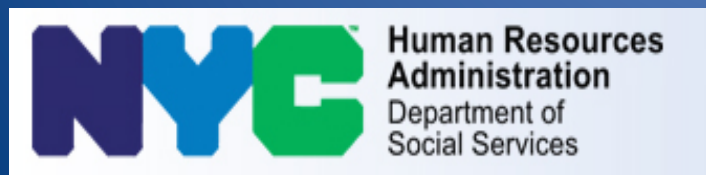


# Coordinated Assessment and Placement System (CAPS)

Bronx Health and Housing  
Consortium

December 7, 2017



Presented by: Craig Retchless,  
Assistant Deputy Commissioner,  
Customized Assistance Services

# HUD Coordinated Entry (CE) Timeline

- January 2012
  - January 2017
  - January 2018
- HUD Guidance released encouraging all CoCs to move to a Coordinated Entry System
  - HUD releases **REQUIREMENT** for all CoCs to move to CE by 1/23/18
  - HUD requirement for CE implementation

# NYC CAPS (CE) Timeline

- March 2015
  - July 2016
  - October 2016
  - September 2017
- CAPS Steering Committee formed
  - CAPS Steering Committee releases Visioning Paper
  - HRA Coordinated Assessment Survey (CAS) pilot begins, 7 DHS single and family shelters
  - CAS accessible to all PACT users

## Coordinated Assessment Survey

Enter >>

## HRA Supportive Housing System

Enter >>

### Get Information

[Supportive Housing Descriptions and Criteria](#)

[Click here to print the Coordinated Assessment Survey Consent Form\(s\)](#)

[Coordinated Assessment Survey Desk Guide](#)

#### Contact Us:

CAS User Support Help Desk

- **Phone:** 929-221-4515
- **Email:** [hracassupport@hra.nyc.gov](mailto:hracassupport@hra.nyc.gov)

### Announcements

Jun  
29  
2017

Start the Supportive Housing Application from the Coordinated Assessment submitted surveys! Click on "Start 2010e" under HRA Supportive Housing Application.



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

Consent Date: \*

11/30/2017

Verified By:

Pagliuco Robin



Location Kept: \*

On Site

First Name: \*

FN219124

Last Name: \*

LN219124

Social Security #:

000-00-1234

Date of Birth: \*

10/10/1980

Age:

37

Gender: \*

MALE



CIN/Medicaid #:

Case Number:

Search



## Client Documents

### [ - ] HRA VIEWER DOCUMENTS

Show  entries

Search:

Document Description	CIN	CASE #	Entry Date
Proof of Income Letter	XX99999X	00009999999	11/30/2017
Social Security Card	XX99999X	00009999999	11/30/2017

Showing 1 to 2 of 2 entries

### PRIOR SUBMITTED SURVEYS WITHIN THE LAST 6 MONTHS FOR FN219124 LN219124 (0)

Show  entries

Search:

Name (LN, FN)	Survey #	Survey Date	Entered By	Agency/Site	Housing Programs
No data available					

Showing 0 to 0 of 0 entries

**[ - ] PRIOR SUPPORTIVE HOUSING APPLICATIONS WITHIN THE LAST 5 YEARS FOR FN219124 LN219124 - HRA OPTIONS ID 219124**

Show  entries

Search:

Referral Date	NY/NY I & II	NY/NY III	NYC 15/15	SMI Housing	Levels	Type	Approval Period	Referring Agency Name/Site	Placement Agency Name/Site	Move In	Move Out	R M
05/15/2017	ELIGIBLE - VII	ELIGIBLE A	ELIGIBLE - ADULT	APPROVED	CC, II	Congregate, Scatter	05/15/17 - 11/11/17	TRAINING AGENCY/TRAINING SITE	CAMBA/GENERIC SUPPORTIVE HOUSING	05/16/2017		

Showing 1 to 1 of 1 entries

**Name (Last, First):** LN219124, FN219124

**H.R.A. Client #:** 219124 **Referral Date:** 05/15/2017

## **[ - ] APPLICATION AND PLACEMENT DOCUMENTS**

Show  entries

Search:

<b>Document Type</b>	<b>Document Description</b>
<a href="#">Application Summary Report</a>	Application Summary
<a href="#">Determination Letter</a>	Determination Letter
<a href="#">Psychiatric Evaluation</a>	Psych Eval
<a href="#">Psychosocial Assessment</a>	Psychosocial Assessment

Showing 1 to 4 of 4 entries

Previous

1

Next



First Name: FN219124

Last Name: LN219124

Client #: 1079

Survey #: 1199



Client Documents

0% Complete

## Household Composition

Household Composition: \*

Single



Number of children in household under 18: \*

0



Number of adults (18 and over) in household, including head of household, partners/spouses, and other adults: \*

1



## Veteran Status

Has your client served in the military? \*

Yes  No

Discharge Status: \*

Honorable



Is your client eligible for VA Health Care services? \*

Yes  No

First Name: FN219124

Last Name: LN219124

Client #: 1079

Survey #: 1199



Client Documents

16% Complete

## Housing/Homeless Status

Homeless questions may have been answered according to data in administrative systems.

