Health Report 

History

Social, Family, Work

Mental Status

Doctor Recommendation 

MHR Report

Verification

Chief Complaint and History of Present Illness

(Maximum entry of 2000 characters; 2000 characters remaining)

Medical History

(Maximum entry of 2000 characters; 2000 characters remaining)

Psychiatric History

(Maximum entry of 2000 characters; 2000 characters remaining)

Substance Use

Psychiatric/Psychosocial/MHR

For the selected supporting documents you will need to complete a verification and enter the information for the assessor that completed the assessment.

Supporting Documents **Psychiatric Evaluation** Psychosocial Evaluation


Attach Comprehensive Psychiatric Evaluation

Verification

I verify that my agency has on record the "Comprehensive Psychiatric Evaluation" completed and signed, within the last 180 days, by a New York State licensed clinician (psychiatrist, psychiatric nurse Practitioner, psychologist or clinical social worker). I understand that HRA reserves the right to request this document and that I and/or my organization may be held liable for incorrect or fraudulent information.


Verified By : Verified Date :

NYS Licensed Clinician who performed the Evaluation : Name of Licensed Clinician :

Clinician License No : Date of Psychiatric Evaluation : 

Document Type :

File to Attach :

Document Description : 

Documents

Documents allows users to attach any additional documents that may need to be included. Unlike the previous documents tab where the **Document Type** is predefined, users will need to select the Document Type on this tab.



Documents

Attach Documents

Document Type:

File to Attach:

Document Description:

Actions	Type	Name	Description	Attached Date	Attached Time	Attached By
 	Coordinated Assessm ...	Assessment Survey Report	Assessment Survey Report	10/14/2020	12:19	B


1 to 1 of 1 < > Page 1 of 1 < >

Application Review and Transmit

Summary allows users to review the application summary prior to transmission. After reviewing the summary, click the **Agency Information** tab to transmit the application.

The bookmark icon can be used to go to specific sections of the application to view.

Summary Agency Information

Note: Bookmarks can be used to navigate to different sections of the PDF report. Bookmark icon  can be located on top right corner of the PDF report.

New York City Supportive Housing Application

Application ID: 3	Referring Agency: DEPARTMENT OF VETERANS AFFAIRS
Housing Program: NYC Supportive Housing Application	Referring Site: V. HEALTHCARE CENTER
Applicant Name: T	Date/Time Entered: 10/14/2020 12:19:26 PM
Entered By: B	

Consent

I verify the applicant has signed the "New York City Human Resources Administration HIPAA Compliant Authorization for Disclosure of Individual Health Information and Medicaid Records for the Coordinated Assessment Survey and/or Supportive Housing Application" and the "New York City Human Resources Administration Authorization for the Coordinated Assessment Survey (CAS) and/or Supportive Housing Application" consents. I also verify that these two consents have been signed within the last 180 days authorizing the release of the applicant's health information, including his or her medical, mental health, HIV related, alcohol and substance use treatment, Cook Assistance, Supplemental Nutritional Assistance Program and other supportive housing-related assessment

Application Review and Transmit

Once ready to transmit, users must go to the **Agency Information** tab, check the **Verification** box, and click **Transmit**. If the application is complete, the user will receive a message indicating that the application is complete asking if you would like to transmit. If **Yes**, then the application is transmitted and can no longer be edited. Once transmitted you will receive a pop-up message labeled **Transmission status** with the application number. If **No**, then the application is not transmitted.

Verification

I verify to the best of my knowledge the information provided in this application is accurate and complete.

Referring Worker's Name :

Title :

Ph # :

Ext :

Email :

Previous

Transmit

Coordinated Assessment and Placement System

Transmission Status

The application for T assigned.

was successfully transmitted to HRA/CAS and a Service Request was

Application #: 3

Transmit Date: 10/16/2020

Print

Exit

Application Review and Transmit

If there are areas of the application that are incomplete, there will be a transmission error message. Clicking on the link in the message will take the user to the section that needs to be completed.

The screenshot displays the 'Agency Information' tab of the application. At the top, there are two tabs: 'Summary' and 'Agency Information'. Below the tabs, the 'Referring Agency Information' section is visible, with 'Referring Agency : 1' and 'Referring Site : 0'. A white modal box is overlaid on the page, titled 'Transmission Status'. The text inside the modal reads: 'The following sections need to be completed before the application can be transmitted :'. Below this text is a bulleted list with one item: 'ClinicalAssessment - Psychiatric Diagnoses'. At the bottom of the modal is a red 'Close' button. At the bottom of the application page, there is a red checkmark icon followed by the text: 'I verify to the best of my knowledge the information provided in this application is accurate and complete.'

Once the application has been transmitted, it will appear on the *Transmitted Application List* on the *Dashboard*.

For more information on *Dashboard* functionality please review the *CAPS Overview and Dashboard Module*.

Application Review and Transmit

After the application has been transmitted and the review completed by the *Placement Assessment and Client Tracking Unit (PACT)*, users will receive a system generated email that will notify them that a determination has been made. They will need to log into *CAPS* to review the determination letter for their client. The *Determination Letter* contains the supportive housing eligibility outcome for the client. If there are questions regarding the determination users may contact the reviewer whose information is located on the letter. However, before doing so users are advised to take the time to thoroughly review all information contained in the letter.

This information should also be compared to the *Supportive Housing Description and Criteria Guide*, as this may address any questions regarding eligibility. If unable to resolve an issue with a reviewer, users may request to speak to a supervisor at any time.

All applications are reviewed for Supportive Housing developed under the NY/NY I, II, and III agreements, NYC 15/15, ESSHI and other types of housing with services for individuals at risk of homelessness and/or history of homelessness.

Below are the housing categories the applicant was reviewed for and the resulting outcome:

Application Type: Individual
Approval Period: 10/16/2020 - 10/15/2021
Approvals: SMI; NY/NY I & II; ESSHI
Standard Vulnerability Assessment: Low
Housing Level: Level II
Housing Type: Congregate
Medicaid Redesign Team: Yes

Housing Category	Eligibility Determination	Contact for Housing Referral
Serious Mental Illness (SMI) Supportive housing for single adults with SMI or an SMI with a co-occurring substance use disorder.	✓ Eligible	Center for Urban Community Services (212) 801-8333

General Information

- CAPS sessions will time out after 10 minutes of inactivity (i.e. activity is saving the application or going to a new tab/page), maximum session permitted 60 minutes.
- If you have technical questions/issues on how to use the **system**, contact the **CAS Help Desk** at **hracassupport@hra.nyc.gov**
- If you have problems logging into the system, contact the **ODSM Help Desk** at missecurityadmin@dss.nyc.gov

To learn more about Supportive Housing and CAPS visit:

<https://www1.nyc.gov/site/hra/help/supportive-housing.page>

<https://www1.nyc.gov/site/nycccoc/caps/caps.page>

Continuing Your CAPS Learning

Below are some recommended reference materials that can be found in the CAPS training and/or announcement section:

If you complete supportive housing applications:

- CAPS Overview and Dashboard Module
- Supportive Housing Descriptions and Criteria
- Standardized Vulnerability Assessment Criteria Fact Sheet
- Suggested Outline for the HRA 2010e Psychiatric Summary: CUCS Guide
- Professionals to Complete Psychiatric Evaluations Expanded
- Understanding the NYC Vulnerability Assessment Training
- CAPS Reference guide and video

If you are a housing provider:

- Completing the TAD
- VCS Completing Rosters
- Agency Site Request and Maintenance