

Housing Resource Center (HRC)

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GUIDE TO COMPLETING THE *HRA 2010E* NEW YORK CITY SUPPORTIVE HOUSING REFERRAL APPLICATION

Below is a section by section outline of the HRA 2010e electronic housing application, highlighting key issues to keep in mind when completing the HRA 2010e online:

DEMOGRAPHIC DATA

- Name including alias, Address, Borough, Family Composition (if application is for a family) SSN, DOB, Gender, Income/Entitlements, Education, Marital Status, Ethnicity, Primary Language, Citizenship, Important Contacts
- Verification that the HIPAA Compliant Authorization is signed by applicant and the agency has a record of the original form

HOUSING/HOMELESS HISTORY

- Current Housing Location; Housing/Homeless history including dates; Housing type, Facility name: Street Address. If applicant was homeless on the streets or non-municipal shelters, documentation must be attached to the application providing more specific information including dates of homelessness and description of homelessness (places stayed, the more specific the better)

CLINICAL ASSESSMENT

- Clinical Disorders and Other Conditions that may be a focus of Clinical attention as defined by the DSM-IV-TR or DSM-5
- Assisted Outpatient Treatment (AOT) or Assertive Community Treatment (ACT) status

ACTIVITIES OF DAILY LIVING

- Checking any ADLs the applicant may require assistance with due to a medical or mental health conditions previously indicated. Provide explanation for any items checked. List includes: Feeding and Meal Preparation; Housekeeping; Managing Finances; Personal Hygiene; Traveling: Hearing; Sight; Cognitive Functions

MEDICATIONS

- List names of psychotropic and non-psychotropic medication in appropriate category
- Indicate level of support applicant will need to maintain medication compliance once he/she is housed

CURRENT TREATMENT/SERVICE PROVIDERS

- List of applicant's current treatment and service providers, including, but not limited to, medical, mental health and case management services providers/programs
- Health Home
- Managed Long Term Care (MLTC) / Insurance provider

DOMESTIC VIOLENCE

- If applicant was a victim of DV, information about the services received and how long ago the DV occurred

HOSPITALIZATION HISTORY

- Age of first psychiatric hospitalization; # of psychiatric hospitalizations in the past 3 years; Name of hospital, dates of admission/discharge and service (psychiatric or medical)

TUBERCULOSIS TESTING

- Tuberculosis testing results are not required at the time an application is submitted but must be provided to the housing provider within 60 days after placement occurs. Tuberculosis test results (PPD or chest X-Ray) require the signature of a physician, physician assistant or nurse practitioner; test results must be within the past year.

SYMPTOMS/BEHAVIORS

- Select either “Current”, “History”, “Never” or “Unknown” for each Symptom/Behavior: Homicidal Ideation/Attempts; Suicidal Ideation/Attempts; Violent Behavior; Disruptive Behavior; Criminal Activity/Arrests; Arson/Fire setting; Cognitive Impairment; Hallucinations; Delusions; Thought Disorder; Clinical Depression
- Provide an explanation for all current and past symptoms/behaviors in the psychosocial summary and psychiatric evaluation

SYMPTOMS/SUBSTANCE ABUSE

- Select any/all substances applicant is currently abusing: Alcohol; Amphetamines; Cocaine; Crack; Hallucinogens; Opiates; Marijuana/Cannabis/THC; PCP; Sedatives/Hypnotics; if other, specify
- Describe pattern of abuse (daily, several times/week, binge etc.)
- Select the substances applicant used in the past (same list as above) and the pattern of abuse
- Indicate period of sobriety for Alcohol and for Drugs
- If applicant is currently in a substance abuse treatment program, provide information
- If applicant completed or participated in SA treatment, provide information
- Provide detailed information in the psychosocial summary

REFERRING AGENCY RECOMMENDATIONS

- Select the model or models of housing that is most appropriate for the applicant from the list of Housing Categories:
 - Community Care: Supported Housing & Supported SRO’s
 - Level I: Family Type Home for Adults
 - Level II: various models of congregate care and congregate support housing
- Indicate services that applicant will need once he/she is housed. List includes: Ongoing Psychiatric Treatment; Substance Abuse Treatment; Self-Help Group; 24 hour Staff Supervision; Medication Management; Case Coordination/ACT Services; Assisted Outpatient Treatment; Money Management; PROS Program; Ongoing Medical Treatment; Special Medical Equipment/Services; Nursing/Home Health Services; Therapeutic Diet; Wheelchair/Handicap Access; Assistance with Housekeeping/Home Care Services;

Education, Training, Job Readiness and Employment; Child Care; Domestic Violence Services; Meals Provided; Parenting Skills Training

APPLICANT'S HOUSING PREFERENCES

- This section is for applicant's input regarding his/her preferences for housing. List includes preferences on the following (Y/N):
 - Borough and neighborhood preference(s);
 - Sharing a room or apartment; sharing a bathroom with other people;
 - Preparing one's own food or having meals prepared;
 - Willingness to live in a residence where money was managed;
 - Willingness to live in housing which requires participation in a community based treatment program;
 - Willingness to live in a place where someone would help manage medications;
 - Whether assistance is needed with personal hygiene, traveling, keeping room clean or laundry;
 - Preference for overnight visitors; willing to live in a residence with a curfew;
 - Interested in educational/vocational opportunities; interested in residential sponsored social/recreational activities; and
 - Level of staff support the applicant wants
- Applicant's signature in this section indicates that applicant understands that his/her preferences are considered along with the recommendations of the referring worker as well as housing availability
- Applicant preferences should be clarified, when needed, in the psychosocial summary

REFERRING AGENCY INFORMATION

- Referring Worker's Name, Title and Contact Information; Agency Name; Site Name; Address; Type of Site
- Affirmation that information provided is accurate and complete