

# **FIELD GUIDE: RAPID RE-HOUSING**

**NYC** Department of  
Homeless Services

***HOMEBASE***

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# I. RAPID RE-HOUSING PROGRAM

## Introduction

Starting in March 2010, Homebase will be working to rapidly re-house families with children and adult families in NYC Department of Homeless Services (DHS) hotels. The goal is to rapidly re-house 3,000 households per year within 120 days of being found eligible for shelter. This initiative will result in improved outcomes for the households who quickly return to permanent housing, as well as significant cost savings for the city.

Homebase will engage referred clients in a housing placement plan, working with the family to determine eligibility for Advantage subsidies and other permanent placement resources. Hotel social service staff will continue to provide intake, case management and support services. Working together, social service staff help a family become housing-ready, and Homebase will help them become permanently housed.

## Objective of the Field Guide

For successful implementation of the Homebase rapid re-housing program, it is essential to understand the operational policies and procedures, the division of roles and responsibilities among service providers, where to find support and technical assistance, and how to manage and monitor the program's progress. This guide does not describe each process and procedure in full detail, but highlights essential information and serves as a reference to direct you where to obtain further guidance.

## II. RESPONSIBILITIES

### Overview

The success of the rapid re-housing program hinges on coordination and communication between hotel staff and Homebase. Responsibilities by provider are summarized below and described in detail throughout this section:

TASK	Hotel	Hotel Social Service Staff	HOMEBASE
Front desk	X		
Security	X		
Maintenance	X		
Conditional Intake		X	
Show Safe Sleeping Video and Crib Sign-Off		X	
Code of Conduct		X	
Intake		X	
ILP & Bi-weekly Case Conferences		X	
Maintain Case Records		X	
Refer for Next Step		X	
Serve PATH documents		X	
Unit Inspections		X	
Liaison with Homebase		X	
Housing Plan			X
Liaison with Hotel Social Service Staff			X
Employment Services			X
Liaison with HRA Employment Vendor			X
Liaison with DHS Office of Entitlements & Client Resources			X
Maintain Case Records			X
Request Advantage Certifications			X
Link Family to Housing			X
Facilitate OOR Processes			X
Reconcile Placements			X

### Hotel Operations

Hotel management is responsible for the following:

STAFF	DESCRIPTION
<b>Front desk</b>	Enforce Code of Conduct, key collection, curfew, sign-in & -out, and visitor policies. Liaison with HERO about vacancies, off-line rooms.
<b>Security</b>	Ensure building is safe, that non-residents are not permitted outside of visiting hours, assist with unit inspections, and clients as needed.
<b>Maintenance</b>	Turn-over rooms once vacated, complete needed repairs, manage garbage, building upkeep (facade, front steps, etc.)

## Hotel Social Services

Social services in hotels will be the first line of engagement. Social service staff will use information gathered from Homebase to keep a family's case record and Independent Living Plan (ILP) updated and as accurate as possible.

TASK	DESCRIPTION
<b>Conditional Intake</b>	Must have identifying demographic information on all families in facility regardless of eligibility status.
<b>Show Safe Sleeping Video and Crib Sign-Off</b>	Must ensure video is viewed and Crib Acknowledgement is signed. If family refuses, staff must alert Analyst who will notify Agency Medical Director.
<b>Code of Conduct</b>	Explain and answer any questions about expectations while in shelter. Get family signature.
<b>Intake</b>	Must get full assessment of family's strengths and challenges and details on DV, ACS, and medical issues. Advise family that Homebase will work with them to develop exit strategy. Code of Conduct signed a 2 <sup>nd</sup> time.
<b>ILP &amp; Bi-weekly Case Conferences</b>	Done to hold family accountable for tasks they must accomplish to fulfill exit strategy developed by Homebase. Also used to conference about non-compliance. Done weekly for LTS, families with ACS cases and/or newborns. <b>Will use Homebase communication and information to update ILPs.</b>
<b>Maintain Case Records</b>	Must use progress notes to document family's progress or non-compliance with exit strategy developed by Homebase, and maintain copies of documentation for case record. <b>Will use information from Homebase to update case records.</b>
<b>Refer for Next Step</b>	Complete request, copy record, attend conference, and document all follow-up.
<b>Serve PATH documents</b>	Receive e-mail, open attachment, complete form, print form, serve document, and reply to PATH with time & method. Done at 10am, 12pm, 2pm, 4pm.
<b>Unit Inspections</b>	Done bi-weekly (weekly for LTS, weekly for LTS, families with ACS cases and/or newborns) on DHS Hotel Inspection form to ensure health & safety: safe sleeping, clutter management, limit fire hazards and reduce infestations.
<b>Liaison with Homebase</b>	Provide case information, help monitor progress on exit strategy developed by Homebase. Advantage vouchers automated and sent to shelter – social services will provide copy of certification to Homebase. Initial meeting and weekly informational updates. Possible participation in monthly conferences with DHS.

# Homebase

Homebase is accountable for the placement of all shelter eligible households in assigned hotels. Homebase is responsible for the following:

TASK	DESCRIPTION
<b>Housing Plan</b>	<ul style="list-style-type: none"> <li>• Conduct rapid re-housing assessment;</li> <li>• Develop housing plan;</li> <li>• Document case progress (i.e. contacts, services and outcome) in case file (including CTS);</li> <li>• Arrange appointments for households.</li> </ul>
<b>Liaison with Hotel Social Service Staff</b>	<ul style="list-style-type: none"> <li>• Get updated case information;</li> <li>• Communicate housing plan;</li> <li>• Communicate appointments for households;</li> <li>• Communicate case progress towards achieving housing plan;</li> <li>• Resolve permanency barriers;</li> <li>• Provide documentation to support ILP;</li> <li>• Weekly informational updates and monthly conferences with DHS.</li> </ul>
<b>Employment Services</b>	<p><b>Job</b> Assist employable adults with getting a job, and ensuring that the employment income is reported to HRA.</p> <p><b>Work Activity</b> Clients must comply with HRA employment appointments. In order for the client to receive work activity participation the program must be registered with HRA. If you wish to register your employment services program with HRA, contact DHS Prevention</p>
<b>Liaison with HRA Employment Vendor</b> <i>See Section VI. Public Assistance Engagement</i>	<ul style="list-style-type: none"> <li>• Work with CEC (HRA's employment vendor for hotels) to get adults employed.</li> <li>• Identify adults in need of employment, ensure they are notified and attend appointments, and follow-up on results.</li> </ul>
<b>Liaison with DHS Office of Entitlements &amp; Client Resources (OECR)</b>	<ul style="list-style-type: none"> <li>• Use CPS system to notify families of appointments or pending closures/sanctions.</li> <li>• Work with OECR to resolve Public Assistance issues.</li> </ul>
<b>Maintain Case Records</b>  <i>See Section IV. Case Files</i>	<ul style="list-style-type: none"> <li>• Document family's progress or non-compliance with housing plan in Homebase case record progress notes, maintain copies of documentation.</li> <li>• Share information and documentation with social service staff for shelter case record.</li> </ul>
<b>Request Advantage Certifications</b> <i>See Section VI. Public Assistance Engagement</i>	<ul style="list-style-type: none"> <li>• Gather appropriate documentation;</li> <li>• Check CPS for active PA;</li> <li>• Fill-out request form and await OECR's response;</li> <li>• Follow-up as required.</li> </ul>
<b>Link Family to Housing</b>	<ul style="list-style-type: none"> <li>• Inform households of available housing options;</li> <li>• Schedule housing appointments;</li> <li>• Ensure households are notified;</li> <li>• Escort to appointments (when necessary);</li> <li>• Advocate on household's behalf;</li> <li>• Ensure DHS apartment checklist is used and properly completed.</li> </ul>
<b>Facilitate OOR Processes</b> <i>See Section X. Advantage Apartment</i>	<p>Ensure brokers and landlords understand the process for registration, inspection, link, lease and move out. Assist with paperwork as needed.</p>
<b>Reconcile Placements</b> <i>See Section IX. Placement Reconciliation</i>	<p>Gather appropriate documentation, submit reconciliation form; review placement info and re-reconcile as needed.</p>

## Department of Homeless Services (DHS)

DHS Office of Entitlement & Client Resources (OECR), Office of Re-Housing (OOR), and the Divisions of Family, Adult, and Prevention Services are responsible for providing Homebase with the support and technical assistance needed to rapidly re-housing households. Responsibilities by DHS Division/Unit are listed below. *A detailed Homebase Hotel Assignment and DHS staff directory can be found in Appendix A.*

### DHS Divisions/Units

Responsibilities	OECR	OOR	Families/Adult	Prevention
Inquiries & Trouble-shooting Public Assistance (interventions to open, re-open cases, lift sanctions, stop pending actions, support to process lease signings, PA budget information)	x			
Manual Advantage certifications due to modifications	x			
Advantage request for certification (FADV, WADV)			x	
Short-Term Advantage	x			
Apartment registration, inspection, links, and leases		x		
Completion of hotel monitoring tool			x	
Placement reconciliation			x	
Issues with apartment registration, inspection, links, and leases		x		x
Facility transfer request / Client non-compliance			x	x
Hotel issues & emergencies			x	x
Homebase performance monitoring & reporting				x
Homebase case file audit				x
CTS & CPS technical assistance				x
Homebase contract management, budget and finance				x

### Office of Re-Housing (OOR)

DHS Office of Re-Housing is responsible for Advantage apartment registration, inspection, linking and lease-signing.

### Office of Entitlement & Client Resources (OECR)

DHS Office of Entitlement and Client Resources provides support services to social service staff. This unit responds to all inquiries regarding PA.

### Families with Children /Adult Families

The Program Analyst provides oversight and technical assistance to hotel staff and Homebase (when indicated above). The Program Administrator should be contacted in cases when the Analyst is unavailable.

### Prevention

The Program Manager and Director are responsible for Homebase contract management, performance monitoring and reporting, and ensuring program compliance. Prevention staff should be included in all correspondence regarding this program.

## III. ENGAGEMENT MILESTONES

Homebase is responsible for assisting homeless households in assigned hotels with developing a housing plan to be re-housing within 120 days. To do so, Homebase must coordinate and communicate with the household, social service staff and DHS on a consistent basis to achieve the following milestones:

Milestone	Timeframe	Goals	Stakeholders	Location	Tools	
<b>Client Housing Assessment</b>	Within 5 Business Days of Eligibility	<ul style="list-style-type: none"> <li>Complete rapid re-housing assessment</li> <li>Create housing plan</li> <li>Establish regular appointments</li> </ul>	Homebase & Household	On-site	<ul style="list-style-type: none"> <li>Rapid Re-housing assessment form</li> <li>Housing plan and contact log</li> <li>Appointment slips</li> <li>CTS Rapid Re-housing Screen</li> </ul>	Within 5 Days
<b>Social Service Check In</b>	Weekly	<ul style="list-style-type: none"> <li>Review roster</li> <li>Identify families avoiding engagement</li> </ul>	Homebase & Hotel Social Service Staff	On-site /Conf. Call	<ul style="list-style-type: none"> <li>CTS Roster Report</li> <li>Diversion Screen print-outs</li> <li>Homebase docs</li> </ul>	Weekly
<b>DHS Check In</b>	Monthly	Case conference all families who are unengagable after 60 days	Homebase, Hotel Social Service Staff, & DHS	On-site /Conf. Call/ DHS	<ul style="list-style-type: none"> <li>CTS Roster Report</li> <li>Diversion Screen print-outs</li> <li>Homebase docs</li> <li>ILP</li> <li>Hotel staff case notes</li> </ul>	Monthly

### Housing Assessment

Homebase must meet with the household within 5 business days of shelter eligibility. After completing the assessment, Homebase will develop a housing plan with the household, which must include short-term goals and actions. The Homebase housing plan must be communicated to the hotel social service staff.

### Weekly Meetings

Homebase and hotel social service staff must meet on a weekly basis to:

- Discuss progress/status of engaged households,
- Share household information (family composition changes, loss of employment, conflicting appointments, Advantage certifications, etc.).
- Modify housing plan (as needed),
- Exchange documentation, and
- Identify households not engaged.

### Monthly Conferences

Homebase must provide monthly status reports to DHS for all households over 60 days who are not engaged with Homebase. Homebase and hotel social service staff must discuss engagement strategies and alternative housing options. When necessary, Family/Adult Services staff will follow-up with hotel social services to make a decision about whether a facility transfer is needed.



## IV. CASE FILES

### Homebase Documentation Standards

Homebase is responsible for maintaining the following documents in the participant's case file:

Documentation Type	Case File Documentation Standard
<b>Rapid Re-Housing Assessment Form</b> Appendix B- sample	Completed at initial meeting with household.  Assessment must be signed and dated by Homebase staff administering assessment.
<b>Housing Plan</b> Appendix B- sample	Develop a household specific housing plan.  <b>Housing plan must include:</b> <ul style="list-style-type: none"> <li>▪ immediate objective(s), actions, timeframes for completion and outcomes</li> </ul>
<b>Contact Log</b> Appendix B-sample	Log all outreach and engagement attempts and outcomes (i.e. phone calls, appointments, walk-ins, appointment slips, referrals, letters, hotel visit, workshop, etc).  <b>Contact log must include:</b> <ul style="list-style-type: none"> <li>▪ Type of contact,</li> <li>▪ Who it was with,</li> <li>▪ Date of attempt,</li> <li>▪ Purpose of contact,</li> <li>▪ Objective the contact was in relation to, and</li> <li>▪ Outcome</li> </ul>
<b>Appointment Slips</b> Appendix B - sample	Copies of all appointment slips given to the client.
<b>Apartment Review Client Checklist</b> Appendix B	Household/Homebase must complete checklist for all apartments viewed by the client.
<b>Client Apartment Rejection Form</b> Appendix B	If the household rejects the apartment viewed, this form must be completed. Original goes in the Household's case file, copy provided to the hotel social service staff.
<b>Income Documentation</b>	<b>Initial assessment:</b> Income documentation must be collected for all households <u>not</u> receiving Public Assistance.  <b>90 days:</b> Income documentation must be collected for all households once they have been eligible for shelter 90 days and are receiving Homebase rapid re-housing services.  Income documentations must meet HPRP documentation standards (See HPRP Desk Guide, Documentation Requirements: Income).
<b>HPRP Staff Affidavit</b>	A Staff Affidavit must be completed, signed and dated by Homebase staff and supervisor for each household approved for HPRP assistance and kept in participant case file (See HPRP Desk Guide, Eligibility Determination).

## Homebase Contribution to ILP

Hotel Social Service Staff are responsible for developing the Independent Living Plan (ILP), excluding the Homebase housing plan. They are also responsible for maintaining and holding households accountable for ALL tasks detailed in the ILP, including the Homebase housing plan. Homebase must maintain frequent communication with Hotel Social Service Staff and contribute the following;

- Housing plan,
- Contact log,
- Copies of appointment slips, and
- Updates/changes to household circumstances that would impact housing plan.

Information and documentation provided by Homebase will be used to update ILPs. Hotel Social Service Staff will rely on Homebase to document a household's progress or non-compliance with their Homebase housing plan.

## Client Tracking System (CTS)

To track client engagement and service data, Homebase has access and data entry capability to the DHS Client Tracking System (CTS), a client-level data application that tracks shelter application and usage.

DATA FIELD	DESCRIPTION
<b>Income</b>	Ability to track income by household member
<b>Assessment Status</b>	Drop Down: Pending, Completed
<b>Engagement Status</b>	Drop Down: Pending, Engaged, Not Engaged <i>(can be changed between engaged and not engaged)</i>
<b>Service Option</b>	Drop Down: PA engagement, Employment, Relocation
<b>Contact</b>	<ul style="list-style-type: none"> <li>• Contact Type: Drop Down: Appointment, Visit, Call, Walk in, Note</li> <li>• Contact Status: Pending, Completed, No response</li> <li>• Contact Date</li> <li>• Primary Contact number</li> <li>• Shelter</li> </ul>

To aid in managing the rapid re-housing program, Homebase is able to generate the following reports:

REPORT	DESCRIPTION
<b>Client Roster</b> All hotels served or select one hotel	<ul style="list-style-type: none"> <li>• Assessment date,</li> <li>• Advantage certification date,</li> <li>• Engagement status,</li> <li>• Number of days since determined eligible for shelter</li> </ul>
<b>Performance</b>	Assessments and placements achieved by provider
<b>Case File by Individual</b>	Includes all fields and notes

## Homebase Application

Homebase must conduct a full intake in the Homebase application once the client has been eligible for shelter 90 days.

# VI. PUBLIC ASSISTANCE ENGAGEMENT

## Public Assistance

All families residing in the shelter system are required to maintain a PA case in good standing, Active (AC) or Single Issue (SI) status. If the family has income from employment (earned income) or from SSA, SSI or unemployment (unearned income) they may not be eligible for on-going cash assistance. For the majority of these cases, the PA case will be placed in SI status.

**Families not receiving PA** All families that do not have PA cases should be referred to the East River Job Center to apply for benefits. All adult (18 or older) household members must report to the job center to apply.

The East River Job Center is currently located at:

**32-20 Northern Blvd.  
Long Island City, NY 11101  
(718) 433-4840**

**When to Apply** Applicants can report to the job center at any time during normal business hours, 9am – 5pm. However, it is recommended that applicants report to the job center between 8 and 8:30 am to apply for benefits. Everyone must register before they can be seen.

**Documentation** Applicants must bring documentation proving identity, relationship, residency, earned or unearned income (if applicable) for each member of the household.

## Appointments

Applicants may be scheduled for several appointments during the application process. If any family member fails to keep any appointment(s), the application will be rejected. Cases are rejected immediately; no prior notice is issued to the family. The family will be required to re-start the application process.

HRA will provide applicants with carfare to keep all scheduled appointments. Families may be scheduled for the following appointments:

APPOINTMENT	DESCRIPTION
Finger-Imaging	18 years of age and older
OCSE	Office of Child Support and Enforcement
CASAC	Credentialed Alcohol and Substance Abuse Counselors
BEV	Bureau of Employment Verification
BTW	Back to Work
WEP	Work Experience Program
WECARE	Wellness, Comprehensive Assessment Rehabilitation and Employment
Child Care	Child Care

**Timeframe** HRA is required to make a determination within 25 days for families with children and 45 business days for families with no children.

**Determination Notification** HRA will notify applicant of the determination regarding their application. Families found eligible for on-going cash assistance will receive bi-monthly grants, cycles A and B, based on their family size and income. If eligible, families will receive Food Stamps once per month at the beginning of their A cycle.

**Undercare**

Families whose application has been determined eligible for benefits will be assigned a HRA worker at their job center. Families should report all changes to their HRA worker, such as a new address, change in family composition or household income. Families will receive re-certification appointments to determine if the family has continued need for benefits.

Failure to report for a recertification appointment will result in a case closing. Families should always contact their worker if they cannot keep an appointment and ask that it be rescheduled. If the worker is not available, contact the worker’s supervisor.

**PA Categories**

PA cases will fall into one of the following categories. Depending on the category, Homebase may need to perform an action (as indicated below).

Code	Description	Homebase Action
FA	Family assistance (includes families with children and adult families)	
SNCA	Safety Net Cash Assistance (Single Adults)	
SNFP	Safety Net Federally Participating used for FA cases in which the head of household or an adult who is a mandatory member of the case fails to comply with drug/alcohol (D/A) requirements or in which such an individual is deemed unemployable due to their D/A problem, but is complying with D/A requirements and is in treatment	
SNNC	Safety Net Non Cash used for Safety Net Cash Assistance cases that have reached either the 2 year limit for SNCA or the 60 month time limit for State Assistance, single adults unable to work due to drug /alcohol problems but compliant (in treatment) or eventually for cases that have reached the 60 month Federal Time Limit for FA.	
EAA	Emergency Assistance for Adults includes One Shot Deals	Submit an inquiry to OECR to make sure the case was not coded (by HRA) as a One Shot Deal
EAF	Emergency Assistance for Families includes One Shot Deals	Submit an inquiry to OECR to make sure the case was not coded (by HRA) as a One Shot Deal

## Income Budgeting

Households must have PA cases in AC or SI status in order to be eligible for DHS housing programs. The table below describes the steps clients must take in order to ensure that income (or lack thereof) is budgeted and reported appropriately to HRA when applying for a PA or SI case:

Income Type	Action
<b>Fixed Income</b>	Client should provide proof of fixed income to the East River Job Center when applying.
<b>Employment</b>	<p>Client should provide proof of earned income to the East River Job Center when applying.</p> <p>If client begins to work after application, the client can either:</p> <ul style="list-style-type: none"> <li>• Report proof of earned income to the center</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• Homebase can submit proof of earned income to OECR for budgeting</li> </ul>
<b>Off the Books</b>	<p>Client must take a letter from the employer to the East River Job Center. The letter must contain the following:</p> <ul style="list-style-type: none"> <li>• Date</li> <li>• Name and address of the employer</li> <li>• Occupation</li> <li>• Start date of employment</li> <li>• Hours worked</li> <li>• Salary (either hourly or weekly)</li> </ul>
<b>Loss of Income</b>	When a client is no longer employed, they should bring documentation to the center immediately to report the change.

Note: When submitting income, please ensure it reflects 30 days of employment with a minimum of 20 hours a week.

## Employment Compliance

Adults receiving cash benefits with no employment barriers are required to participate in work related activities.

**Exemptions** Individuals may be indefinitely or temporarily exempt from participating in employment activities. An individual will be deemed indefinitely exempt if they are disabled and in receipt of federal disability or if they are the head of household and are 60 years of age or older. Families will be exempt if the case is a child only case or HASA (HIV/AIDS Service Administration) case. Individuals may be deemed temporarily exempt if they have a child under 3 months of age, SSI application pending/appealing, or WECARE scheduling/outcome.

## HRA Employment Vendor

Clients without employment barriers and who are not working at least 30 hours per week at minimum wage will be assigned to a Back to Work (BTW) vendor. The BTW vendor will conduct a vocational assessment and develop an individualized employment plan for each assigned client. Clients may be scheduled for workshops or specialized training to increase their marketability. Some clients may be deemed job ready and sent on job interviews. The goal of the BTW vendor is to place clients in jobs. BTW vendors will also provide retention services.

Homebase will work with HRA's employment vendor, Career and Educational Consultants, Inc. (CEC), to get families employed.

HRA allows clients participating in employment activities 3 excused absences. More than 3 absences can result in a sanction. Clients must maintain active PA cases in order to be eligible for available housing programs. Therefore, complying with employment regulations is a must. All appointments and apartment searches should be scheduled around the client's employment schedule.

## Sanction

Failure to comply with HRA requirements regarding employment or substance abuse will result in sanctions. Clients can be sanctioned on their Public Assistance, Food Stamps, or Medicaid cases. Each instance of non-compliance is considered an infraction. The number of infractions will determine the level and duration of a sanction.

- 1<sup>st</sup> Infraction: 90 days
- 2<sup>nd</sup> Infraction: 90 days
- 3<sup>rd</sup> Infraction: 180 days

HRA will send out notices to clients that are at risk of being sanctioned.

The first notice is a Conciliation Notice. The client has 10 days to report to the Fair Hearing Conference (FH & C) Unit in their center to address the problem. There are 2 outcomes, Good Cause Granted and Good Cause Not Granted. If good cause is granted the client will be reassigned to WEP, WECARE or given an appointment to address their barrier to employment.

## PA Case Closing Codes

Depending of the PA case closing reason (below is a list of the most frequent codes), Homebase may need to perform an action (as indicated below).

CODE	DESCRIPTION	Homebase Action
E69	Failed to complete public assistance eligibility process	
N17	Failure to complete eligibility process	Submit Inquiry request to OECR
215	Income from supplemental security income is sufficient	
G10	Failure to recertify on (date)	
E31-E40	Excess income	Submit Inquiry request to OECR

## Client Profile System (CPS)

The Client Profile System (CPS) is a client-based inquiry database that provides social service staff with current public assistance information. The availability of current PA information allows the following:

- Provide clients with updated information regarding their PA case,
- Prevent case closing and sanctions by reviewing appointment and providing clients with a listing of scheduled appointments to improve client compliance with PA regulations,
- Ensure the household composition is accurate,
- Review an individual's PA status for earned or unearned income,
- Ensure household income is budgeted, and
- Advocate on behalf of their clients in a more informed manner.

## DHS Office of Entitlement and Client Resources

The DHS Office of Entitlement and Client Resources provides support services to social service staff. This unit responds to all inquiries regarding PA. Services provided include but are not limited to:

- Providing necessary intervention to open, re-open cases, lift sanctions, stop pending actions,
- Providing necessary support to process lease signings,
- Responding to email inquiries for PA budget information,
- Generating manual Advantage certifications,
- Generating and distributing Advantage reports and employment call-ins

DHS **Inquiry Complaint Form** must be used to request assistance in resolving PA problems on a specific case or request clarification of HRA policy and procedure. *Contact DHS OECR or Prevention for electronic copies of the Inquiry Complaint Form.*

Submit completed form to: [CMFT@dhs.nyc.gov](mailto:CMFT@dhs.nyc.gov) or fax (917) 637-7545  
Inquiry Line: 212-607-5320



## VII. SUBSIDIZED PLACEMENTS

Homebase must engage and place homeless households from assigned hotels within 120 days. To achieve this goal, Homebase must first assess households to determine eligibility for Advantage subsidies and other permanent placement resources.

### Advantage NYC

The table below provides an overview of each Advantage subsidy. Appendix C provides program-specific fact sheets, which may be distributed to clients if needed.

Overview	Eligibility Criteria	Length of Program	
<p><b>Work Advantage:</b></p> <ul style="list-style-type: none"> <li>Provides incentives to increase earnings.</li> <li>Requires clients to open and maintain a bank account.</li> <li>Requires clients to make a monthly \$50 rent payment to the landlord.</li> </ul>	<ul style="list-style-type: none"> <li>Must be in shelter: <b>90 days</b> for families or nine months for single adults,</li> <li>Work at least: 20 hours per week,</li> <li>Income: below 150% of the FPL, and</li> <li>Active PA, or have single issue case.</li> </ul>	<p>One year rental subsidy with an option to renew for a second year if the following criteria are met:</p> <ul style="list-style-type: none"> <li>Demonstrated work.</li> <li>Continued financial need.</li> <li>Timely \$50 monthly rent payments to landlords.</li> <li>Demonstrated monthly savings.</li> </ul>	Work
<p><b>Fixed Income Advantage:</b></p> <ul style="list-style-type: none"> <li>Designed to help families and individuals who are receiving SSD/SSI leave shelter.</li> </ul>	<ul style="list-style-type: none"> <li>Must be in shelter: <b>60 days</b> for families or nine months for single adults,</li> <li>Receiving a fixed income benefit, such as SSI/SSD or Veteran's benefits.</li> </ul>	<p>One year rental subsidy.</p>	Fixed Income
<p><b>Children Advantage:</b></p> <ul style="list-style-type: none"> <li>Designed to help families with open ACS preventative cases leave shelter.</li> </ul>	<ul style="list-style-type: none"> <li>Must be in shelter: <b>60 days</b> or more,</li> <li>Families identified by ACS.</li> </ul>	<p>One year rental subsidy.</p>	Children
<p><b>Short-Term Advantage:</b></p> <ul style="list-style-type: none"> <li>Enables homeless families who have income to quickly leave shelter and establish independence.</li> </ul> <p><i>Appendix D provides guidance and sample documents</i></p>	<ul style="list-style-type: none"> <li>Must be in shelter: <b>60 days</b> for families or nine months for single adults,</li> <li>Income: between 150% and 200%</li> <li>Have Single Issue status,</li> <li>Have Active PA status with \$0 PA budget.</li> </ul>	<p>4 months of rent, one month security deposit, one month broker's fee and furniture allowance</p>	Short-Term

## Rental Subsidy Amount

Advantage rental payment is based on bedroom count, as determined by household composition and gender. Rent may not exceed the amounts listed below:

Bedroom Count	0	1	2	3	4
Maximum Rent	\$962	\$962	\$1,070	\$1,316	\$1,481

## Advantage Certification

Advantage certification occurs daily through an automated data match between DHS, HRA, and ACS. The match generates a letter for each new shelter household that meets budgeted wage minimums, has SSI/SSD income, meets ACS program requirements, **and** has accumulated at least 60 days in shelter. Letters are faxed to hotel social service staff and delivered to shelter households. Letters will also be sent to Homebase programs in weekly batches.

## Advantage Certification Modification Request

When family composition changes while a household is still in shelter, the Advantage letter must often be adjusted. Homebase staff must complete the **Advantage Modification Form** and submit to the program analyst. *Contact DHS OECR or Prevention for electronic versions of the Advantage Modification forms.* The modified certification letter will be sent to Homebase.

If a household has demonstrated eligibility with one or more Advantage programs and does not yet have a letter, Homebase may also request a letter by completing **Advantage Modification Form**.

## One Shot Deal

Families that are not eligible for on-going assistance can apply for a One Shot Deal. Applicants can request rent in advance, broker's fees, moving expenses, furniture allowance, rent and utility arrears. Families must demonstrate that they can pay their bills in the future. Families will be referred to BEV unless they are in receipt of SSI.

## Family Eviction Prevention Subsidy (FEPS)

FEPS is a housing supplement to help prevent evictions and provides rental support to families for up to five years.

- Families applying for FEPS must have at least one minor child and an open Public Assistance case (cannot be sanctioned).
- Eligible families must be facing eviction for the nonpayment of rent.
- FEPS pays arrears up to \$7000 and monthly rent payments for up to five years.
- Individuals residing in the household that are not receiving PA (e.g. SSI recipients) must pay 30% of their income toward the rent.
- FEPS does not accept rent payments from third parties.
- FEPS applications can be filed through specific legal providers and community-based organizations in each borough.

## FEPS Rent Levels

Household Size	1	2	3	4	5	6	7	8
Maximum Rent	\$800	\$900	\$1,050	\$1,100	\$1,250	\$1,350	\$1,400	\$1,500

## LAMP/MIRP

HPD's Low Income Affordable Market Place Program (LAMP) and Mixed Income Rental Program (MIRP) aims to produce rental housing affordable to those households earning up to 60% of New York City's area median income.

- DHS targets these placements to longest term stayers with Advantage certification.
- Tenant and developers must follow all HPD and HUD processing regulations.
- Homebase will work with the Program Analyst from DHS Family and Adult Services (Appendix A) to submit applications, assist households in attending housing interviews, and completing all necessary paperwork.

## VIII. NON-SUBSIDIZED PLACEMENTS

Homebase may engage households who are not in need of a housing subsidy to leave shelter. Non-subsidized placements may include, but are not limited to the following:

### **Own Apartment**

Household income is sufficient to leave shelter and establish housing independence, but in need of assistance locating appropriate and affordable housing.

### **Return to Friend/Family**

An assessment of housing options may reveal potential family/friends where the household may reside or return to if provided immediate intervention/mediation and/or community-based aftercare services.

### **Out of State/Country Relocation**

Project Reconnect is a DHS operated program that assists homeless households seeking to reconnect with relatives from another state or country with a one-way airline ticket. To qualify, DHS must verify placement at destination. Referrals should be made to DHS Prevention.

## IX. PLACEMENT RECONCILIATION

The placement evaluation period for FY10 is monthly, so it is imperative providers accurately report placements in a timely manner. There will be no final reconciliation at the end of the year – if a provider fails to report a placement on time, the placement will not count.

The process for reporting placements depends on the placement type:

**Advantage** For Work, Fixed Income or Children’s Advantage placements, there are no forms to submit.

**Short-Term/ Non-Advantage** For Short-Term Advantage and all non-Advantage placements, providers must submit the **Short-Term and Non-Advantage Placement Form** within 24 hours of the placement. *Contact DHS Families/Adults/Prevention for electronic versions of the Short-term and Non-Advantage form.*

Providers must complete all requested information and attach relevant documentation in order to receive credit for a placement. Primary documentation is a lease. If no lease is available, the Section 8 voucher or NYCHA letter/rent breakdown is acceptable. In the case that none of the aforementioned documents are available, a confirmation of the address the family has moved to, written on agency letterhead, is acceptable.

If information is missing, or if a provider submits more documentation than is requested, Family Services will be delayed in giving provider credit for placement. *This is especially important as the end of the month approaches.*

### Confirming Placements

Family Services will create a monthly Progress Report with a list of a provider’s monthly placements, usually by the 3<sup>rd</sup> Friday of the month following the month being evaluated. Providers have 5 business days to reconcile any unconfirmed placements and send the appropriate documentation. Providers will complete their monthly reconciliations on the **Placement Reconciliation Form** (*Contact DHS Families/Adults/Prevention for electronic versions of the Placement Reconciliation Form*) and send to the appropriate Family Services or Adult Services staff (See Appendix A, DHS Directory for contact information).

No credit will be given for a family that exited and returned to any shelter within 30 days, or for any family that did not have an eligibility determination at the time of placement.

A reconciled Progress Report will be available at the subsequent pick-up and is the final report for the month. Providers have 2 business days from the date of the pick-up to notify Family Services if a placement approved for reconciliation is missing from their Progress Report. Requests to reconcile placements not submitted during the 5-day reconciliation period will be denied.

## X. ADVANTAGE APARTMENTS

### STEP 1: Registering an Apartment

Download the **Advantage NY Program Apartment Registration Form** and fax the completed form to 917-637-7378 or call the Office of Re-Housing (OOR) Call Center at 212-607-5310.

Prior to certification of an apartment, DHS reviews the Department of Housing Preservation and Development (HPD) and the Department of Buildings (DOB) databases for open lead paint violations and vacate orders. In addition, DHS will verify legal ownership with the Department of Finance Automated City Register Information System (ACRIS) database.

### STEP 2: Apartment Inspection

Once an apartment passes clearance, DHS staff will contact the landlord to schedule an inspection. This inspection will be a Section 8 quality inspection and follows Federal Department of Housing and Urban Development (HUD) Housing Quality Standards.

### STEP 3: Linking an Apartment

Once a landlord and an Advantage NY program client agree to enter into a lease, the landlord/broker should fax a completed **Linking Information Fact Sheet** to 718-688-8631.

### STEP 4: Lease-Signing

Once eligibility has been verified, a lease signing representative will contact the landlord/broker and the client's housing specialist with information about the lease signing date and location. If Homebase would like to be notified, the broker/landlord must include them in the notification information provided to DHS.

Anticipate having less than 24-hours notice of lease-signing appointments. The Office of Re-Housing is scheduling leases as quickly as possible and therefore may contact housing specialists and landlords/brokers on very short notice.

### Payment Information

At lease signing, DHS will pay:

- Pro-rated portion of the current month's rent to landlord
- One month's rent as security deposit to landlord
- Three months advanced rent to landlord
- 15% broker's fee (if applicable)
- Furniture allowance to cover basic furniture expenses to client

Clients should be informed that side-deals are prohibited and under no circumstances will they be required to pay any additional amount above that stipulated on the lease. Additionally, clients should receive keys at lease signing for no additional fee.

**Detailed information regarding this process and forms can be found on the NYC DHS web-site:**  
<http://www.nyc.gov/html/dhs/html/rent/rentprog.shtml>

## XI. FACILITY TRANSFER

Working with homeless families requires individualized planning and the flexibility to change gears as a family's circumstances change. There will be some families that are non-compliant with Homebase's efforts to get them employed, certified and housed. While these families may eventually qualify for a Next Step transfer, hotel social service staff must provide day-to-day social services, regular case record documentation, and extended efforts to help the family comply with Homebase. If a family continues their non-compliance, social service staff must follow-up with their Program Analyst to discuss a facility transfer.

## **DIRECTORY**

### **Homebase Hotel Assignment DHS Staff Directory**



# HOMEBASE HOTEL ASSIGNMENT

**Bold text indicates Adult Family facility.**

CTS CODE	FACILITY	Owner/Operator (SS)=Social Service Provider	Program Admin	Program Analyst	Boro	Assigned
HB19	BAYCHESTER	Pantalea Palladino	Linda Penoyer	Xenia Maldonado	BX	ARCHNY
HB22	CAULDWELL	Aguila (SS)	Moses Ajasin	Celina Dowie	BX	ARCHNY
HB20	EDEN	Pantalea Palladino	Linda Penoyer	Xenia Maldonado	BX	ARCHNY
<b>HB60</b>	<b>GRAND CONCOURSE</b>	<b>Ben Berger</b>	<b>Iris Rodriguez</b>	<b>Edward Emono</b>	<b>BX</b>	<b>ARCHNY</b>
HB75	HALL FAM RES	Kalman Tabak	Moses Ajasin	Catrena Bryant	BX	ARCHNY
HB26	JULIO'S FAMILY	Aguila (SS)	Moses Ajasin	Celina Dowie	BX	ARCHNY
HB61	MIKE'S HOUSE ANNEX	Aguila (SS)	Moses Ajasin	Celina Dowie	BX	ARCHNY
HB68	SOUTH BRONX FAM RES	Kalman Tabak	Moses Ajasin	Catrena Bryant	BX	ARCHNY
HB45	MIKE'S HOUSE	Aguila (SS)	Moses Ajasin	Celina Dowie	BX	ARCHNY
<b>HB43</b>	<b>ANTHONY</b>	<b>SEBCO</b>	<b>Iris Rodriguez</b>	<b>Michael Read</b>	<b>BX</b>	<b>BXW</b>
HB64	CALLAWAY FAM RES	Alan Lapes/BRC (SS)	Carl Myricks	Derrick Aiken	BX	BXW
HB73	CLEVELAND FAM RESIDENCE	Alan Lapes/VOA (SS)	Linda Penoyer	Karen Cotugno	BX	BXW
HB15	STADIUM	Yoel Fuld	Babatunde Salau	Jodi Hall-Walker	BX	BXW
HB76	TELLER RESIDENCE	Kalman Tabak	Moses Ajasin	Catrena Bryant	BX	BXW
HB57	WALTON	Kalman Tabak	Moses Ajasin	Catrena Bryant	BX	BXW
HB71	FORDHAM RES	Kalman Tabak	Moses Ajasin	Catrena Bryant	BX	BXW
HB65	HENWOOD FAM	Kalman Tabak	Moses Ajasin	Catrena Bryant	BX	BXW
HK68	ALICE BRANCH PLAZA	BEDCO (SS)	Linda Penoyer	Karen Cotugno	BK	CAMBA I
HK66	BEDCOURT FAM RESIDENCE	BEDCO (SS)	Linda Penoyer	Karen Cotugno	BK	CAMBA I
HK55	ELDERT FAM RESIDENCE	Father Duggins	Babatunde Salau	Jodi Hall-Walker	BK	CAMBA I
<b>HK63</b>	<b>INFINITI</b>	<b>Charles Abramson</b>	<b>Iris Rodriguez</b>	<b>Edward Emono</b>	<b>BK</b>	<b>CAMBA I</b>
HK58	PULASKI FAM RES	Rev. Leopoldo Karl/BEDCO (SS)	Linda Penoyer	Xenia Maldonado	BK	CAMBA I
HK36	BAY FAMILY	David Levitan	Babatunde Salau	Jodi Hall-Walker	BK	CAMBA II
HK59	BEDCO MANOR	BEDCO (SS)	Linda Penoyer	Karen Cotugno	BK	CAMBA II
HK52	JOHN'S FAMILY CENTER	Father Duggins	Babatunde Salau	Jodi Hall-Walker	BK	CAMBA II
<b>FB33</b>	<b>MILLENIUM CARE</b>	<b>Denise Perry</b>	<b>Iris Rodriguez</b>	<b>Michael Read</b>	<b>BX</b>	<b>CAMBA II</b>
HK18	WOODRUFF	Jerry Schreck	Carl Myricks	Chanell Miller	BK	CAMBA II
HK51	CLERMONT FAMILY	David Sommerstein/CAMBA (SS)	Trevor Jardine	Monique Quinones	BK	CAMBA II
HK48	LEX BROOKLYN	David Sommerstein/CAMBA (SS)	Trevor Jardine	Monique Quinones	BK	CAMBA II
HK53	FLATBUSH FAM RES	Father Duggins	Babatunde Salau	Jodi Hall-Walker	BK	CAMBA II
HQ03	COLONIAL	Yoel Fuld	Babatunde Salau	Jodi Hall-Walker	Q	CCNS
HQ25	KINGS INN	David Fuld	Babatunde Salau	Jodi Hall-Walker	Q	CCNS
HQ08	LINCOLN ATLANTIC	Ben Berger	Trevor Jardine	Monique Quinones	Q	CCNS
HQ35	SKYWAY	Steve Marguiles/Housing Bridge (SS)	Babatunde Salau	Jodi Hall-Walker	Q	CCNS
HB09	CROSS BRONX RESIDENCE	Ben Berger	Trevor Jardine	Monique Quinones	BX	HELP I
<b>HB34</b>	<b>HOE RESIDENCE</b>	<b>David Sommerstein</b>	<b>Iris Rodriguez</b>	<b>Michael Read</b>	<b>BX</b>	<b>HELP I</b>
HB47	LEX BRONX RESIDENCE	David Sommerstein/WIN (SS)	Trevor Jardine	Monique Quinones	BX	HELP I
HB70	RAMSEY'S PLACE	BASICS (SS)	Trevor Jardine	Monique Quinones	BX	HELP I
<b>HB23</b>	<b>STEBBINS</b>	<b>Jerry Schreck</b>	<b>Iris Rodriguez</b>	<b>Edward Emono</b>	<b>BX</b>	<b>HELP I</b>
HB72	TREMONT FAM RESIDENCE	Charles Abramson	Carl Myricks	Chanell Miller	BX	HELP I
HB18	CONCOURSE	Jerry Schreck	Carl Myricks	Chanell Miller	BX	HELP II
<b>HB40</b>	<b>DAVIDSON</b>	<b>David Sommerstein</b>	<b>Iris Rodriguez</b>	<b>Edward Emono</b>	<b>BX</b>	<b>HELP II</b>
HM40	EAST RIVER	David Fuld	Babatunde Salau	Jodi Hall-Walker	M	HELP II
<b>HB06</b>	<b>PARK OVERLOOK</b>	<b>Father Duggins</b>	<b>Iris Rodriguez</b>	<b>Edward Emono</b>	<b>BX</b>	<b>HELP II</b>
HB74	WEBSTER	Charles Abramson	Carl Myricks	Chanell Miller	BX	HELP II
HM36	NEW DAWN	Father Duggins	Babatunde Salau	Jodi Hall-Walker	M	PALLADIA
HM43	PARNOSA	David Sommerstein	Trevor Jardine	Monique Quinones	M	PALLADIA
HM59	ELLINGTON	Alan Lapes	Carl Myricks	Derrick Aiken	M	PALLADIA
HM54	JULIO'S HOUSE	Aguila (SS)	Moses Ajasin	Celina Dowie	M	PALLADIA
HM78	TOWER	Alan Lapes	Carl Myricks	Derrick Aiken	M	PALLADIA
<b>HM73</b>	<b>WASHINGTON</b>	<b>Alan Lapes</b>	<b>Iris Rodriguez</b>	<b>Michael Read</b>	<b>M</b>	<b>PALLADIA</b>
HQ36	BELT FAMILY	Isreal Rabinowitz	Moses Ajasin	Catrena Bryant	Q	PFTH
HK39	VAN SICLEN	Rev. Leopoldo Karl	Linda Penoyer	Xenia Maldonado	BK	PFTH
HQ37	PARK FAMILY	Isreal Rabinowitz	Moses Ajasin	Catrena Bryant	Q	PFTH
HM74	ALAN'S HOUSE	Alan Lapes	Carl Myricks	Derrick Aiken	M	RBSCC
HM66	FRANT HOTEL	Alan Lapes	Carl Myricks	Derrick Aiken	M	RBSCC
HM77	APOLLO HOTEL	Alan Lapes	Carl Myricks	Derrick Aiken	M	RBSCC
<b>HM61</b>	<b>GRACEY INN</b>	<b>Alan Lapes</b>	<b>Iris Rodriguez</b>	<b>Michael Read</b>	<b>M</b>	<b>RBSCC</b>
HK45	PACIFIC PLACE	Father Duggins	Babatunde Salau	Jodi Hall-Walker	BK	RBSCC
HM84	PING HOTEL	Alan Lapes	Carl Myricks	Derrick Aiken	M	RBSCC

## DHS DIRECTORY

Name	Title/Function	Email	Phone	Fax
<b>Prevention</b>				
Jaclyn Moore	Dir. of Prevention Services	<a href="mailto:jmoore@dhs.nyc.gov">jmoore@dhs.nyc.gov</a>	212-607-5223	212-487-7929
Stacey Cedeno	Program Manager	<a href="mailto:scedeno@dhs.nyc.gov">scedeno@dhs.nyc.gov</a>	212-607-6218	212-487-7929
Jonathan Kwon	Dir. of Quality Assurance	<a href="mailto:jkwon@dhs.nyc.gov">jkwon@dhs.nyc.gov</a>	212-487-6961	
<b>Adults Services</b>				
Edward Emono	Program Analyst	<a href="mailto:ee mono@dhs.nyc.gov">ee mono@dhs.nyc.gov</a>	212-607-5253	
Michael Read	Program Analyst	<a href="mailto:mbreed@dhs.nyc.gov">mbreed@dhs.nyc.gov</a>	212-361-0786	
Iris Rodriguez	Program Administrator	<a href="mailto:irodrigu@dhs.nyc.gov">irodrigu@dhs.nyc.gov</a>	212-361-6504	
Babatunde Salau	Program Administrator	<a href="mailto:bsalau@dhs.nyc.gov">bsalau@dhs.nyc.gov</a>	212-361-0646	
Angie Clemente	Placement reconciliation	<a href="mailto:aclement@dhs.nyc.gov">aclement@dhs.nyc.gov</a>	212-361-5593	
<b>Families Services</b>				
Xenia Maldonado	Program Analyst	<a href="mailto:xmaldona@dhs.nyc.gov">xmaldona@dhs.nyc.gov</a>	212-361-0657	
Celina Dowie	Program Analyst	<a href="mailto:cdowie@dhs.nyc.gov">cdowie@dhs.nyc.gov</a>	212-361-0655	
Catrena Bryant	Program Analyst	<a href="mailto:cbryant@dhs.nyc.gov">cbryant@dhs.nyc.gov</a>	212-361-0674	
Derrick Aiken	Program Analyst	<a href="mailto:daiken@dhs.nyc.gov">daiken@dhs.nyc.gov</a>	212-361-0688	
Karen Cotugno	Program Analyst	<a href="mailto:kcotugno@dhs.nyc.gov">kcotugno@dhs.nyc.gov</a>	212-361-0677	
Jodi Hall-Walker	Program Analyst	<a href="mailto:jhwalker@dhs.nyc.gov">jhwalker@dhs.nyc.gov</a>	212-607-6029	
Channell Miller	Program Analyst	<a href="mailto:cmiller@dhs.nyc.gov">cmiller@dhs.nyc.gov</a>	212-361-0653	
Monique Quinones	Program Analyst	<a href="mailto:mquinone@dhs.nyc.gov">mquinone@dhs.nyc.gov</a>	212-361-0936	
Linda Penoyer	Program Administrator	<a href="mailto:lpenoyer@dhs.nyc.gov">lpenoyer@dhs.nyc.gov</a>	212-361-0644	
Moses Ajasin	Program Administrator	<a href="mailto:majasin@dhs.nyc.gov">majasin@dhs.nyc.gov</a>	212-607-6210	
Carl Myricks	Program Administrator	<a href="mailto:cmyricks@dhs.nyc.gov">cmyricks@dhs.nyc.gov</a>	212-361-0652	
Trevor Jardine	Program Administrator	<a href="mailto:tjardine@dhs.nyc.gov">tjardine@dhs.nyc.gov</a>	212-361-0642	
Ruth Richards	Placement reconciliation	<a href="mailto:rrichards@dhs.nyc.gov">rrichards@dhs.nyc.gov</a>	212-361-6531	
<b>Office of Entitlements and Client Resources</b>				
Denise Williams	Director of OECR	<a href="mailto:ddwillia@dhs.nyc.gov">ddwillia@dhs.nyc.gov</a>	212-607-5321	
Inquiry Line		<a href="mailto:cmft@dhs.nyc.gov">cmft@dhs.nyc.gov</a>	212-607-5320	
Sheila Corbin	Supervisory Staff	<a href="mailto:scorbin@dhs.nyc.gov">scorbin@dhs.nyc.gov</a>	212-607-5325	
Niniola Musib	Short Term Adv inquiries	<a href="mailto:nmusib@dhs.nyc.gov">nmusib@dhs.nyc.gov</a>	212-607-5329	
<b>Office of Re-housing</b>				
Apartment Registration			212-607-5310	917-637-7378
Inspections			212-607-5310	
Linking				718-688-8631
DHS Quality Assurance Unit			212-607-5310	

## **CASE FILE**

**Assessment form  
Housing Plan  
Contact Log  
Appointment Slip  
Client Apartment Review Checklist  
Client Apartment Rejection Form**

**HOMEBASE RAPID RE-HOUSING ASSESSMENT**

Date: \_\_\_\_\_

The following should be completed by the Homebase case manager at the first meeting with the client.

**Client Information**

Name: \_\_\_\_\_  
*Last* *First* *M.I.*

DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternative Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
*Hotel* *Unit Number*

Case composition: Adults: \_\_\_\_\_ Children (17 years old and under): \_\_\_\_\_

**Housing History**

1. What is the reason for your shelter application?	
2. How long have you resided at your previous address?	What Borough?
3. Have you applied to shelter before? <input type="checkbox"/> No <input type="checkbox"/> Yes When: _____	
4. Can you return to your last address if the primary tenant knows there is an agency working with you? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact information: _____	
5. Do you have a relative or friend you can stay with while we work on your housing plan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact information: _____	
6. Have you ever received any type of housing subsidy? (i.e. FEPS, Section 8, HSP, Advantage) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what subsidy and when was it last active? _____	
7. Do you owe rental arrears? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount: _____	
8. Have you ever been evicted from public housing (projects) or any other kind of housing? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when and what was the reason for eviction: _____	

**Income/Employment Information**

9. Are you or co-applicant currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes Salary: _____ per _____ Weekly Hours: _____	
10. Does the applicant or co-applicant have any previous work experience? <input type="checkbox"/> No <input type="checkbox"/> Yes Salary: _____ per _____ Weekly Hours: _____	
11. Do you currently have any limitations that prevent you from working? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what are the limitations: _____	
12. If you do not receive Public Assistance, have you ever applied for PA or Single Issuance? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when and which center? _____	
13. Have you or your co-applicant ever served on active duty in the United States Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes	

14. Check all that apply and complete amount and frequency:

	Type of Income	Amount	Frequency		Type of Income	Amount	Frequency
<input type="checkbox"/>	Public Assistance			<input type="checkbox"/>	Wages		
<input type="checkbox"/>	Disability			<input type="checkbox"/>	Pension/Retirement		
<input type="checkbox"/>	Interest/dividends			<input type="checkbox"/>	Child Support		
<input type="checkbox"/>	Social Security/SSI			<input type="checkbox"/>	Foster Care Payment		
<input type="checkbox"/>	Unemployment			<input type="checkbox"/>	Alimony Payments		
<input type="checkbox"/>	Workers Compensation			<input type="checkbox"/>	Armed Forces		

What is the total annual income? \_\_\_\_\_

Housing Risks				
15. Are you involved with any other agencies? (i.e. ACS, APS) If yes, please list:			<input type="checkbox"/> No	<input type="checkbox"/> Yes
16. Do you or any members of your household suffer from any medical issues? If yes, describe:			<input type="checkbox"/> No	<input type="checkbox"/> Yes
17. Do you or any members of your household suffer from any mental health issues? If yes, describe:			<input type="checkbox"/> No	<input type="checkbox"/> Yes
18. Are you or your co-applicants on any medications? If yes, please list:			<input type="checkbox"/> No	<input type="checkbox"/> Yes
19. Did substance abuse issues contribute to your housing loss? If yes, describe:			<input type="checkbox"/> No	<input type="checkbox"/> Yes
20. Did domestic violence issues contribute to your housing loss?			<input type="checkbox"/> No	<input type="checkbox"/> Yes
21. Do you have any other concerns you would like me to know about?				
General Guide to Developing a Housing Plan (see Field Guide for program eligibility criteria)				
	Fixed Advantage	Children Advantage	Short Term Advantage	Unsubsidized
Employed or can become employed	Anyone in household receiving SSI/SSD or other fixed benefit	Has an open ACS case, approved by ACS for move	Working but over 150% poverty or has other long term resources	Alternative housing resources

22. Do you have a subsidy certification letter?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, list:
23. Are you working with a real estate agent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, list:
24. Have you been seeing apartments?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
25. When can you best be reached?		

**HPRP**

Does income exceed 50% Area Median Income? (refer to chart)  No  Yes

Household	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
50% AMI	\$26,900	\$30,700	\$34,550	\$38,400	\$41,450	\$44,550	\$47,600	\$50,700

Household income is budgeted by HRA:  No  Yes

**If no**, Homebase must obtain Income documentation, please refer to the HPRP Desk Guide: Income Documentation Requirements.

Case manager should check all that apply and sign below.

NO APPROPRIATE HOUSING OPTIONS

This is to certify that the above named individual's household options have been evaluated and the undersigned staff has found no appropriate (safe, affordable, available) subsequent housing options.

NO FINANCIAL RESOURCES AND SUPPORT NETWORKS

This is to certify that the above named individual's household lacks the financial resources (checking/savings accounts, investment accounts, cash value of trust that may be withdrawn, retirement savings account, lump sum of cash) and support networks (friends, family) needed to obtain immediate housing or remain in existing housing.

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



Type:	With:	Date:
Regarding:	Status:	Case Manager:
Related Objective:		
Notes:		

Type:	With:	Date:
Regarding:	Status:	Case Manager:
Related Objective:		
Notes:		

Type:	With:	Date:
Regarding:	Status:	Case Manager:
Related Objective:		
Notes:		



## Appointment/Referral Reminder

This notice serves as a reminder for the following (circle one):

Appointment

Referral

CLIENT NAME: \_\_\_\_\_

DAY: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PURPOSE: \_\_\_\_\_

This is the \_\_\_\_ attempt to complete this action.  
Failure to attend will result in non-compliance with ILP.  
In the event you cannot make this appointment, contact Homebase as soon possible.

Comments:

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## CLIENT APARTMENT REVIEW CHECKLIST

- \* You must complete, sign, and return this report to your Homebase housing specialist immediately after seeing an apartment.
- \* You are required to search for and view at least three (3) apartments each week, or an amount identified in your Independent Living Plan (ILP), until you find a suitable apartment which meets the standards set forth in your ILP for your family size and medical condition(s), in a location consistent with domestic violence status, and meets applicable local codes and regulations.

I, \_\_\_\_\_, viewed the following apartment:

Date viewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of apt: \_\_\_\_\_ Apt # : \_\_\_\_\_ Floor: \_\_\_\_\_

Between: \_\_\_\_\_ and: \_\_\_\_\_

Borough: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Total # rooms: \_\_\_\_\_ Total # bedrooms: \_\_\_\_\_ Total # baths: \_\_\_\_\_ Elevator? Y N

I have completed the apartment review checklist on the back of this form. I understand that this apartment may be checked to verify any repairs I said were needed.

I will accept this apartment if it is offered to me. \_\_\_\_\_Y \_\_\_\_\_N

I will accept this apartment if the repairs are made \_\_\_\_\_Y \_\_\_\_\_N

Client:

1. \_\_\_\_\_  
Signature Print Name Date

2. \_\_\_\_\_  
Signature Print Name Date

### FOR Homebase STAFF USE

Circle Housing or Subsidy Type: ADVANTAGE HPD SECT 8 NYCHA OTHER

I have explained this form to the client:

\_\_\_\_\_  
Signature Print Name Date

**For rejected apartments only:**

I have checked this apartment. \_\_\_\_\_Y \_\_\_\_\_N

I \_\_\_\_\_ agree \_\_\_\_\_do not agree with the family's decision.

Comments:

\_\_\_\_\_

ADDRESS	Apt.	Bedrooms	Contact Number
Boro:                      zip:			

If the condition does not exist, check "N/A"

<b>1. ELECTRICAL CONDITIONS IN APARTMENT</b> a. Broken, non-insulated or frayed wiring b. Exposed wiring including cover plates for light switches c. Light fixture hanging from electric wiring d. Exposed fuse box connections e. There is not at least one outlet in each room	NA a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> e. <input type="checkbox"/>	Needs Repair <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>2. WINDOW CONDITIONS</b> a. Missing panes of glass b. Loose/cracked panes of glass c. Non-functional/non-lockable windows that are accessible to the outside d. Missing window guards in apartment (required when there are children under the age of 10) e. Missing window(s) or window(s) stuck in open position	NA a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> e. <input type="checkbox"/>	Needs Repair <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>3. CEILING AND WALL CONDITIONS</b> a. Large cracks or holes b. Bulging or buckling of ceiling or wall c. Interior surfaces have cracked, peeling or loose paint or plaster	NA a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>	Needs Repair <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>4. FLOOR CONDITIONS</b> a. Cracks or holes extending through sub-flooring b. Splintering or exposed/protruding nails	NA a. <input type="checkbox"/> b. <input type="checkbox"/>	Needs Repair <input type="checkbox"/> <input type="checkbox"/>
<b>5. OTHER CONDITIONS</b> a. Gas leak b. Toilet missing or does not flush c. No running water (clear) d. Non-functional/non-lockable apartment entrance door e. Non-functional heat for winter months f. Non-functional smoke detector (at least one required per apartment) g. Bathroom has non-functional sink/bath (check defective item) h. Non-functional plumbing (stoppage/leakage) i. Kitchen has non-functional sink /stove/refrigerator (check defective item) j. Rodent/roach infestation k. Obvious unsanitary condition resulting from excess garbage or debris in unit/building l. Blocked fire exit from building m. Non-functioning hot water	NA a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> e. <input type="checkbox"/> f. <input type="checkbox"/> g. <input type="checkbox"/> h. <input type="checkbox"/> i. <input type="checkbox"/> j. <input type="checkbox"/> k. <input type="checkbox"/> l. <input type="checkbox"/> m. <input type="checkbox"/>	Needs Repair <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>REMARKS:</b>		

**CLIENT APARTMENT REJECTION FORM**

Facility Name: \_\_\_\_\_ Code: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Case #: \_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Family Composition: # Adults \_\_\_\_ # Children \_\_\_\_

I, \_\_\_\_\_, am rejecting the following permanent housing unit for my family:

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

Borough: \_\_\_\_\_ Zip: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_

I am rejecting this apartment for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Since shelter is temporary housing, you must look for permanent housing and accept any suitable housing that is found. Failure to look for and/or accept suitable housing may cause you to lose temporary housing assistance (THA).

**CLIENT:**

I have read and/or have had the notice explained to me and understand what it means. I may still be subject to sanction for non-compliance, even if I refuse to sign.

1. \_\_\_\_\_  
Signature Print Name Date

2. \_\_\_\_\_  
Signature Print Name Date

**STAFF:**

I have explained this form to the client:

\_\_\_\_\_  
Signature Print Name Date

Original: Homebase case file  
CC: Hotel Social Service Staff

## **ADVANTAGE FACT SHEETS**

**Work Advantage  
Fixed Income Advantage  
Children Advantage  
Short-Term Advantage**

# Work Advantage

## Fact Sheet

### What is the Work Advantage program?

The Work Advantage Program invests in homeless families and individuals who work full or part-time. Work Advantage:

- Offers one full year of rent support paid directly to a landlord.
- Provides incentives to increase earnings as continued eligibility is not tied to public assistance status.
- Requires clients to open and maintain a bank account.
- Requires clients to make a monthly \$50 rent payment directly to the landlord.

### Who is eligible for the program?

Shelter clients who:

- have been in shelter 90 days for families or nine months for single adults, and
- work at least 20 hours per week with income below 150% of the Federal Poverty level.
- have active PA status, or have single issue status.

Families with children, adult families and single adults may qualify. DHS will send out certification letters to all eligible families indicating their approved rental assistance amount.

### How long does the program last?

The client receives a one year rental subsidy with the possibility of a second year extension if they meet the eligibility criteria including:

- Demonstrated work.
- Continued financial need.
- Timely \$50 monthly rent payments to landlords.
- Demonstrated monthly savings.

### What is the amount of rental assistance available?

Amount of Rental Supplement  
(Not to Exceed Legal Rent)

Family Composition	1 Person	2 Person	3 and 4 Person	5 and 6 Person	7 and 8 Person
Maximum Rent	\$962	\$962	\$1,070	\$1,316	\$1,481
Client Contribution	\$50	\$50	\$50	\$50	\$50
Maximum Rent Subsidy	\$912	\$912	\$1,020	\$1,266	\$1,431

# Fixed-Income Advantage

## Fact Sheet

### What is the Fixed-Income Advantage Program?

The Fixed-Income Advantage rental assistance program is designed to help families and individuals who are receiving federal benefits such as Social Security disability insurance to leave shelter.

### Who is eligible for the program?

Fixed-Income Advantage assists families and individuals identified by the New York City Human Resources Administration (HRA) who are receiving a fixed income benefit, such as Social Security due to a disability or Veterans Administration benefits or clients who cannot work.

Only clients who receive an eligibility letter from HRA are able to access this program.

Only families who have been in shelter 60 days or more and single adults who have been in shelter for nine months may qualify.

### How long does the program last?

The client receives a one-year rental subsidy.

### What is the amount of rental assistance available?

Rental amount is based on bedroom count, as determined by household composition and gender.

Amount of Rental Supplement

*(Not to Exceed Legal Rent)*

Bedroom Count	0	1	2	3	4
Total Rent	\$962	\$962	\$1,070	\$1,316	\$1,481

# Children Advantage

## Fact Sheet

### What is the Children Advantage Program?

The Children Advantage rental assistance program is designed to help families in shelter with open Administration for Children's Services (ACS) cases (preventive services).

### Who is eligible for the program?

Children Advantage assists families identified by ACS for the program.

Only clients who receive an eligibility letter from ACS are able to access this program.

Only clients who have been in shelter 60 days or more qualify.

### How long does the program last?

The client receives a one-year rental subsidy.

### What is the amount of rental assistance available?

Amount of Rental Supplement

*(Not to Exceed Legal Rent)*

Bedroom Count	0	1	2	3	4
Total Rent	\$962	\$962	\$1,070	\$1,316	\$1,481



# Short-Term Assistance Advantage

## Fact Sheet

### **What Short-term Assistance Advantage?**

The Short-term Assistance Advantage Program enables homeless families who have income to quickly leave shelter and establish independence.

### **Who is eligible for the program?**

Shelter clients who have been in shelter 60 days with income between 150% and 200% of the Federal Poverty level may be eligible.

To qualify, families must meet one of the following criteria:

- Have Single Issue status
- Have Active PA status with a \$0.00 PA budget

### **What is the amount of rental assistance available?**

Families are eligible for four months or rent, one month security deposit, furniture allowance and one month broker's fee.

### **What materials are required?**

Once a family finds an apartment, the following application packet must submit the following to DHS Transitional Services for review:

- Copy of lease or letter from Broker or Landlord,
- Employment verification letter,
- Award letter for social security or other benefits,
- Copy of deed or water bill if apartment dwelling has less than 6 units. If there are more than 6 units, then this is not required,
- Copy of Broker's License,
- Landlord/Broker request letter,
- Contribution letter from client detailing amount they can contribute, if any,
- Residency letter including the name, relationship and date of birth of all family members.

### **Where can I find out more information?**

If you are a client, you should contact your Housing Specialist.

If you are a Housing Specialist with inquires regarding the receipt of applications, missing or revised application documents, status of application once it was submitted to HRA, contact the DHS Office of Entitlements and Client Resources:

Niniola Musib, DHS Office of Entitlements and Client Resources  
33 Beaver Street, 20<sup>th</sup> Floor  
New York, NY 10004  
Tel: 212-607-5329  
[nmusib@dhs.nyc.gov](mailto:nmusib@dhs.nyc.gov)

## **SHORT-TERM ASSISTANCE ADVANTAGE DOCUMENTS**

**Short-Term Assistance Advantage Referral Form  
Sample Broker's Letter  
Client Contribution Letter  
Sample Employment Verification Letter  
Landlord Request Letter  
Residency Letter**

**Short Term Assistance Advantage Referral Form**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To: Niniola Musib

Tel #: (212) 607-5329

E-mail Address: [nmusib@dhs.nyc.gov](mailto:nmusib@dhs.nyc.gov)

Fax#: (212) 232-0523

Name of Facility:	Name of Facility Contact:	
Contact Telephone #:	Contact Fax:	Contact Email Address:
Name of Client:	CTS Code:	

# Of Pages Attached: \_\_\_\_\_

The Package is complete if the following documents are attached:

- Copy of the Lease
- Copy of the Deed or water bill
- Copy of the Broker's License
- Copies of Pay Stubs
- Employment Verification Letter
- Copy of Award Letter(s) if applicable
- Landlord Request Letter
- Broker Request Letter
- Client Contribution Letter
- Residency Letter

**[BROKER'S LETTERHEAD]**

March 21, 2007

Re: Short Term Assistance Advantage Program

To Whom It May Concern:

Please be advised that **Name of Company** has found an apartment for **Name of Client**. The apartment is located at **Address, Apt #, Borough, State, Zip**.

We are requesting a broker's fee of \$, which represents 15% of the annual rent.

All checks are to be made payable to **Name of Company**.

The license is attached. If you need addition information, I can be contacted at **Telephone #**.

Sincerely,

**Name of Broker/Agent**

**SHORT TERM ASSISTANCE ADVANTAGE PROGRAM  
CLIENT CONTRIBUTION LETTER**

Date \_\_\_\_\_

NYC, Human Resources Administration  
Mrs. Irma Mustafa  
East River Job Center #37  
32-20 Northern Boulevard  
Long Island City, NY 11101

Dear Ms. Garcia:

I, Mr., Ms., Mrs. \_\_\_\_\_, am requesting rental expenses for apartment, located at:

Address \_\_\_\_\_ Apt # \_\_\_\_\_.

Borough \_\_\_\_\_, NY Zip Code \_\_\_\_\_,

Please check one:

\_\_\_\_\_ I am able and agree to contribute \$ \_\_\_\_\_ .00 towards the total rental expenses of \$ \_\_\_\_\_ .00.

\_\_\_\_\_ I am unable to contribute towards the rental expenses.

Thank you in advance for your assistance.

Sincerely,

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security Number

**[EMPLOYER'S LETTERHEAD]**

To Whom It May Concern:

This letter is to verify that **(Name of Individual)**, ( **SS#** ) has been employed by **(Name of Company)** from **(Start Date)** to **(End Date /Present.)**

Mr./Ms. ( **Last Name of Individual** ) currently works **(Number of Hours per Week)** earning **(\$ Amount )** per hour.

If you need additional information, I can be contacted at **(Telephone Number)** between

The hours of **(AM/PM )** and **(AM/PM)**.

Sincerely,

**Name of HR/Personnel Staff Person Completing Form**  
**Title**

**NYC, Human Resources Administration  
Mrs. Irma Mustafa  
East River Job Center #37  
32-20 Northern Boulevard  
Long Island City, NY 11101**

Date: \_\_\_\_\_

Re: Short Term Assistance Advantage Program

Dear Ms. Garcia:

Please be advised that I, Mr., Ms., Mrs. \_\_\_\_\_  
am the owner of the residential building, located at

Address \_\_\_\_\_ Borough, \_\_\_\_\_, NY

Zip Code \_\_\_\_\_, Apt # \_\_\_\_\_.

I have agreed to rent the above apartment to \_\_\_\_\_ at a

monthly rent of \$ \_\_\_\_\_ .00. To complete the rental agreement, the following is requested:

1. One-Month Security, and
2. Four Months Rent
3. A total of \$ \_\_\_\_\_ .00

All checks should be made payable to \_\_\_\_\_

Per your request, I am submitting the information listed below with this letter:

Broker's License Number \_\_\_\_\_

Dwellings of six or more apartment units must submit:

- Copy of lease for apartment to be rented

Dwellings with less than six apartment units must submit:

- Copy of lease for apartment to be rented
- Copy of deed of ownership, or
- Current Water Bill of building where apartment is to be rented

Sincerely,

\_\_\_\_\_

Landlord

RESIDENCY LETTER

Name of Facility\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Date:\_\_\_\_\_

To Whom It May Concern:

This is to inform you that \_\_\_\_\_ and her/his family  
\_\_\_\_\_ reside/d at \_\_\_\_\_(facility)  
from \_\_\_\_\_ to \_\_\_\_\_.

If you have any questions, please feel free to contact me at\_\_\_\_\_

Thank you.

Yours Truly,