

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, if employed within the last two years (if yes, how many months in the last 24), Education, Marital Status, Ethnicity, Primary Language, Citizenship, Important Contacts
- Verification that the HIPAA Compliant Authorization and the Authorization for the Coordinated Assessment Survey and/or Supportive Housing Application is signed by applicant and the agency has a record of the original form

HOUSING/HOMELESS HISTORY

- The PACTWeb retrieves emergency shelter data from the Department of Homeless Services and the HIV/AIDS Services Administration's databases for applicants where a match was found. The housing/homeless history is populated with the dates of shelter entry/exit which cannot be edited. The periods of missing history must be entered for the last four years. The user entered housing history information should include: location, dates, housing type, facility name, and street address.
- For applicants that have a history of street homelessness, or were in a non-municipal or municipal shelter not captured by current data feeds, supporting documentation must be attached to the application. Documentation of homelessness should be provided on agency letter head, dated, include dates of homeless outreach engagement or entry/exit and location(s) of where the applicant was observed to be homeless, and name of staff attesting to the agency's homeless assistance.
 - Letter from street outreach team
 - Letter from drop-in center
 - Letter from soup kitchen

- Letter or agency report (i.e. CARES history) from shelter

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

- Indicate the level of support (mostly independent, some or direct support) for all ADLs listed that the applicant may require assistance with due to a medical or mental health conditions in a supportive housing setting. Provide details on the applicant' ADLS in the psychosocial assessment and/or psychiatric evaluation and a description of the level of support required once housed. List includes: Shopping and Meal Preparation; Apartment/Room Upkeep; Managing Finances; Personal Hygiene; Traveling/Mobility; Social Skills/Supports; Manage Health and Behavioral Health; Other ADL impairments. Indicate if the applicant is receiving services to assist with independent living. If the applicant is receiving supportive services, a brief description and the ADLs the service addresses should be described in the comment box.

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 (within the last three months): Alcohol; Amphetamines; Cocaine; Crack; Hallucinogens; Opiates; Marijuana/Cannabis/THC; PCP; Sedatives/Hypnotics; if other, specify
- Describe pattern of abuse (daily, several times, once a week, 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 and include:
 - