



**Office of Alcoholism and  
Substance Abuse Services**

**Medicaid Re-Design Team  
Permanent Supportive Housing  
Operations Manual**

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Permanent Supportive Housing  
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## INTRODUCTION

**This manual serves as a resource for Medicaid Re-Design Team (MRT) Permanent Supportive Housing (PSH) Providers. The contained guidelines and expectations address the implementation of the MRT PSH program, as well the Office of Alcoholism and Substance Abuse Services' (OASAS) expectations for program operation and compliance. This manual will provide agencies with an understanding of the programmatic elements OASAS will review during Site Visits.**

OASAS believes that safe and affordable permanent housing, along with a stable living wage, and an actionable person-centered service plan are three essential components for successful long-term self-reliance and general well-being. The MRT Permanent Supportive Housing (PSH) Program is a means by which OASAS is able to support homeless individuals with a substance use disorder achieve those life-changing goals. All OASAS PSH programs offer leasing budgets, on-site housing counselor services, daily living skills enhancement, targeted referral services, and when indicated referrals to Health Homes for primary care and behavioral health services.

### ***The Medicaid Re-Design Team Initiative***

#### ***History***

In 2011, Governor Andrew Cuomo established the Medicaid Re-Design Team (MRT) by Executive Order to find ways to reform and improve the Medicaid system. The MRT identified increasing the availability of affordable supportive housing for high-need Medicaid beneficiaries as a significant opportunity to reduce Medicaid spending. He invited key Medicaid stakeholders to the table in a spirit of collaboration to see what could be achieved collectively to change course and rein in Medicaid spending, while at the same time improving quality of care.

#### ***Need for Affordable and Supportive Housing***

The MRT identified early on in its deliberations that increasing the availability of affordable housing for high-need Medicaid beneficiaries who are homeless, precariously-housed or living in institutional settings as a significant opportunity for reducing Medicaid cost growth. An ongoing annual appropriation of \$75 million was pledged in the New York State (NYS) financial plan, with \$5 million dedicated to OASAS. It was this appropriation that has allowed OASAS to fund the MRT Housing Initiative, which is a Housing First model.

### ***The OASAS PSH MRT Housing First Model***

The MRT PSH Program has a leasing budget that covers rents up to the federal Housing and Urban Development (HUD) Fair Market Rental (FMR) rates (used in provider's MRT PSH Request or Proposals (RFP) application) in combination with case-managed supportive services focusing on housing counseling and employment services. OASAS has successfully used this program model, and the outcomes of OASAS' PSH initiatives are a testament to the overall success of the program.

### ***What is Housing First?***

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent supportive housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent the tenant/participant(s) return to homelessness. Housing First came about as an alternative to the linear approach in which people experiencing homelessness were required to first participate in, or complete a course of residential/outpatient treatment before obtaining permanent supportive housing. As a result of sustained supportive housing many individuals can experience improvements in the overall quality of their lives, including the areas of health, substance use, mental health, and employment.

There are four different models for Apartment/Housing Unit Configurations:

- **Single-site, all-PSH Building** -- The project operates in only one building with all units occupied by project participants.
- **Single-site, Mixed-use Building** – For agencies awarded capital dollars in NYS, this is the preferred model for developing an affordable, special needs housing site. This model operates in only one building, usually large where project participants occupy a portion of units. This can be accomplished through set-asides, master leasing, or other arrangements with a developer.
- **Scatter-site Model** -- Program participants are placed in apartments scattered throughout a community. Participants can also be housed in units scattered throughout a large apartment building.
- **Clustered-scattered site Model** -- The project operates two or more small buildings of no more than six to eight units, sometimes as few as two to four units.

While OASAS has no regulations against using any of the above models, the preferred PSH program model uses primarily scatter-site and clustered-scatter site housing placements in the community. The provider agency holds the lease with a private landlord; the tenant/participant signs a sub-lease and [Occupancy Agreement](#) (see Appendix B) with the housing provider. The Occupancy Agreement requires the tenant/participant to make financial contributions towards their monthly rent, participate in a range of supportive services, and have appropriate community involvement. Tenants/participants may receive supportive services on-site, at the housing provider's office, or coordinated through a Health Home. The Housing and/or Employment Counselor(s) should continually assess their tenant/participants to ensure they are connected and receiving the appropriate service(s).

### ***Overall Goals of MRT Housing***

In the OASAS Housing vision, providers work with program participants to maintain stable housing; establish linkages to supportive services, (i.e., community resources and mainstream benefits); increase tenants'/participants' employability skills, and if indicated refrain from parole violations and/or re-offenses. ***It is OASAS' expectation that agencies will incorporate such goals in a client's Service Plan and document progress.***

- ***Maintain stable housing:*** Having a stable and sustained living arrangement is an important part of transitioning back to, or achieving self-reliance/self-sufficiency. As previously noted, the lack of unstable housing results in unnecessary Medicaid spending as well as many other unintended consequences. Moreover, housing stability is one of the salient outcome measures that NYS will utilize in evaluating the success of this Initiative.
- ***Link to community resources and support services:*** Substance abuse, mental health, physical health and other community-based support services are very important for an individual and family when trying to re-integrate into the community. The residents in the MRT housing program are high-need individuals and it is the programs' responsibility to assess, provide or link the individual to supportive services and keep abreast of their participation in them. Furthermore as a support to the MRT affordable housing objectives to reduce Medicaid costs and unnecessary hospitalizations, tenants/participants that are not already linked should be given the option of a referral to a Health Home.
- ***Linkage of residents to mainstream benefits:*** It is important to link residents to mainstream benefits. These entitlement programs provide not only Medicaid, but also

food stamps and cash assistance until the person can secure stable employment. Teaching tenants/participants to take an active part in securing and advocating for their entitlements is important in building their independence as well as supporting the goal of self-efficacy.

- **Increased Vocational and Employability Skills:** Many individuals have difficulty finding permanent, well-paid employment because they lack job-seeking experience, a viable work history, and occupational skills. Providing and/or linking MRT program participants to opportunities to build skills that focus on vocational, educational, and employment opportunities will increase the chances for a successful re-integration of the individual into society and the community.
- **Health Homes** are a care management service whereby all of the professionals involved in a member's care communicate with one another to ensure that all needs (medical, behavioral health and social service) are addressed in a comprehensive manner. The Comprehensive Care Coordinator/Manager is the person responsible for coordinating individualized, person-centered service plans for each individual in a Health Home. Housing Counselors should communicate with the Health Home Care Coordinator/Manager to ensure that MRT participants' service plans are addressed in a coordinated manner, and that they receive the necessary services to stay healthy and out of the emergency room and/or hospital. Most MRT program participants will be eligible to be enrolled in a Health Home. Health Home services, at times, are provided through a network of community-based organizations and providers.

## Getting Your Project off the Ground

This section discusses the initial tasks required to launch an MRT PSH project and ways to ensure that early implementation goes smoothly. These early tasks include:

- clarifying and coordinating the roles of the MRT project partners;
- hiring staff and identifying a program site;
- securing housing for MRT participants;
- acquiring furniture and setting up units; and
- interviewing and selecting eligible participants.

### ***Coordination Among MRT Partners***

Once the MRT contract has been awarded, OASAS and MRT provider staff will review roles and responsibilities of each party in implementing the program. Health Homes can be an important part of this initiative. Linkage agreements with the contractor's local or regional Health Home(s) should be developed and maintained on file by the provider.

### ***Negotiate a Memorandum of Understanding***

A Memorandum of Understanding (MOU) is a useful tool for establishing the respective roles of the parties involved in the MRT PSH project. The MOU should be jointly developed and signed by the contracted agency and any partner agencies. It should outline the responsibilities of the contractor and the sponsors. It should also include program participant selection criteria that identify the target population for the MRT PSH project and the requirements for tenancy.

### ***Staffing and Location***

Upon execution of the state contract, the staff for the program may be hired. Providers must conduct criminal background checks in compliance with the Justice Center for the Protection of People with Special Needs. The contractor shall ensure that the program has an appropriate staffing plan with sufficient numbers of staff with appropriate qualifications and training for the target population, and salaries commensurate with those qualifications. Evening and weekend coverage (e.g., on-call) is expected. The contractor should initially train staff and conduct ongoing training as needed. Program Directors overseeing Housing Counselors shall be required to have a Bachelor's degree with supervisory experience and experience serving the target population.

### ***Housing Units***

Concurrently, the housing agency needs to identify, rent and furnish the apartments for eligible residents to move into. The MRT PSH program is designed as a scatter-site housing program that can be implemented quickly. Clustered units in a building up to 10 units are allowable. Apartments may be designed as either studio units or one-bedroom units. All studio units should have both a kitchen and bathroom within the rental unit. ***This initiative does not allow for Single Room Occupancy (SRO) units.***

For new projects, unless the agency already owns or leases units, MRT housing providers will need to locate property owners willing to lease individual units or clusters of apartments to the agency. The cost per unit may be up to the HUD FMR that the provider agency used in their MRT PSH Request For Proposals (RFP) application. This rate is valid for the entire contract period.

The HUD FMR may be found at <http://www.huduser.org/DATASETS/fmr.html>. It is important to note that program budgets are based on rents from the FMR for the year the project was awarded. Providers should keep this in mind when renting units, state contracts cover multiple years and are flat funded. **Additional funding will NOT be made available to accommodate increases in the FMR.**

OASAS prefers that units be leased in the provider's name. When placing residents in units, it is important to be mindful of factors such as accessibility of services or any stipulations concerning a resident's criminal justice history. Medical facilities, laundry, grocery, shopping, etc. should be easily accessible. For consumers who have physical disabilities, handicap accessible units should be located.

The building and housing unit selected for each tenant/participant must be clean, in good repair, and free from any conditions that could be dangerous or unhealthy for the individual. It is possible that the building or apartment, while being decent housing, requires some repairs. All repairs must be made prior to occupancy. The housing provider must inspect the housing, and reserves the right to require further repairs or to reject the housing if it does not meet the standards of the program or if it has major deficiencies that the landlord does not propose to correct. Housing units must meet the Housing Quality Standards set forth by HUD in federal guidelines 24 CFR Section 982.401. An initial inspection report should be completed by the provider for each building and unit proposed for rental assistance using the [Housing Quality Inspection Checklist](#) (form 52580 in Appendix B). Going forward each housing unit must also be re-inspected annually by the agency and all needed repairs must be made within 30 days of the inspection. ***If it is an agency-owned congregate or single site building, the units and property must be inspected by an outside party.*** For annual re-inspections, the tenant/participant and the Housing Counselor should be present to answer questions about the unit.

### **Site Selection**

When working with landlords, realtors, and brokers, it is important to keep the tenant/participant in mind. Realty agencies and property management companies can be an asset to not-for-profit companies when locating and setting up units of residence. Broker fees are often a necessary component of apartment location. It is important to locate and rent the apartments during the start-up period of the contract so the provider agency does not have to utilize money in the annual budget for these additional costs. The provider agency is obligated to maintain the number of apartment/housing units it has under contract with OASAS.

### ***Apartment Set-Up***

The MRT PSH program includes initial funding for furniture for the apartment units. Furniture should be purchased during the start-up period of the grant when there is funding specifically for those expenses. All units are expected to have a bed(s), dresser(s), a suitable sized table and chairs, couch, coffee table, lamps (if needed), blinds and basic cookware. A welcome package consisting of items such as sheets, pillow, comforter, shower curtain and towels is recommended. ***All the money in the start-up budget is time limited, therefore, it is important that the housing agency secure all the above during that period.***

It is recommended that residents sign a form which acknowledges that the furniture is the property of the agency and cannot be taken with them when they move on. The program must keep an inventory of all furniture provided for program participants. (See Appendix B for a model [Inventory Form](#)). ***All furniture should be tagged and verified regularly.*** An agreement should be made between the agency and the tenant/participant about the furniture, to include stipulations such as:

- tenants/participants cannot dispose of any of the agency furniture;
- tenants/participants may request that furniture be removed from the unit by the agency if the individual wants to purchase their own;
- tenants/participants will be liable for any damages they make to the furniture.

Some local Department of Social Services (DSS) and the NYC Human Resources Administration (HRA) allow for an additional furniture allowance which should be used to set up personal needs of residents such as plates, more sheets, towels, cleaning supplies, etc. ***Anything purchased with the DSS/HRA money is property of the program participant and does not need to be accounted for by the agency.***

## **MRT PSH Program Participants**

### ***Participant Eligibility***

The target population for the OASAS MRT PSH program, as specified in the RFP, is: single adults with a substance use disorder/chronic addiction who are high cost frequent Medicaid consumers who are also homeless or at risk of returning to homelessness.

### ***OASAS Required Criteria for Admission***

This program is designed to serve high frequency, high cost Medicaid consumers with a documented substance use disorder. Specific admission requirements for the OASAS MRT PSH program are as follows:

- Must be a single adult.
- Must have a primary diagnosis of a substance use disorder.
- Must have history of, or be at risk of homelessness. At-risk of homelessness includes persons who are in imminent danger of losing their permanent housing due to a sudden change in the building, the ownership or the life situation of the resident such as:
  - The household has received an eviction notice;
  - Tenants in a building have been informed that a public safety condemnation is imminent;
  - Foreclosure proceedings are pending on the household's rental housing;
  - The household is in an extreme overcrowded situation (the number of persons exceeds health and/or safety standards for the unit's size);
  - The person is living in an environment that may jeopardize their recovery (i.e., active substance use; drug sales) and has no financial means of immediately securing alternative permanent housing;
  - Sudden and significant loss of income for the household;
  - Sudden loss of existing physical accommodations (i.e., elevator no longer works);
  - The building has sustained significant damage such as fire, loss of water, loss of heat;
  - The individual is pending a discharge from an inpatient facility (i.e., rehab, residential facility, state hospital) AND has no subsequent residence identified and lacks the resources and support networks needed to obtain access to housing due to their substance use disorder.
- Must have active Medicaid benefits.
- Must have a history of two inpatient hospitalizations; at least five emergency room episodes; OR a combination of four emergency room episodes and one inpatient hospitalization in a 12 month period to be eligible.
  - The 12-month period is specific to the 12 months prior to the date of referral to the MRT housing program, OR 12 months prior to the date of entry to a community residence program, supportive living or other transitional housing program.

### ***Referral Process***

Housing providers are encouraged to identify potential referral sources and establish working agreements. MRT Housing providers are expected to link with a Health Home in their community and should reach out to them as a source of referrals that will meet the above criteria. Behavioral Health Organizations (BHO) may also serve as a referral source, as well as Providers utilizing pre-existing referral networks.

### ***Interviewing and Selecting Eligible Participants***

Based on an individual meeting initial eligibility criteria, the agency will screen the applicant to confirm that they meet all required admission criteria to include Medicaid verification. The housing agency should keep any referral and screening/intake forms in the charts of all accepted program participants. This must include any and all signed Release of Information documentation. (See Appendix B for model [Referral](#) and [Intake Forms](#).) Screening/Intake forms completed for applicants that were not accepted should be maintained in a separate file with the reason the applicant was denied admission; OASAS may review these during monitoring visits.

### ***MRT PSH Program Housing Counselors***

The Housing Counselor is the person who has day-to-day contact with the tenants/program participants. The elements that make up a Housing Counselor position include: outreach/engagement, screening/assessment, wellness planning, linkages, and monitoring/advocacy. Housing Counselors work with the participants to learn/re-learn how to live independently and advocate for their best interests. Housing Counselors assist tenants/program participants in maintaining stable/sustained housing, as well as conducting ongoing strengths and needs assessments, identifying participant's natural support systems, identifying existing community resources, coordinating Individualized Care Plans, fostering self-sufficiency, and when indicated, ensuring for the coordination of care and services with tenants'/participants' Health Home Care Coordinator/Manager. The role of the Housing Counselor is to provide support and guidance as it relates to housing assistance, service collaborations, counseling, and coaching/mentoring. Other responsibilities include the oversight of proper maintenance/cleaning of the home/apartment, budgeting, menu planning and nutritious cooking skills, the importance of keeping doctor's appointments, taking prescribed medications as indicated by their physician, exercise, self-care, and positive uses of free time.

For all tenants/program participants enrolled in a Health Home it is important that the program's Housing Counselor stay in contact with the assigned Care Coordinator/Manager and

keep apprised of the work the Health Home is doing. If a tenant/program participant is not connected to a Health Home, it is the Housing Counselor's responsibility to refer the tenant/program participant for an eligibility screening. ***Until the Care Coordinator/Manager engages the tenant/participant, the Housing Counselor should oversee the wellness of the tenant/program participant, including medical appointments, dental, nutrition, medications, etc.*** A person need not be accepted into a Health Home to retain their housing or be housing eligible, but should at least be screened for eligibility. Having tenants/program participants linked to a Health Home, allows your staff to focus on housing stability and skills building.

### **Mainstream Benefits**

***All tenants/program participants must have Medicaid to be eligible for this program.***

In addition to Medicaid, the participant should be linked to all available sources of income including Public Assistance/DSS benefits, food stamps, SSI/SSDI, etc. Many tenants/program participants need help and support in keeping these benefits active and meeting county/city work and fair hearing requirements. The entitlements portion of this initiative is very important for providers looking to manage this program without a deficit. For tenants/participants who exhibit great difficulties with budgeting, a Rep-Payee is recommended and should be an available service. An important outcome of the program is helping tenants/participants link to available benefits that can increase their menu or option of resources, and could support their transition into gainful employment and/or vocational preparation.

## **The Day-to-Day Program Operations**

### ***Charting and Documenting Resident Progress***

Providing appropriate housing counseling services and other needed supportive services are essential to helping MRT tenants/program participants maintain housing stability and progress toward greater self-sufficiency. Documentation of these services is just as important to OASAS as is the actual service provided; ***without case notes documenting the services, it is assumed no services are being rendered.***

It is expected that tenant/participants' service needs will change over time. Ongoing assessment and re-evaluation are essential to meeting tenants/program participants' needs. Information sharing among Housing Counselors who work with the same type of tenants/participants can help to develop and when indicated revise Service Plans to set achievable goals. Additionally, whenever possible, Housing Counselors should seek to participate

in any case conferences with community-based providers/services and Health Homes regarding their shared program participants. This helps to maintain the continuity of care and guard against duplication of services.

Among this difficult to serve population, even the mastering of basic tasks can be a measure of progress and should be viewed as a positive outcome of the program, and a success for the tenant/participant. Incentive Programs can be supportive of those changes and the improvements being made.

### **Case Notes**

Case notes should be written after each home and office visit is conducted. The length of the session should be noted and be of at least 30 minute duration. Other contact with the residents should be recorded as well, but should not be considered as a Housing Counselor visit. Case notes should discuss information regarding the MRT participant's case, to include what services the individual is receiving, additional stressors they may be experiencing, what goals have been obtained, modifications to the individuals' service plan, etc. A Housing Counselor is the first person who will recognize warning signs of stress, an inability to adjust to the community or reintegration, and if applicable risks for relapse. Those observations should be identified and reflected in the chart documentation. When applicable, the Housing Counselor should also attempt to engage and refer tenants/participants who may be encouraged to participate in a recovery process.

The target population for this program requires intensive services initially. In the first three to six months, Housing Counselors should conduct weekly home visits and document each visit in the case notes. As the tenant/participant progresses, the regularity of home visits may decrease; however, there must be a home visit or office visit (and documentation) every two to four weeks based on the Housing Counselor's assessment of tenants'/participants' needs.

Tenant/participant case notes support and illustrate the work of the Housing Counselor(s), Vocational Counselor, Program Director(s), etc. OASAS will evaluate the services the tenant/participants receive and the quality of Housing Counselors' work based on tenants'/participants' case notes.

***Case notes must be detailed and should address the following areas:***

**Observations** – tenant's/participant's maintenance of self and apartment.

**Appointments** – if tenant/participant has appointments (medical, treatment, psychiatric), if the participant is attending the appointments, any outcomes the program needs to be aware of, etc. Status of Health Home participation and services.

**Substance Use** – It should be noted that individuals cannot be denied housing, or be evicted for using substances. However it should be documented in the case records if the participant is actively using or in recovery. Has the participant demonstrated an interest in, or requested a referral for SUD treatment services? If applicable, what treatment and/or support groups are they engaging in?

**Assistance** – what the tenant/participant discussed with Housing Counselor, what assistance the Housing Counselor provided, etc.

**Service Plan update** – what progress the tenant/ participant is making on their Individualized Service Plan.

***Service Plans and Updates***

Service Plans should contain clear and attainable goals that the tenant/participant sets in conjunction with the Housing Counselor. The Service Plan should be Person-Centered and contain goals regarding their overall wellness and sustaining housing (i.e., community reintegration, family reunification, nutrition/exercise, budgeting, interest/motivation to address A/OD use, and the development of positive support systems). Incentive Programs (e.g., Contingency Management), if used to support the tenant's/participant's goals, should be noted in the Service Plan with clear action steps for the participant on working towards the receipt of incentives. The initial Service Plan should be completed 30 days after admission, with review and progress updates taking place quarterly with the participant. Quarterly updates (every 90 days) of the Service Plan may be documented using the [Residential Functional Assessment Form](#) (NYSCRI Form) (See Appendix B). It is expected that the Service Plan be revised annually to reflect the participant's progress in the program.

***Employment***

The provider must assist tenants/program participants directly or through linkages in accessing services and resources that will enhance the individual's ability to secure gainful employment, including educational opportunities, job readiness skills, vocational training, assistance with employment placement and retention. Job Readiness should include such skills

as resume writing, educating/training in the use of internet job search engines, interviewing skills, and identifying and motivating tenants/program participants to engage in training that enhances their marketability. A tenant's/participant's educational background can be a good indicator of the types of educational services needed, as well as any literacy assessments.

### **Consents**

As indicated, consents should be signed up front for any potential contacts the Housing Counselor will need. This must include the OASAS form [Consent to Release of Information Concerning Chemical Dependence Treatment for Permanent Supportive Housing \(TRS-60\)](#) (See Appendix B). Others may include the participant's Health Home and Care Coordinator/Manager, Chemical Dependency and/or Mental Health Treatment Program, Parole or Probation Officers and the 'In Case of Emergency' contact person. For Health Homes, all programs need to have the DOH form [Health Home Patient Information Sharing Consent \(DOH-5055\)](#) on file in the participant's records.

### **Tenant Rent Calculation and Income Recertification**

To determine the appropriate rent payment for a tenant/participant, staff should complete a [Program Participant Rent Calculation Worksheet](#) (see Appendix B). The rent should be calculated initially using three (3) bi-weekly or six (6) weekly pay stubs, Supplemental Security Income (SSI) letter or the Public Assistance (PA) budget sheets; these documents should be kept on file along with the rent calculation worksheet. All tenants/program participants in PSH programs qualify for the \$400 Disability Deduction to be entered on Line 14 of the Worksheet. The MRT PSH program staff must reexamine participants' income at least annually and make any needed adjustments to the participants' rent contribution amount. ***A tenant's/participant's income should be recertified if there is a decrease in household income, or if the source of income changes (i.e., resident becomes employed and is no longer on PA/DSS benefits or if a resident moves from PA/DSS benefits to SSI). Tenants/participants whose income increases during the year do not have to have their rent increased until the next scheduled (annual) recertification.***

## **Program Administrative Responsibilities**

This section clarifies features of contract administration for MRT PSH providers. There are a variety of administrative tasks associated with the MRT program.

### ***Program Staff Responsibilities***

Agency executive staff are ultimately responsible for ensuring that the MRT PSH program operates in compliance with the OASAS MRT Housing Program State Contract. Program Directors need to ensure that Clinical Supervision for Housing Counselors is conducted and documented with regular review of charting and record keeping.

### ***Tracking Supportive Services Delivery and Outcomes***

Program providers are expected to collect and aggregate information to meet OASAS reporting requirements, Department of Health reporting requirements for Medicaid, as well as for their own project and contract management purposes. It is important to maintain records of all inventories and program expenses associated with the MRT Housing program.

### ***Status Reports to OASAS***

OASAS Housing Bureau Program Associates will regularly contact providers for information on the MRT PSH programs in addition to their receipt of providers' monthly reporting data. After the implementation phase is complete, the program will be required to submit reports to OASAS Housing Bureau Program Associates to report information on program operations. While the information may vary depending on OASAS priorities, OASAS typically requires the same data. The requested data may include, but not be limited to:

#### Program Report

- Project Progress/Occupancy Rate
- Tenant/Participant Demographics
- Admissions & Discharges
- Length of Stay
- Employment/Educational/Vocational
- Tenant/Participant Achievements

#### Monthly Rental Statement

Providers will be required to submit a Monthly Rental Statement that includes the following information:

- Apartment Address
- Base Rent

- Tenant Share
- Tenant's Source of Income

### ***Medicaid Data Collection***

It is critical that the MRT housing efforts demonstrate the positive impact of subsidized housing and supportive services on individuals' pattern and trends of Medicaid usage. Providers must ensure that all appropriate Release of Information documents have been signed/dated, and submit the Medicaid ID of new admissions and discharges to OASAS on a monthly basis. Since the Medicaid beneficiary data is confidential, Housing Bureau Program Associates will contact providers to obtain the information in a secure manner. OASAS is responsible for transmitting tenants'/participants' information to the State Department of Health.

### ***Policy and Procedures Manual***

During the set-up of the MRT PSH program, an agency-based Policy and Procedures Manual must be developed. OASAS will review the manual during site visits. The manual should include procedures regarding admissions, discharges, rent collection, and service delivery. Additional policies should include program participants' rights, termination and due process, grievances, staff training, staff supervision, sexual harassment, safety policies for staff and residents, incident and death reporting, emergency protocols and emergency plan.

### ***Incident Reporting***

Providers should notify the Housing Bureau of any untoward incidents or death of a tenant/participant. Based upon the incident, additional notification and/or documentation may be indicated.

### ***Staff Training***

Providers shall have the capacity to provide training to staff that would include, but not be limited to: health education, addiction treatment and recovery, nutrition, counseling techniques (e.g., motivational interviewing), best practices in employment services, harm reduction, Housing First service approaches, trauma informed care, and relapse prevention approaches. ***A staff training log must be maintained and made available for OASAS' review during a monitoring visit.***

## **Moving On Plan**

### ***Moving to Unsubsidized Housing***

The goal of the MRT PSH program is to decrease Medicaid usage as well as unnecessary hospitalizations and emergency department encounters while assisting and supporting tenants/participants in their achievement of housing stability, self-efficacy, and financial self-sufficiency. With the aid of staff and supportive services, providers will find that some tenant/participants reach a point where they are ready to move beyond what is provided through the PSH program. For some individuals alternative sources of permanent housing may be more appropriate or preferred. Moving individuals into alternative housing arrangements over time increases their progress toward self-sufficiency and also opens up rental assistance to new participants.

### ***Turn-key***

Turn-key is a way to move from subsidized to unsubsidized housing without needing to move. The process is worked out with the specific landlord so that the tenant/participant takes over the responsibility for the apartment lease. When a turn-key occurs, the provider should locate an additional apartment so that another eligible participant may be admitted to the program.

### ***Termination of Assistance***

Providers may terminate the rental assistance of an individual who violates program requirements or conditions of the Occupancy Agreement. Providers must exercise good judgment and examine all extenuating circumstances in determining when violations are severe enough to warrant termination so that an individual's rental assistance is terminated only in the most severe cases. Every effort should be made to assist participants in retaining and sustaining their housing.

***Providers may retain an apartment for up to 90 days for individuals who are receiving inpatient care or are incarcerated. Providers should make every effort to maintain contact with the participant during this time period, to include clinical staff and criminal justice representatives. Providers may terminate a program participant who has been lost to contact for a period of more than 30 days.***

### ***Due Process***

In terminating rental assistance to an individual participating in the program, the provider must provide a formal process that recognizes the rights of individuals receiving assistance and due process of the law. This process, at a minimum, must consist of:

- Written notice to the tenant/participant containing a clear statement of the reasons for termination;
- A review of the decision, in which the tenant/participant is given the opportunity to present written or oral objections before a person other than the individual (or a subordinate of that person) who approved the termination decision;
- Prompt written notice of the final decision to the tenant/participant.

### ***Documentation of Discharge***

In cases of discharge (whether positive or non-positive), providers are expected to fully document the events which led to the tenant/participant's departure from the program. A [Discharge Form](#) (See Appendix B) should be completed either directly before or directly after the discharge, depending on the circumstances. A summary should capture the reason for the discharge, employment status, recovery status, service referrals and living situation (including the individual's destination) upon discharge. Providers should offer each tenant/participant the opportunity to complete a [Tenant Satisfaction Survey](#) (See Appendix B for a sample survey). Surveys should be maintained on file for OASAS' review.

### ***Long Term Program Participation***

For some participants the housing provided by MRT in combination with ongoing supportive services may be the best solution to keeping them in stable and sustained housing. Those tenants/participants will be long-term residents who may never transition to unsubsidized housing. The goal with those participants is to continue to gain skills, collaboratively identify viable long-term goals/objectives, and continued support of their re-integrate back into the community.

## **Conclusion**

All OASAS state funded housing programs will receive regular site visits conducted by the OASAS Housing Bureau Program Associates. If you follow this manual, your program will be prepared and ready for all visits. Additionally, the OASAS Housing Bureau Program Associates will be available to provide technical assistance.

OASAS considers all housing agencies as partners in the goal of reducing chronic homelessness, as well as helping individuals in need become emotionally and economically self-sufficient/self-reliant, and decreasing Medicaid costs while ensuring quality of care.

## **Appendix A – Client Chart Set-up**

**Model forms are provided in this manual for your convenience, however, all changes/updates to the forms may be found on the OASAS website. Providers may revise the model forms, as long the revisions include all elements of the model forms. See Appendix B for Model Forms.**

Charts should include the following information:

### **Intake Information**

Referral Form

Intake Form

Participant Occupancy Agreement (initialed, signed & dated)

In Case of Emergency Contacts

### **Apartment Information**

Current and Past Agency Leases with Landlord (signed, dated)

Annual Sub-Leases with Program participant (signed and dated)

Initial Housing Quality Standards Inspection

Annual Housing Quality Standards Re-inspections/Updates/Repairs

### **Service Plan and Quarterly Updates**

Participant Service Plan Form

Quarterly Service Plan Review

### **Progress Notes**

Participant Progress/Case Notes

Incident Reports regarding behavioral or legal issues

Case notes

Discharge Form

Tenant Satisfaction Survey

### **Financial Information**

Initial Program participant Rent Calculation Worksheet & Income Verification

Annual Program participant Rent Calculation Worksheet & Income Verification

Miscellaneous information about financial obligations, such as child support, credit card debts, loans, etc.

### **Releases**

Consent for next of kin and in case of emergency contacts

Release and consent forms

Release of Information as needed (i.e. DSS, doctors, therapists, other human resource agencies, etc.)

### **Correspondence**

Correspondence to or from participants – including rent arrears letters

Correspondence to or from outside parties

## Appendix B - Model Forms and Resources

[MRT PSH Referral Form \(PAS-117H\)](#) – Page 22

[MRT PSH Intake Form \(PAS-118H\)](#) – Page 26

[Housing Consent Form](#) - Page 31

[MRT PSH Participant Occupancy Agreement \(PAS119H\)](#) - Page 33

Housing Quality Standards Inspection Form ([HUD-52580](#)) – Page 34

[Furnishings and Equipment Inventory Form \(PAS-120H\)](#) - Page 43

[Sample Supportive Services Plan](#) - Page 44

Service Plan Review -- [Residential Functional Assessment Form \(NYSCRI Form\)](#) - Page 45

[Discharge Form \(PAS-121H\)](#) – Page 50

[Tenant Satisfaction Survey \(PAS-122H\)](#) - Page 51

[Tenant Rent Calculation Worksheet](#) – Page 52

**Office of Alcoholism and Substance Abuse Services  
Medicaid Re-Design Team Permanent Supportive Housing Referral Form**

**REFERRAL AGENCY INFORMATION**

Date of Referral \_\_\_\_/\_\_\_\_/\_\_\_\_ Referring Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

\*\*\*\*\*

**BASIC APPLICANT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Sex: \_\_\_\_ Marital Status: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN#: \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Veteran:  Yes  No

Medicaid CIN #: \_\_\_\_\_ Medicaid Managed Care Organization: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ How many months employed in the past year: \_\_\_\_\_

Current Legal Status: \_\_\_\_\_

Name and phone number of PO(if applicable): \_\_\_\_\_

**Homelessness Assessment**

1. For the past 30 days, have you been living in an inpatient facility or housing that you own, rent, or stay in as part of a household?  Yes  No *If yes, skip the next question*
2. How would you describe your most common housing situation over the past 30 days?  
 Emergency or temporary housing (shelter)  On street or abandoned building  Other \_\_\_\_\_
3. When was the last time that you lived in the same apartment or house for 3 months or longer?  
 In the past 6 months  6 months-1 year ago  1-3 years ago  More than 3 years ago  Don't know

**Risk of Homelessness Assessment (if tenant currently homeless, skip this section)**

4. Are you pending eviction within 30 days (with court papers/marshal's notice as back-up)?  Yes  No
5. Are there issues with the building in which you live (condemned, foreclosure, loss of physical accommodations, building damage)?  Yes  No
6. Are you living in an extreme overcrowded situation?  Yes  No
7. Are you living in an environment that may jeopardize your recovery?  Yes  No
8. Have you experienced sudden and significant loss of income?  Yes  No
9. Are you pending discharge from an inpatient facility (rehab, residential facility, hospital) within 30 days?  
 Yes  No
10. Do you have a residence identified or resources and support networks that can help you obtain access to housing?  Yes  No



### Substance Use

11. How many drinks containing alcohol do you have on a typical day when you are drinking?  
 Never  1-2  2-3  3-4  5-6  7-9  10 or more
12. In the past 12 months, which substance, if any, has caused you the most serious problems?  
 None  Alcohol  Heroin  Cocaine  Marijuana/cannabis  
 Stimulants  Sedatives  Prescription Drugs
13. What is the qualifying substance use disorder? (include DSM code) \_\_\_\_\_

### Health Service Use

14. Have you been in inpatient hospitalization 1 or more times in past 12 months?  
 Yes  No If yes, how many? \_\_\_\_\_
15. Have you had 4 or more emergency room visits in past 12 months?  
 Yes  No If yes, how many? \_\_\_\_\_
- See page 3 of this form for a definition of the 12 month period*
16. If currently inpatient, pending discharge date: \_\_\_\_/\_\_\_\_/\_\_\_\_
17. If currently in other residential setting (i.e., community residence, supportive living, transitional housing), what was admission date: \_\_\_\_/\_\_\_\_/\_\_\_\_ pending discharge date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- \*\* Referring agency should provide any supporting documentation that is available to support the above episodes \*\***

### Physical and Mental Health

18. Secondary Diagnosis(es) (include MH): \_\_\_\_\_
19. Medical conditions: \_\_\_\_\_
20. Medications: \_\_\_\_\_
21. Name of Physician/Clinic: \_\_\_\_\_
22. How many days have you experienced medical problems in the past 30? \_\_\_\_\_
23. How many days have you experienced mental health problems in the past 30? \_\_\_\_\_

## Certification of Program Eligibility

To be completed by MRT Housing Provider

### ADMISSION REQUIREMENTS FOR HOUSING PROGRAM (please check):

- Applicant has a primary diagnosis of a substance use disorder
- Applicant is actively enrolled in Medicaid
- Applicant has a history of 2 inpatient hospitalizations, or 5 emergency room visits within the past 12 months (\* or 1 inpatient and 4 emergency room visits)
- Applicant is a single adult living alone
- Applicant has history of or is at risk of homelessness (*see page 4 of this form for definition of at risk of homelessness*)

*The 12 month period is defined as 12 months prior to the date of referral to the MRT Housing Program OR 12 months prior to the date of entry to a community residence, supportive living or other transitional housing program.*

**Certify the applicant has had 2 or more inpatient hospitalizations in past 12 months (\*see above):**

List facilities and dates:

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**OR**

**Certify the applicant has had 5 or more emergency room visits in past 12 months (\*see above):**

List facilities and dates:

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**Housing Provider Staff First and Last Name:** \_\_\_\_\_

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

## At Risk of Homelessness – Definition

At risk of homelessness includes persons who are in imminent danger of losing their permanent housing due to a sudden change in the building, the ownership or the life situation of the resident such as:

- The household has received an eviction notice;
- Tenants in a building have been informed that a public safety condemnation is imminent;
- Foreclosure proceedings are pending on the household’s rental housing;
- The household is in an extreme overcrowded situation (the number of persons exceeds health and/or safety standards for the unit’s size);
- The person is living in an environment that may jeopardize their recovery (i.e., active substance use; drug sales) and has no financial means of immediately securing alternative permanent housing;
- Sudden and significant loss of income for the household;
- Sudden loss of existing physical accommodations (i.e., elevator no longer works);
- The building has sustained significant damage such as fire, loss of water, loss of heat; and
- The individual is pending a discharge from an inpatient facility (i.e., rehab, residential facility, state hospital) AND has no subsequent residence identified and lacks the resources and support networks needed to obtain access to housing due to their substance use disorder.

**New York State**  
**Office of Alcoholism and Substance Abuse Services**  
**Medicaid Re-Design Team Permanent Supportive Housing Intake Form**

<b>RESIDENT NAME:</b>	<b>RESIDENT ID #:</b>	<b>DATE OF ADMISSION:</b>
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<b>SUBSTANCE USE HISTORY</b>	<i>Include age of onset, duration/frequency of use, administration, patterns, increased tolerance, consequences of use, history of previous attempts to remain abstinent, patient's own perception of chemical use, self-help involvement, and prior treatment history.</i>
<b>FINDINGS:</b>	
<b>CONCLUSIONS:</b>	
<b>Axis I diagnosis:</b>	

<b>HOUSING</b>	<i>Describe current housing status, including current or past homelessness.</i>
<b>FINDINGS:</b>	
<b>CONCLUSIONS:</b>	



**New York State  
Office of Alcoholism and Substance Abuse Services  
Medicaid Re-Design Team Permanent Supportive Housing Intake Form**

<b>RESIDENT NAME:</b>	<b>ID #:</b>
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**MENTAL HEALTH**

*Include resident's lethality (current and past); history of hospitalizations, lengths of stay, current treatment(including medications), current mental status; and history of mental abuse or emotional abuse:*

**FINDINGS:**

**CONCLUSIONS:**

**Axis I diagnosis:**

**Axis II diagnosis:**

**MEDICAL**

*Include date of last physical examination, medical history, current medical problems/chronic medical conditions, and current medications.*

**FINDINGS:**

**CONCLUSIONS:**

**Axis III diagnosis:**



**New York State  
Office of Alcoholism and Substance Abuse Services  
Medicaid Re-Design Team Permanent Supportive Housing Intake Form**

<b>RESIDENT NAME:</b>	<b>ID #</b>
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**BENEFITS**

*Identify client's current benefits and entitlements (Medicaid, PA, SSD/SSI, VA, etc.) as well as those for which they are eligible.*

**FINDINGS:**

**CONCLUSIONS:**

**ACTIVITIES OF DAILY LIVING**

*Address personal hygiene and appearance, money and time management, managing medication, general responsibilities, i.e., paying bills, keeping home clean, keeping appointments, proper nutrition, transportation, accessing community services, etc.:*

**FINDINGS:**

**CONCLUSIONS:**

**LEGAL**

*Include conviction history, current & pending legal issues w/scheduled court appearances, and parole/probation status.*

**FINDINGS:**

**CONCLUSIONS:**



**New York State  
Office of Alcoholism and Substance Abuse Services  
Medicaid Re-Design Team Permanent Supportive Housing Intake Form**

<b>RESIDENT NAME:</b>	<b>ID #:</b>
-----------------------	--------------

**EDUCATION/VOCATION**

*Include assessment of literacy skills, highest grade completed, GED status, degrees obtained, and any learning disabilities. Describe any skills learned or desired.*

**FINDINGS:**

**CONCLUSIONS:**

**EMPLOYMENT**

*Include employment history:*

**FINDINGS:**

**CONCLUSIONS:**

**SOCIAL/LEISURE**

*Describe client's current social network and leisure activities.*

**FINDINGS:**

**CONCLUSIONS:**



**New York State  
Office of Alcoholism and Substance Abuse Services  
Medicaid Re-Design Team Permanent Supportive Housing Intake Form**

<b>RESIDENT NAME:</b>	<b>ID #:</b>
-----------------------	--------------

<b>OTHER</b>	<i>Indicate other relevant issues which may be included in developing a Service Plan, (e.g., victimization; veteran's status; history of domestic violence; physical or sexual abuse; and spirituality; etc.):</i>
<b>FINDINGS:</b>	
<b>CONCLUSIONS:</b>	

<b>PREPARED BY (IF OTHER THAN QHP):</b>		
<b>RESPONSIBLE Qualified Health Professional:</b>		



NEW YORK STATE  
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

**CONSENT TO RELEASE OF INFORMATION  
CONCERNING  
CHEMICAL DEPENDENCE TREATMENT  
FOR  
PERMANENT SUPPORTIVE HOUSING**

Applicant's Medicaid Identification Number

---

Applicant's Last Name, First, M.I.:
Housing Provider's Staff Member's Name:
Housing Provider's Name & Address:

**INSTRUCTIONS:** 1) PROVIDE A COPY OF THIS COMPLETED FORM TO THE APPLICANT;  
2) ADD A COPY OF THIS COMPLETED FORM TO THE APPLICANT'S FILE; AND

1) I, the undersigned, Applicant, hereby **CONSENT** and authorize communication between and among the above named **Housing Provider**, New York State Office of Alcoholism and Substance Abuse Services (OASAS); New York State Department of Health (DOH); and National Center on Addiction and Substance Abuse at Columbia University (CASA).

I **CONSENT** to **DISCLOSURE OF INFORMATION** concerning my: first name; first initial of middle name; last name; maiden name; Medicaid Id number; date of birth; social security number; gender at birth, gender, date supportive housing began, date supportive housing ended, date of this consent and relevant information from the NYS Medicaid system and OASAS client data system.

Such disclosure is for the **PURPOSE** of enabling the entities listed above to communicate as to my treatment needs, activities, history and evaluate my treatment for purposes of monitoring, case management purposes, and for carrying out other official duties;

**AND**

2) I further **CONSENT** and authorize communication between and among the above named **Housing Provider** and the New York State Office of Alcoholism and Substance Abuse Services (**OASAS**); and OASAS to **DISCLOSE** the above referenced **INFORMATION** to National Center on Addiction and Substance Abuse at Columbia University (**CASA**), for the **PURPOSE** of Medicaid utilization analysis and program evaluation activities. I understand that any reports or studies compiled from my records disclosed pursuant to this release will not include personally identifiable information which will remain confidential and protected from further re-disclosure.

I, the undersigned, have read the above and authorize the staff of the above named disclosing entities to disclose, obtain and share such information as herein specified. I understand that, unless otherwise specified, this consent will remain in effect for five years after I sign this consent OR leave my supportive housing unit, whichever is longer, unless this consent is revoked by me.

I also understand that any disclosure of any identifying information is bound by Title 42 of the Code of Federal Regulations 42 CFR Part 2, governing the confidentiality of alcohol and drug abuse patient records, as well as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 C.F.R. Pts. 160 & 164; and that redisclosure of such information to a party other than those designated above is forbidden without additional written authorization on my part.

**NOTE:** Any information released through this form **MUST** be accompanied by the form **Prohibition on Redisclosure of Information Concerning Chemical Dependence Treatment Patient (TRS-1)**

I understand that generally the program may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form. I have received a copy of this form, as recognized by my signature below.

\_\_\_\_\_  
(Print Name of Applicant)

\_\_\_\_\_  
(Signature of Applicant)

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

TRS-60 (07/01/13)



**New York State Office of Alcoholism and Substance Abuse Services  
Medicaid Re-Design Team Permanent Supportive Housing Program  
Participant Occupancy Agreement**

As a participant in the \_\_\_\_\_ (Provider) Permanent Supportive Housing (PSH) Program, I \_\_\_\_\_ (the Tenant) understand that the full monthly rent for \_\_\_\_\_ (apartment address) is \$\_\_\_\_\_ for the period of \_\_\_\_\_ to \_\_\_\_\_. My contribution towards the rent will be 30% of my monthly adjusted income, 10% of my monthly gross income or 100% of the Public Assistance shelter allowance that I am entitled to receive, whichever is higher. I understand that my rent contribution may be subject to change if there are changes in my monthly income; family composition, or to the extent of exceptional medical or other unusual expenses, in accordance with established criteria.

I also agree to abide by the following program requirements:

- \_\_\_\_\_ I agree to work with my Housing Counselor and Health Home Care Manager in the development of my wellness care goals.
- \_\_\_\_\_ I agree to develop an Individualized Service Plan with my Housing Counselor and agree to work on achieving the goals that I have set and to participate in all supportive services indicated in my Plan.
- \_\_\_\_\_ I agree to pay my portion of the rent in full and on time monthly.
- \_\_\_\_\_ I agree to report any changes in my income promptly to the housing provider and agree to participate in an annual income review.
- \_\_\_\_\_ I agree to meet with my Housing Counselor at least bi-weekly at a mutually agreeable time.
- \_\_\_\_\_ I agree to abide by all terms of the lease for the apartment in which I reside.
- \_\_\_\_\_ I agree not to engage in any illegal activities while participating in the PSH program.
- \_\_\_\_\_ I understand that if I am hospitalized or decide to enter an inpatient program, my apartment will be held for a maximum of 90 days, provided that my portion of the rent is paid.
- \_\_\_\_\_ I agree that no long-term guests will be allowed to stay in my apartment without the prior written permission of the housing provider. **[NOTE: Long-term guests are defined as anyone except a tenant staying overnight more than two nights.]**



\_\_\_\_\_ I understand consents for emergency contacts, treatment programs, parole/probation, ACS, medical, etc. are required by the housing program. I agree to sign all appropriate release forms.

\_\_\_\_\_ I agree that, before terminating my occupancy of the apartment, I will give the housing provider 30 days written notice. I understand that the housing provider will give me 30 days written notice -- containing a clear statement of reasons for termination -- before they terminate the agreement. The housing provider's decision to terminate this agreement can be appealed. During the review process, I will have an opportunity to present written or verbal objections before a person other than the person (or subordinate thereof) that made or approved the termination decision. Prompt written notice following the final decision will be provided to me.

\_\_\_\_\_ I understand that if I abandon my apartment and make no contact with the housing provider for 30 days, I may be subject to termination.

\_\_\_\_\_ I understand my apartment will receive a complete Housing Quality Standards (HQS) inspection annually and all necessary repairs in the interim should be reported and addressed.

\_\_\_\_\_ I understand the housing provider must retain a set of keys to my unit to be used in case of emergency. If the housing provider is unable to access my unit in such cases, I understand I am responsible for the cost of the locksmith.

\_\_\_\_\_ I agree to participate in a final apartment walk-thru with my Housing Counselor at program termination to review any damages the unit may have incurred under my residency. I will return the apartment keys at this time.

\_\_\_\_\_ I have received a copy of this agreement and understand that failure to comply with any of its terms may result in my termination from the PSH program. I have initialed each item to signify my understanding of and consent to each condition.

This agreement will take effect on the date of the signatures indicated below and expires after one month, although it is automatically renewable on a month-by-month basis, unless prior written notice is provided by either participant or the housing provider.

Agency Staff: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

# Housing Quality Standards Inspection Form

Fillable PDF Form available at <http://portal.hud.gov/huddoc/52580.pdf>.

## Inspection Checklist

Housing Choice Voucher Program

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0169  
(Exp. 04/30/2014)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

Name of Family		Tenant ID Number	Date of Request (mm/dd/yyyy)
Inspector		Neighborhood/Census Tract	Date of Inspection (mm/dd/yyyy)
Type of Inspection	Date of Last Inspection (mm/dd/yyyy)		PHA
Initial	Special	Reinspection	

<b>A. General Information</b>		<b>Housing Type</b> (check as appropriate) Single Family Detached Duplex or Two Family Row House or Town House Low Rise: 3, 4 Stories, Including Garden Apartment High Rise: 5 or More Stories Manufactured Home Congregate Cooperative Independent Group Residence Single Room Occupancy Shared Housing Other
Inspected Unit	Year Constructed (yyyy)	
Full Address (including Street, City, County, State, Zip)		
Number of Children in Family Under 6		
<b>Owner</b>		
Name of Owner or Agent Authorized to Lease Unit Inspected		Phone Number
Address of Owner or Agent		

<b>B. Summary Decision On Unit</b> (To be completed after form has been filled out)			
<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	

Inspection Checklist						
Item No.	Item	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present					
1.2	Electricity					
1.3	Electrical Hazards					
1.4	Security					
1.5	Window Condition					
1.6	Ceiling Condition					
1.7	Wall Condition					
1.8	Floor Condition					

Previous editions are obsolete

Page 1 of 8

form HUD-52580 (3/2001)  
ref Handbook 7420.8



\* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area;  
 3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

Item No.		Yes Pas	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
<b>1. Living Room (Continued)</b>						
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
<b>2. Kitchen</b>						
2.1	Kitchen Area Present					
2.2	Electricity					
2.3	Electrical Hazards					
2.4	Security					
2.5	Window Condition					
2.6	Ceiling Condition					
2.7	Wall Condition					
2.8	Floor Condition					
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					
<b>3. Bathroom</b>						
3.1	Bathroom Present					
3.2	Electricity					
3.3	Electrical Hazards					
3.4	Security					
3.5	Window Condition					
3.6	Ceiling Condition					
3.7	Wall Condition					
3.8	Floor Condition					
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
3.10	Flush Toilet in Enclosed Room in Unit					
3.11	Fixed Wash Basin or Lavatory in Unit					
3.12	Tub or Shower in Unit					
3.13	Ventilation					

Previous editions are obsolete

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form HUD-52580 (3/2001)  
ref Handbook 7420.8



Item No. 4. Other Rooms Used For Living and Halls		Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
41	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear ____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear ____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear ____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	



Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
4.10	Smoke Detectors					
4.1	Room Code* and Room Location				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
4.10	Smoke Detectors					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					

Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation					
6.2	Condition of Stairs, Rails, and Porches					
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				Not Applicable	
6.7	Manufactured Home: Tie Downs					
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment					
7.2	Safety of Heating Equipment					
7.3	Ventilation/Cooling					
7.4	Water Heater					
7.5	Approvable Water Supply					
7.6	Plumbing					
7.7	Sewer Connection					
<b>8. General Health and Safety</b>						
8.1	Access to Unit					
8.2	Fire Exits					
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevators					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions					
8.11	Lead-Based Paint: Owner's Certification				Not Applicable	

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead -Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.



**C. Special Amenities (Optional)**

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent. Check/list any positive features found in relation to the unit.

**D. Questions to ask the Tenant (Optional)**

**1. Living Room**

- High quality floors or wall coverings
- Working fireplace or stove Balcony, patio, deck, porch Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

**2. Kitchen**

- Dishwasher
- Separate freezer
- Garbage disposal
- Eating counter/breakfast nook
- Pantry or abundant shelving or cabinets
- Double oven/self cleaning oven, microwave
- Double sink
- High quality cabinets
- Abundant counter-top space
- Modern appliance(s)
- Exceptional size relative to needs of family
- Other: (Specify)
- 

**3. Other Rooms Used for Living**

- High quality floors or wall coverings
- Working fireplace or stove Balcony, patio, deck, porch Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)
- 

**4. Bath**

- Special feature shower head
- Built-in heat lamp
- Large mirrors
- Glass door on shower/tub
- Separate dressing room
- Double sink or special lavatory
- Exceptional size relative to needs of family
- Other: (Specify)

**5. Overall Characteristics**

- Storm windows and doors
- Other forms of weatherization (e.g., insulation, weather stripping) Screen doors or windows
- Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn)
- Garage or parking facilities
- Driveway
- Large yard
- Good maintenance of building exterior
- Other: (Specify)
- 

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability



1. Does the owner make repairs when asked? Yes  No
2. How many people live there?
3. How much money do you pay to the owner/agent for rent? \$ \_\_\_\_\_
4. Do you pay for anything else? (specify) \_\_\_\_\_
5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range \_\_\_\_\_ Refrigerator \_\_\_\_\_ Microwave
6. Is there anything else you want to tell us? (specify) Yes  No



**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number      Inspector      Date of Inspection (mm/dd/yyyy)      Address of Inspected Unit

Type of Inspection	Initial	Special	Reinspection
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Item Number	Reason for "Fail" or "Pass with Comments" Rating
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Continued on additional page

Yes

No

Previous editions are obsolete

Page 8 of 8

form HUD-52580 (3/2001)  
ref Handbook 7420.8



## Information on Bed Bugs

***Left untreated, bed bugs can spread quickly in multi-dwelling housing. Both the housing and health codes require that property owners address infestations promptly. The surest strategies to keep bed bugs from spreading are prevention, early detection and rapid treatment. As a tenant, the first action you should take if you believe that you have bed bugs is to notify your landlord. As a landlord, the first action you should take is to conduct an inspection of the reported condition. Knowing what to look for is key!***

The Department of Health and Mental Hygiene's (DOHMH) Bed Bug Website at <http://nyc.gov/bedbugs> provides detailed information for tenants, property owners/agents and homeowners on how bed bugs thrive, how to recognize and inspect for their presence, steps to take to prevent them from infesting a home, how to safely rid an area of bed bugs if they do occur, and how to select and work with a pest management professional. You can also go to the Department of Housing Preservation and Development's (HPD) [e-learning on bedbugs](#), which provides information on the above topics through an interactive format, using an audio/visual format.

In addition to HPD's e-learning class on bed bug identification and management, you may also visit the U.S. Environmental Protection Agency's (EPA) web site for information on chemical and integrated pest management techniques for managing bed bugs, current research efforts, links to educational materials developed by reputable sources, and other information that will be helpful for the public suffering from bed bugs and professionals on the front lines of this battle. Visit the EPA bed bug page at [Controlling Bed Bugs](#).



**New York State  
Office of Alcoholism and Substance Abuse Services  
Permanent Supportive Housing (PSH) Program  
Service Plan**

Participant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Participant Goals	Short Term Plan	Long Term Plan	Completion Date
<b>Example: John wants to gain regular employment.</b>	<b>Example: John will meet with assigned case manager for an assessment of skills and options.</b>	<b>Example: John will work with the Employment Counselor to become gainfully employed.</b>	<b>Example: 1 year</b>

I, \_\_\_\_\_, have worked with and agreed upon the above goals with my case manager.  
In order to achieve Goal #1 I will:

\_\_\_\_\_

In order to achieve Goal #2 I will:

\_\_\_\_\_

In order to achieve Goal #3 I will:

\_\_\_\_\_

I will meet with my Case Manager to assess my progress and update my goals as needed Quarterly.

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

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

\_\_\_\_\_  
(Case Manager Signature)

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



<b>Organization Name:</b>	<b>Program Name:</b>	<b>Date:</b>				
<b>Individual's Name (First MI Last):</b>	<b>Record #:</b>	<b>DOB:</b>				
<b>Date of Admission:</b>	<b>Date of Assessment:</b>					
<b>Functional Assessment Update: Yes <input type="checkbox"/> or No <input type="checkbox"/></b> <small>(Complete an update if there is a change in the functional needs and check Yes. Complete only those functional areas that were not indicated on the previous assessments and complete the recommendation/signature page only. If No is checked, complete full assessment and complete entire document).</small>						
<b>Response</b> 1=Does not accomplish 2=Requires consistent staff guidance/supervision to accomplish 3=Able to accomplish with minimal staff assistance 4=Able to accomplish independently N/A = Not Applicable						
<b>Daily Living Skills (DLS)</b>						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>NA</b>	
<b>Money Management</b>						
Individual develops a budget based on monthly/weekly entitlement and/or other funds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual follows a budget, purchases items to meet basic needs and manages receipts as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual pays bills timely (e.g. program fees, rent, and other bills).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual maintains his/her own savings and checking accounts and tracks the transactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Meal Planning</b>						
Individual develops a shopping list and purchases foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual stores food properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual uses kitchen appliances safely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual prepares simple meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual plans and cooks nutritionally balanced meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Personal Hygiene</b>						
Individual maintains appropriate hygiene/grooming (e.g. washes self, comb/brush hair, use deodorant, etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual wears clean clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual dresses appropriately for the weather/season.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual brushes teeth and maintains good oral hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual washes his/her clothes and linens as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Living Areas</b>						
Individual purchases cleaning supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual maintains his/her personal living space (e.g. clean stove, refrigerator, bathroom, dust furniture, mop floors, empty garbage, etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Comments:</b>						



<b>Organization Name:</b>	<b>Program Name:</b>	<b>Date:</b>				
<b>Individual's Name (First MI Last):</b>	<b>Record #:</b>	<b>DOB:</b>				
<b>Response</b> 1=Does not accomplish 2=Requires consistent staff guidance/supervision to accomplish 3=Able to accomplish with minimal staff assistance 4=Able to accomplish independently NA = Not Applicable						
<b>Community Integration Services (CIS)</b>						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>NA</b>	
Individual arranges for/schedules his/her transportation.	<input type="checkbox"/>					
Individual uses public transportation or other modes of transportation to meet basic needs, (e.g., bicycle, etc.)	<input type="checkbox"/>					
Individual identifies community resources that he/she can utilize.	<input type="checkbox"/>					
Individual utilizes community resources (e.g. pharmacy, post office, library, bank, places of worship, etc.).	<input type="checkbox"/>					
Individual can make purchases in the community.	<input type="checkbox"/>					
Individual obtains and maintains benefits and entitlements.	<input type="checkbox"/>					
<b>Comments:</b>						
<b>Health Services (HS)</b>						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>NA</b>	
Individual schedules appointments.	<input type="checkbox"/>					
Individual attends his/her appointments, e.g., medical doctor, dentist, eye doctor, etc on a regular basis.	<input type="checkbox"/>					
Individual follows his/her provider's recommendations for treatment such as adheres to prescribed diet, increases physical activity, takes prescribed medication regimen, etc.	<input type="checkbox"/>					
Individual identifies possible consequences of not attending to medical issues.	<input type="checkbox"/>					
Individual identifies benefits of maintaining/improving physical health.	<input type="checkbox"/>					
Individual recognizes medical symptoms/needs/problems and seeks assistance as needed.	<input type="checkbox"/>					
Individual engages in physical activities to maintain health (e.g., take walks, play sports, yoga, etc).	<input type="checkbox"/>					
Individual establishes and follows goals to maintain/improve health status, e.g., lose weight, stop smoking, practice safe sex practices, etc.	<input type="checkbox"/>					
<b>Comments:</b>						
<b>Medication Management</b>						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>NA</b>	
Individual takes medication as prescribed.	<input type="checkbox"/>					
Individual identifies the benefits of following medication regimen.	<input type="checkbox"/>					
Individual identifies the possible consequences of not taking medications as prescribed.	<input type="checkbox"/>					
Individual recognizes when medication(s) is running low and when it needs to be replenished.	<input type="checkbox"/>					
Individual obtains prescriptions independently.	<input type="checkbox"/>					
Individual arranges for prescriptions to be filled timely.	<input type="checkbox"/>					
Individual reviews medication labels when medications are received from the pharmacy to ensure they are accurate.	<input type="checkbox"/>					
Individual identifies the name, dosage, and frequency of medications.	<input type="checkbox"/>					
Individual identifies and reports side effects as needed.	<input type="checkbox"/>					
Individual communicates to others as needed if medication issues arise.	<input type="checkbox"/>					
Individual identifies the dangers of mixing medications and substances.	<input type="checkbox"/>					



<b>Organization Name:</b>		<b>Program Name:</b>		<b>Date:</b>	
<b>Individual's Name (First MI Last):</b>			<b>Record #:</b>		<b>DOB:</b>
Individual stores medications properly.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Response</b> 1=Does not accomplish 2=Requires consistent staff guidance/supervision to accomplish 3=Able to accomplish with minimal staff assistance 4=Able to accomplish independently					
<b>Medication Management</b>					
<b>Comments:</b>					
<b>Skills Development Services</b>					
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>NA</b>
Individual wakes up independently.	<input type="checkbox"/>				
Individual arrives on time to appointments.	<input type="checkbox"/>				
Individual identifies the benefits of scheduling his/her day/week to accomplish tasks (e.g., increase in self esteem, decrease in symptoms, etc).	<input type="checkbox"/>				
Individual identifies the possible consequences of not following a routine (e.g. increase in boredom, symptoms, etc.).	<input type="checkbox"/>				
Individual selects the appropriate clothing for an activity.	<input type="checkbox"/>				
Individual develops and follows a routine to accomplish tasks (attends day activity, work, school, appts, etc.).	<input type="checkbox"/>				
Individual resolves issues related to following a routine/schedule and seeks assistance as needed (e.g. problems at work, school, problems getting to job, etc.).	<input type="checkbox"/>				
<b>Comments:</b>					
<b>Assertiveness/Self-Advocacy</b>					
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>NA</b>
<b>Assertiveness /Self Advocacy</b>					
Individual advocates for his/her self.	<input type="checkbox"/>				
Individual seeks assistance as needed.	<input type="checkbox"/>				
Individual addresses conflicts appropriately and in a non-threatening manner.	<input type="checkbox"/>				
Individual initiates a conversation with others.	<input type="checkbox"/>				
Individual maintains a conversation appropriately (e.g., listens to others, responds appropriately to questions asked, expresses disagreements appropriately, etc.)	<input type="checkbox"/>				
Individual follows a safety plan if issues arise (e.g., access emergency services, brings emergency phone numbers, carries identification, etc).	<input type="checkbox"/>				
<b>Comments:</b>					
<b>Symptom Management</b>					
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>NA</b>
Individual identifies signs and symptoms related to his/her mental illness (e.g., mood, thinking, motivation, etc.)	<input type="checkbox"/>				
Individual identifies warning signs and triggers to an increase in symptoms	<input type="checkbox"/>				
Individual identifies coping skills	<input type="checkbox"/>				
Individual utilizes coping skills to manage symptoms.	<input type="checkbox"/>				
Individual utilizes supports and seeks assistance as needed (family, peers, treatment team, etc).	<input type="checkbox"/>				
Individual is able to function and meet basic needs despite symptoms.	<input type="checkbox"/>				
Individual identifies how medications may improve symptomatology and increase functioning.	<input type="checkbox"/>				
Individual identifies the benefits of managing symptoms.	<input type="checkbox"/>				



<b>Organization Name:</b>	<b>Program Name:</b>	<b>Date:</b>				
<b>Individual's Name (First MI Last):</b>	<b>Record #:</b>	<b>DOB:</b>				
Individual identifies the possible consequences of not managing symptoms.		<input type="checkbox"/>				
<b>Response</b> 1=Does not accomplish 2=Requires consistent staff guidance/supervision to accomplish 3=Able to accomplish with minimal staff assistance 4=Able to accomplish independently						
<b>Symptom Management</b>						
<b>Comments:</b>						
<b>Rehabilitation Counseling</b>						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>NA</b>	
Individual identifies goals (in living, working, learning and/or social/leisure environments) to improve circumstances.	<input type="checkbox"/>					
Individual identifies problems/obstacles that prevent him/her from achieving goals.	<input type="checkbox"/>					
Individual recognizes accomplishments and identifies personal strengths.	<input type="checkbox"/>					
Individual applies learned behaviors to other situations outside program structure.	<input type="checkbox"/>					
Individual develops a discharge plan that meets his/her needs.	<input type="checkbox"/>					
Individual identifies the steps to take to obtain independent housing.	<input type="checkbox"/>					
<b>Comments:</b>						
<b>Socialization</b>						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>NA</b>	
Individual socializes with others.	<input type="checkbox"/>					
Individual establishes and maintains appropriate relationships with others.	<input type="checkbox"/>					
Individual identifies importance of personal space and how it affects interactions with others.	<input type="checkbox"/>					
Individual identifies the benefits of increased socialization such as a decrease in symptoms.	<input type="checkbox"/>					
Individual identifies the possible consequences of not socializing with others.	<input type="checkbox"/>					
Individual participates in/pursues interests and hobbies.	<input type="checkbox"/>					
Individual participates in group activities and meetings.	<input type="checkbox"/>					
<b>Comments:</b>						
<b>Substance Abuse Services</b>						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>NA</b>	
Individual refrains from substance use.	<input type="checkbox"/>					
Individual identifies triggers to using and identifies how people, places and things may cause a relapse.	<input type="checkbox"/>					
Individual identifies the benefits of utilizing a support system to remain abstinent (e.g., sponsor, peers, treatment team, etc.).	<input type="checkbox"/>					
Individual identifies community resources available to assist in recovery.	<input type="checkbox"/>					
Individual utilizes supports to maintain abstinence.	<input type="checkbox"/>					
Individual identifies the dangers of mixing substances with medications.	<input type="checkbox"/>					
Individual develops a relapse prevention plan to maintain sobriety.	<input type="checkbox"/>					
Individual follows a relapse prevention plan to maintain sobriety.	<input type="checkbox"/>					
Individual seeks assistance as needed.	<input type="checkbox"/>					
<b>Comments:</b>						
<b>Parenting Training</b>						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>NA</b>	



<b>Organization Name:</b>		<b>Program Name:</b>		<b>Date:</b>	
<b>Individual's Name (First MI Last):</b>			<b>Record #:</b>		<b>DOB:</b>
Individual plans meaningful structured activities that are age appropriate (e.g., books, toys, games).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual plans and provides nutritious and well-balanced meals.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual identifies child-related resources in his/her area.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual identifies environmental child safety issues and maintains emergency phone numbers.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual cares for child/children in ways that are not harmful, neglectful or abusive.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					
<b>Summary/Recommendations/Assessed Needs:</b> List identified Needs and indicate if need is active or not by using the following categories. A-Active, ID-Individual Declined, D-Deferred, R-Referred Out (If declined/deferred/referred out, please provide rationale). Include recommended services if needs will be Active and goals/objectives will be in place.					
			<b>A</b>	<b>ID*</b>	<b>D*</b>
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Individual Declined/Deferred/Referred Out-Provide Rationale (s).</b> Explain why Individual declined to work on Need Area. List rationale (s) for why Need Area (s) is deferred/referred out below. <input type="checkbox"/> N/A -					
<b>Change in IAP Required:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> . (If Yes, complete the IAP Revision/Review form to record needed changes in Goal s), Objectives(s), Interventions, Services, Frequency.)					
<b>Individual Served Signature (Optional):</b>					<b>Date:</b>
<b>Guardian Signature (Optional):</b>					<b>Date:</b>
<b>Completed By - Print Staff Name/Credentials:</b>			<b>Staff Signature:</b>		<b>Date:</b>
<b>Supervisor - Print Name/Credentials (if needed):</b>			<b>Supervisor Signature (if needed):</b>		<b>Date:</b>

**New York State  
Office of Alcoholism and Substance Abuse Services**

**Permanent Supportive Housing Discharge Form**

Name of Housing Program Brand: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Residence before coming into the program: \_\_\_\_\_

New Living Arrangements:

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

Reason for Discharge: Successful: \_\_\_\_\_ Unsuccessful: \_\_\_\_\_ **Explain below:**

In the space below please provide a summary of the discharge, including the individual's employment status, recovery status and any applicable service referrals.

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

If it was an Unsuccessful Discharge, was:

- Due Process Followed: Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Case Notes Written: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Staff Name (*Please print*) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

***A copy of this form should be provided to the tenant upon discharge.***

PAS-121H (1-2015)



**New York State Office of Alcoholism and Substance Abuse Services  
Permanent Supportive Housing**

**TENANT SATISFACTION SURVEY**

1. How would you rate the quality of the services you received?  
 Excellent  Good  Fair  Poor
2. Were you informed of your rights and responsibilities in this program?  Yes  No
3. Did you participate in the development of your service plan?  Yes  No
4. Did the services you received help you make positive changes?  Yes  No
5. To what extent did our services help you deal with your drug and alcohol problems?  
 A lot  Some  A little
6. To what extent did our staff help you develop skills that improved your ability to live independently?  
 A lot  Some  A little
7. Would you recommend this program to a friend in need of help?  Yes  No
8. How would you rate the physical comfort and safety of your apartment?  
 Excellent  Good  Fair  Poor
9. How helpful were the following services that you received?
  - a. Substance Abuse Services  Extremely  Very  Somewhat  Not at all
  - b. Mental Health Services  Extremely  Very  Somewhat  Not at all
  - c. Medical Services  Extremely  Very  Somewhat  Not at all
  - d. Daily Living Skills  Extremely  Very  Somewhat  Not at all
  - e. Assistance with Benefits  Extremely  Very  Somewhat  Not at all
  - f. Job Placement  Extremely  Very  Somewhat  Not at all

Comments:

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PAS-122H (1-2015)



To ensure accuracy, use of the Excel version of the below Program Participant Rent Calculation Worksheet is **preferred** and is available at: <http://www.oasas.ny.gov/mis/forms/pash/documents/PAS-113H.xls>

**OASAS MRT Housing  
Program Participant Rent Calculation Worksheet**

Name \_\_\_\_\_ Date Form Completed \_\_\_\_\_

Apartment Address \_\_\_\_\_

1. Income. (as described in section 4a) (1) \_\_\_\_\_
2. Income exclusion.  
(as described in section 4b) (2) \_\_\_\_\_
3. Annual Gross Income.  
(line 1 minus line 2) (3) \_\_\_\_\_

**Calculation of Adjusted Income:**

Dependent Allowance

4. Number of Dependents, i.e., number of family members,  
(other than head or spouse, or the person determined  
to be important for the care of the eligible person) who  
are under 18, disabled, handicapped or full-time students. (4) \_\_\_\_\_
5. Multiply line 4 by \$480. (5) \_\_\_\_\_

Child Care Allowance

6. Enter anticipated unreimbursed expenses for care of children  
age 12 and under which will allow a household member to work  
or pursue education. It may not exceed the amount of income  
from such work. (6) \_\_\_\_\_

IF RESIDENT DOES NOT HAVE HANDICAPPED ASSISTANCE EXPENSES AND HEAD OF HOUSEHOLD, SPOUSE, OR SOLE MEMBER IS NOT HANDICAPPED, DISABLED, OR AT LEAST 62 YEARS OF AGE, SKIP TO NUMBER 15.

Handicapped Assistance Allowance

7. Handicapped assistance expenses. (7) \_\_\_\_\_
8. Multiply line 3 by 0.03. (8) \_\_\_\_\_
9. Subtract line 8 from line 7. (9) \_\_\_\_\_
10. Amount earned by family members which was dependent  
upon the handicapped assistance expense. (10) \_\_\_\_\_



11. Enter the lesser of lines 9 and 10.  
This is the handicapped assistance allowance. (11)\_\_\_\_\_

IF HEAD OF HOUSEHOLD, SPOUSE, OR SOLE MEMBER IS 62 YEARS OF AGE OR OLDER, HANDICAPPED OR DISABLED, COMPLETE ITEMS 12-13; OTHERWISE SKIP TO NUMBER 15.

Medical Expenses and Elderly or Disabled persons Family Allowance

12. Medical expenses.  
(12)\_\_\_\_\_

13. If line 9 is > 0, enter the amount from line 12; otherwise, add lines 7 and 12 and subtract line 8. (13)\_\_\_\_\_

14. Elderly or disabled family allowance.  
Enter \$400. (14)\_\_\_\_\_ \$400\_\_\_\_\_

**Adjusted Income**

15. Total income adjustments.  
Add lines 5, 6, 11, 13, and 14. (15)\_\_\_\_\_

16. Adjusted Income.  
Subtract line 15 from line 3. (16)\_\_\_\_\_

Resident Rent Determination

17. 30% of Adjusted Monthly Income.  
Divide line 16 by 12 and multiply by 0.3 (17) \_\_\_\_\_

18. 10% of Monthly Income.  
Divide line 3 by 12 and multiply by 0.1 (18) \_\_\_\_\_

19. Welfare rent, if applicable. (19)\_\_\_\_\_

20. RESIDENT RENT.  
Enter the largest of lines 17, 18 and 19. (20)\_\_\_\_\_

[However, refer to section 3.a. (4) for information on P.L. No. 104-99, minimum rent of \$25 to \$50.]

IF THE RENT INCLUDES UTILITIES STOP HERE, OTHERWISE PROCEED TO NUMBER 21.

Determinations of Resident Rent for Units Where Utilities are not Included in Rent

21. Utility Allowance. (21)\_\_\_\_\_



22. RESIDENT RENT.  
Subtract line 21 from line 20 (22) \_\_\_\_\_
23. UTILITY REIMBURSEMENT. (If the amount  
on line 22 is less than 0, change the minus to a  
plus. This is the amount that must be paid to the  
resident as a utility reimbursement.) (23) \_\_\_\_\_



## Program Participant Rent Calculation Instructions

### Calculating Rent Payments/Worksheet.

- a. Resident Rent. To determine the appropriate rent payment, the following steps should be taken:
  - (1) Calculate 10 percent of monthly gross income. Determine whether the resident has income. The types of income listed in section 4a include the most common sources. Exclude any income that is from a source listed in section 4b. Total all eligible income to determine annual gross income, divide by 12 to determine monthly income, and then multiply by .1 to get 10 percent.
  - (2) Calculate 30 percent of monthly adjusted income. Deduct the items listed in section 5 from the resident's annual gross income to determine annual adjusted income, divide by 12 to determine monthly adjusted income, and multiply by 3 to get 30 percent.
  - (3) Determine whether the conditions are present to consider a welfare rent, and if so, determine the amount. If the resident receives public assistance and you are unsure whether a welfare rent applies, check with the HUD Field Office's Public Housing Division or the closest Public Housing Agency.
  - (4) Determine which of the above three items is highest. This is the amount of total resident payment, except for SHP. For SHP, the recipient may allow residents to pay a lesser amount, or no rent, if it so chooses. However, for SRO and SRO of S+C, Public Law No. 104-99, requires that in Fiscal Year 1996, the total program participant payment (TPP) must be the greatest of: 30 percent of family monthly adjusted income; 10 percent of family monthly income; or, \$25 or a higher minimum amount set by the housing agency up to \$50.
- b. Worksheet. An optional worksheet is attached (See Attachment B) which can be used to perform the four steps specified above. The worksheet begins with annual gross income.