If you have additional information that changes the answers, please update the questions.

### [\[-\] Homeless History](#)

Homeless History as of 11/29/2017 from Administrative Systems

Data Source	System Match - ID #	Currently in Shelter	12 Months Continuous	4 Episodes in 3 Years	Past 1 Year	Past 2 Years	Past 4 Years
DHS-Singles	YES - 0	NO			0	0	171
DHS-Family	YES - 0	YES	YES		365	730	923
HASA	YES	NO			0	0	0
<b>TOTAL</b>		<b>YES</b>	<b>YES</b>		<b>365</b>	<b>730</b>	<b>1094</b>

Save

Home

<< Previous

Next >>

Is your client currently homeless? *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Source: System
Has your client been homeless for at least one continuous year or experienced at least four episodes of homelessness in the past three years? *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Source: System
Has your client been homeless for 365 days out of the last two years? *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Source: System
Has your client been homeless for 90 days out of the past year in a DYCD, DHS shelter or Street Homeless? *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Source: System
Has your client been homeless for two out of the last four years? *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Source: System
Is your client currently a DHS client (including street outreach)? *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Source: System
Is your client currently in a shelter? *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Source: System
Shelter Type *	DHS <input type="button" value="v"/>	Source: System
More than 90 days? (DHS or HRA) *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Source: System
Has your client experienced two or more prior stays in DHS or HRA shelter of 30 days or more with at least one of the prior stays within the last five years of the beginning of your current DHS or HRA shelter stay? *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Source: User Entry
Has the client identified a qualifying residence and a host family?(required for <a href="#">LINC VI Rental Assistance Program</a> ) *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Source: User Entry

## Domestic Violence

Is your client a survivor of domestic violence? \*

Yes  No

Has your client been certified by HRA as a survivor of domestic violence? \*

Yes  No

## Health Information

Is your client currently diagnosed with any of the following? \*

Yes  No

Check all that apply:

Substance Use Disorder

Is your client participating in or recently completed substance use disorder treatment? \*

Yes  No

Date of Last Substance Use \*

03/01/2017



Mental Health Condition

Serious Mental Illness (NYS OMH criteria) - [SMI Definition](#)

Developmental Disability

Chronic physical illness or disability that limits their ability to work or perform daily activities

HIV/AIDS

Other Functional Issues

Does your client receive Medicaid? \*

Yes  No

## Employment Status

### Head of Household Information:

First Name: \*

FN219124

Last Name: \*

LN219124

Employment Status: \*

Currently Employed  Unemployed  Retired

### Income Sources

Employment Salary \*

Yes  No

Public Assistance (recurring grant) \*

Yes  No  Applied Source:

## Employment & Income summary for 1 household member(s).

	Seq # (Status)	Name/Relationship	Employment Status	Income		
				Source	Amount/Frequency	Yearly Total
Edit	1 (Completed)	FN219124 LN219124 Head of Household	Unemployed - Unable to work due to disability	Public Assistance (recurring grant)	\$215.00/Semi-Monthly	\$5,160.00
				SSI/SSDI	\$780.00 / Monthly	\$9,360.00
Total			Household Hours: 0			Household Income: \$14,520.00

+ Add Household Member

## Legal

### Head of Household

US Citizen or Permanent Resident or Asylee or Refugee? \*

Yes  No

Evicted within the past 2 years from federally subsidized housing? \*

Yes  No  Unknown

Evicted within the past 5 years from federally subsidized housing? \*

Yes  No  Unknown

Owes money on a previous federally subsidized unit (including if on a payment plan)? \*

Yes  No  Unknown

### Answer for all members of the household:

Lifetime sex offender status? \*

Yes  No  Unknown

Meth production conviction? \*

Yes  No  Unknown

Convicted of a violent crime within the last 6 years (includes arson)? \*

Yes  No  Unknown

Committed fraud, bribery, or any other corrupt criminal act in connection with any federal housing program? \*

Yes  No  Unknown

## Housing Programs

Are you ready to finalize the survey? \*

Yes  No

Save

Home

### Confirm Finalize

Once you finalize the survey the data cannot be changed.

Are you sure you want to finalize?

Cancel

Finalize

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

To learn more and apply click on the associated link:

Program Description	Application and Supporting Documents Requirements	What to Do	Contact Information
<p><b>Supportive Housing Programs</b></p> <p><b>NY/NY III - Population F: Substance Use Treated</b></p> <p>Supportive housing for single adults who are homeless or at risk of homelessness and have completed a course of treatment or are successfully being treated for a substance use disorder.</p>	<ul style="list-style-type: none"> <li>HRA Supportive Housing Application (2010e)</li> <li>Psychosocial Assessment (within 180 days)</li> <li>Documentation from a substance use treatment provider dated within the last 30 days indicating 90 days of no substance use and successfully participating in treatment or treatment completion</li> </ul>	<p>Complete an electronic HRA Supportive Housing Application (2010e) using the HRA Supportive Housing system. (PACTWeb)</p> <p>For External Users:  <a href="https://a069-ra1.nyc.gov/pact">https://a069-ra1.nyc.gov/pact</a>                      For Internal Users:  <a href="https://pactweb/PACTWEB/Login/Login">https://pactweb/PACTWEB/Login/Login</a></p>	<p>For inquiries on Supportive Housing programs and training contact CUCS at 212-801-3333 or visit their website at <a href="http://www.cucs.org/">http://www.cucs.org/</a></p> <p>For technical support in completing an electronic Supportive Housing application, call HRA/CAS technical support line:929-221-4515</p>
<p><b>Supportive Housing Programs</b></p> <p><b>NYC 15/15 - Adult</b></p>	<ul style="list-style-type: none"> <li>HRA Supportive Housing Application (2010e)</li> <li>Psychiatric Evaluation if SMI (within 180 days)</li> <li>Psychosocial Assessment (within 180 days)</li> </ul>	<p>Complete an electronic HRA Supportive Housing Application (2010e) using the HRA Supportive Housing system. (PACTWeb)</p> <p>For External Users:  <a href="https://a069-ra1.nyc.gov/pact">https://a069-ra1.nyc.gov/pact</a>                      For Internal Users:  <a href="https://pactweb/PACTWEB/Login/Login">https://pactweb/PACTWEB/Login/Login</a></p>	<p>For inquiries on Supportive Housing programs and training contact CUCS at 212-801-3333 or visit their website at <a href="http://www.cucs.org/">http://www.cucs.org/</a></p> <p>For technical support in completing an electronic Supportive Housing application, call HRA/CAS technical support line:929-221-4515</p>

**Federally-funded Housing Programs**

**NYCHA-VASH (Veteran Affairs Supportive Housing)**

The HUD-Veterans Affairs Supportive Housing (HUD-VASH) program combines Housing Choice Voucher (HCV) rental assistance for homeless veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). VA provides these services for participating veterans at VA medical centers (VAMCs) and community-based outreach clinics.

Eligibility is determined by the Veteran's Administration (VA).

Contact your local VA office or contact: [Fam.vets@dhs.nyc.gov](mailto:Fam.vets@dhs.nyc.gov)

**Federally-funded Housing Programs**

**Support Services for Veteran Families (SSVF) Rental Assistance**

Supportive Services for Veteran Families (SSVF) is a program that provides services to low income veteran families to aid with obtaining permanent housing and prevent homelessness.

Eligibility assistance is provided by SSVF providers.

Contact your local SSVF provider or contact: [SSVF Services.pdf](#)

Reference:  
[SSVF All Programs 09-26-16.pdf](#)

[View Survey](#)

[START HRA SUPPORTIVE HOUSING APPLICATION](#)

[Home](#)



# Housing Resources

Click on the links below to view or print the forms:

## Supportive Housing Programs:

- [NY/NY III Populations and Placement Agencies](#)
- [SMI Definition](#)

## DSS/DHS/HRA Shelter Programs:

- [The CITYFEPS Rent Supplement Program Fact Sheet](#)
- [The SEPS Rent Supplement Program Fact Sheet](#)
- [HRA HOME – Tenant Based Rental Assistance Program Fact Sheet](#)
- [LINC I Rental Assistance Program for Clients in Shelter](#)
- [LINC II Rental Assistance Program for Clients in Shelter](#)
- [LINC III Rental Assistance Program for Clients in Shelter](#)
- [LINC IV Rental Assistance Program Fact Sheet for DHS Clients](#)
- [LINC V Rental Assistance Program Fact Sheet for DHS Clients](#)
- [LINC VI Rental Assistance Program Fact Sheet for Clients](#)
- [Applying for Affordable Housing: Applicant Income Guide](#)

## HASA Housing Program:

- <http://www1.nyc.gov/site/hra/help/hiv-aids-services.page> (HIV/AIDS Services)

## Federally-funded Housing Programs:

- [HPD/HDC Tenant Selection Criteria](#)
- [Supportive Services for Veteran Families \(SSVF\) Program Fact Sheet](#)
- [Supportive Housing Services for Veteran Families Overview](#)
- [Supportive Services for Veteran \(SSVF\) Programs](#)

# Thank you!

- For more information on CAPS, please contact:

Robin Pagliuco

Director of Coordinated Entry

[pagliucor@hra.nyc.gov](mailto:pagliucor@hra.nyc.gov)

929-221-6528