### Determining Annual Gross Income.

- a. Income that must be included:

For purposes of determining resident rent, annual gross income is the total income of all family members, excluding any employment income of children under age 18, from all sources anticipated to be received in the 12-month period following the effective date of the income certification. As noted below, with respect to minors, income other than that from employment must be included. Please note that in S+C, unrelated persons can constitute a family and that the income of all adults living in the unit must be included in annual gross income. The information in section 4a and 4b is contained in 24 CFR 813.106, Annual Income, Interim Rule published in the Federal Register on April 5, 1995 (60 FR 17388). Annual gross income includes, but is not limited to:

- 1) The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
- 2) The full amount of periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other

similar types of periodic receipts, including lump sum payment for delayed start of a periodic payment, but see section 4b(3) below;

- 3) Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (but see section 4b(3) below);
- 4) Welfare assistance. Welfare or other payments to families or individuals, based on need, that are made under programs funded, separately or jointly, by Federal, State or local governments (e.g., Aid to Families with Dependent Children (AFDC) , Supplemental Security Income (551), and general assistance available through state welfare programs);
- 5) Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from persons not residing in the dwelling;
- 6) Net income from the operation of a business or profession;
- 7) Interest, dividends, and other net income of any kind from real or personal property;
- 8) All regular pay, special pay and allowances of a member of the Armed Forces, except special hostile fire pay.

b. Income that must be excluded. Annual gross income does not include:

- 1) Income from employment of children (including foster children) under the age of 18 years;
- 2) Payments received for the care of foster children or foster adults (usually individuals with disabilities, unrelated to the program participant family, who are unable to live alone);
- 3) Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses (but see section 4a(3) above);
- 4) Amounts received by the family, that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- 5) Income of a live-in aide as defined in Sec. 813.102;
- 6) The full amount of student assistance paid directly to the student or to the educational institution;
- 7) Amounts received under training programs funded by HUD;
- 8) Amounts received by a disabled person that are disregarded for a limited time for purposes of SSI income eligibility and benefits because they are set aside for use under a Plan for Achieving Self-Support (PASS); or
- 9) Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
- 10) A resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring lawn maintenance, and resident initiatives coordination. No resident may receive more than one such stipend during the same period of time;
- 11) Compensation from state or local employment training programs and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for a limited period as determined in advance;

- 12) Temporary, nonrecurring or sporadic income (including gifts);
- 13) For all initial determinations and reexaminations of income carried out on or after April 23, 1993, reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
- 14) Earnings in excess of \$480 for each full time student 18 years old or older (excluding the head of household and spouse);
- 15) Adoption assistance payments in excess of \$460 per adopted child;
- 16) Deferred periodic payments of SSI income and social security benefits;
- 17) Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit;
- 18) Amounts paid by a State agency to a family with a developmentally disabled family member living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home;
- 19) Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that included assistance under the U.S. Housing Act of 1937.
  - a) The value of the allotment provided to an eligible household under the Food Stamp Act of 1977 (7 U.S.C. 2017(b));
  - b) Payments to volunteers under the Domestic Volunteer Service Act of 1973 (42 U.S.C. 5044 , 5058);
  - c) Payments received under the Alaska Native Claims Settlement Act (43 U.S.C. 1626);
  - d) Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes (25 U.S.C. 459e);
  - e) Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program (42 U.S.C. 8624 (f));
  - f) Payments received under programs funded in whole or in part under the Job Training Partnership Act (29 U.S.C. 1552(b));
  - g) Income derived from the disposition of funds of the Grand River Band of Ottawa Indians (Pub.L. 94-540, 90 Stat. 2503-2504);
  - h) The first \$2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the Court of Claims (25 U.S.C. 1407-1408) or from funds held in trust for an Indian tribe by the Secretary Of Interior (25 U.S.C. 117);
  - i) Scholarships funded under Title IV of the Higher Education Act of 1965 including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs that are made available to cover the costs of tuition, fees, books, equipment, materials, supplies, transportation, and miscellaneous personal expenses of a student at an educational institution (20 U.S.C. 1087uu);
  - j) Payments received from programs funded under Title V of the Older Americans Act of 1965 (U.S.C. 3056(f) 1 ;
  - k) Payments received after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.); and
  - l) Payments received under Maine Indian Claims Settlement Act of 1980 (Pub.L. 96-420, 94 Stat. 1785) ;

- m) Earned income tax credit refund payments received from the Internal Revenue Service on or after January 1, 1991. Payments may be received in a resident's regular pay or as a single sum payment;
- n) Payments received as AmeriCorps Living Allowances (29 U.S.C. Sec.1552);
- o) Payments received under WIC-Supplemental Food Program for Women, Infants, and Children;
- p) Payments received under the National School Lunch Program (42 U.S.C. 175-176);
- q) Payments received under the Child Nutrition Act (42 U.S.C. 1771-1778);
- r) Payments received under the Child Care Block Grant Act of 1990.

### ***Determining Annual Adjusted Income.***

Annual adjusted income is determined by deducting from annual gross income the items listed below. Attachment B is a worksheet intended to help you make these calculations.

- a. \$480 per Dependent. \$480 must be deducted for each dependent. Dependents include household members who are under 18, handicapped, disabled, or full-time students, but not any of the following: the family head, spouse, or foster children or, in the case of S+C, the person determined to be important to the care or well being of the eligible person.
- b. Reasonable Child Care Expenses anticipated during the period for children 12 and under that enable a household member to work or pursue further education are deducted. The amount deducted for child care to enable a person to work may not exceed the amount of income received from such work. In addition, child care expenses may not be deducted if the individual is reimbursed for these expenses.
- c. Handicapped Assistance Allowance. The handicapped assistance allowance covers reasonable expenses anticipated during the period for attendant care (provided by non-household member) and/or auxiliary apparatus for any handicapped or disabled household member that enables either that individual or another household member to work. The amount of expenses that exceeds three percent of annual gross income is deducted; provided the resident is not reimbursed for the expenses and the expenses do not exceed the amount earned by adult household members as a result of the handicapped assistance.
- d. Medical Expenses of Elderly or Disabled Residents. The amount that may be deducted for anticipated medical expenses not covered by insurance or unreimbursed generally equals the amount by which the sum of handicapped assistance expenses, if any, as described in section 5 c. above, and medical expenses exceeds three percent of annual gross income.
- e. \$400 per Elderly or Disabled Family. This allowance is provided to any family whose head of household, spouse, or sole member is at least 62 years old or is handicapped or disabled.

### ***Review of Income.***

In order to determine the correct rent payment, residents' income must be reviewed in those programs listed in section 1 where rent is to be collected. Their income must be reexamined at least annually. In addition, if there is a change in family composition (e.g., birth of child) or a decrease in the resident's income during the year, an interim reexamination may be requested by the resident and the resident rent adjusted accordingly. Residents who receive an increase in income need not have their rent increased until the next scheduled (annual) reexamination.



In those programs where rent is required, each resident must agree to supply such certification, release, information, or documentation as the recipient judges necessary to determine the resident's income. Recipients should use discretion in developing income determination procedures. Self-declaration may be used only if there is no other means of verification available.

### ***Accounting for Rental Income.***

Accurate financial records must be maintained. Recipients must appropriately document amounts of rental income collected from residents and the method used to determine those amounts. If the worksheet is used, it will provide the necessary documentation on how the amount of rent for each resident was determined. Separate documentation of sources of income must also be maintained.

### ***General Questions and Answers Regarding Resident Rent.***

Is there a maximum or a minimum rent that can be charged?

The United States Housing Act of 1937 states that resident rent must be the highest of either 30 percent of monthly adjusted income, 10 percent of monthly income, or, under certain circumstances, a locally-designated portion of public assistance. This standard sets an exact rent; there is no maximum or minimum per se. See section 1 (Purpose) for the SHP exceptions. However, see section 3.a. (4) for information on P.L. No. 104-99.

### **When should income earned through participation in a training program be excluded for purposes of calculating the resident's rent payment?**

Income earned through training programs should be excluded if the training program is: funded by HUD (including training provided by HUD grantees and subgrantees using HUD program funds); is funded through the Job Training Partnership Act (JTPA) including AmeriCorps Living Allowances; or is funded by State or local employment training programs.

### **How do you distinguish between employment that is part of a training program and regular employment?**

Employment-related activities are considered to be training rather than employment if the work activity is of a time-limited nature and there is a curriculum of activities with discrete goals related to a participant's skill development and employability. Examples of such activities may include on-the-job training for maintenance work, data entry, or food preparation.

### **If utilities are not included in rent, who pays the utilities?**

In some circumstances the cost of utilities is not included in the resident rent but is the responsibility of the resident. This usually occurs for those living in units that are individually metered, and residents receive bills directly from the utility company. In such circumstances, the resident's rent would equal the resident's required rent payment less an allowance for reasonable utility consumption. Do not include the cost of telephone service as a utility for this purpose. If reasonable utility expenses alone exceed the amount the resident is required to pay for both shelter and utilities, the resident must be reimbursed for the difference. The attached worksheet reflects this calculation.

### **What is considered reasonable utility consumption?**

Local public housing agencies (PHAs) maintain a schedule of utility allowances by housing type for the Section 8 program. To determine the amount to allow for a reasonable amount of utility consumption given a particular type and unit size of housing, the local PHA should be contacted for the schedule of utility allowances.

### **What are eligible child care expenses, and is this expense deducted in full?**

Child care expenses can be deducted in full given the following conditions: the child or children are 12 years old and under; the resident is employed or enrolled in school while the dependent is receiving care; the amount deducted as child care expenses is necessary for the resident to work or attend school and the amount necessary for the resident to work does not exceed the amount earned while working; and the resident is not reimbursed for this expense.

### **If a participant pays for child care through a program fee, should this be deducted from income?**

If the amount paid through program fees is for eligible child expenses (see question f, above), then the amount paid should be deducted from income.

### **Does income from seasonal employment, such as income earned through holiday employment, qualify for income exclusion under the "temporary, nonrecurring income" clause?**

Unless the income is earned by family members younger than 18 years of age, seasonal income is counted just like other wages and salaries. Seasonal income includes, but is not limited to, holiday employment, summer employment, and seasonal-farm work. "Temporary, nonrecurring income" is income that is not expected to be regularly available in the future. An example of "temporary, non-recurring income" is income earned by census workers who helped take the 1990 census.

### **May fees for food and services be charged in addition to charging rent?**

Participants in programs covered in this Notice may be charged fees for food and other services in addition to rent, but the fees should be reasonable and not conflict with the goal of helping residents achieve the highest level of independent living possible.

### **Should fees for supportive services be based on a sliding scale according to the income of the participant, or on a fixed basis?**

Fees may be based either on a sliding scale according to the resident's income or on a fixed basis as long as those fees are reasonable to the income of the resident and in relation to the services provided.

### **Can fees apply to some residents but not others?**

If there is a reasonable basis to charge only some residents, such as services that apply only to some residents, then fees can be selectively applied. However, in most cases if a fee is charged it would be applied to all residents.

**Can recipients require the resident to save a portion of their income?**

Federal regulations do not prohibit recipients from instituting mandatory savings programs. However, such programs, if adopted, should be applied to all residents. In addition, recipients should be aware that savings plans may result in asset levels that could jeopardize residents' eligibility for benefits such as AFDC, SSI and general assistance. Recipients may want to consult with their local public welfare office to discuss ways to implement savings programs without jeopardizing benefits available to their residents.

**Are all residents eligible for a medical expense allowance?**

No. Medical expenses can only be deducted if the head of household, spouse or sole member is at least 62 years of age, handicapped or disabled. In addition, only medical expenses in excess of 3 percent of annual income that are not reimbursed may be deducted. The amount deducted depends on the amount of handicapped assistance expenses as described in section 5c and 5d above.

**What are typical handicapped assistance expenses?**

Typical handicapped assistance expenses include specially equipping an automobile so that a household member can drive to work or paying for in-home attendant care of a handicapped child so that an adult member can work.

**If residents receive earned income tax credits in their regular pay, how do I know how much to exclude?**

The amount of income included in the residents' pay that is attributed to an earned income tax credit will be listed separately on their pay stubs. It will be the same amount in each check.

**Is training provided through any of the programs listed in sections 1 and 2 of this Notice considered to be HUD-funded training?**

Yes, if the training is provided using funds available through a grant, it is considered HUD-funded training, and income received from such training may not be counted as income when calculating resident rent payments.

**May resident rent be used to pay expenses other than operating or leasing costs?**

Rental income may be used for expenses other than operating or leasing costs at the recipient's discretion. For example, the residents' rent could be saved to be used to help them make the transition to permanent housing and greater independence.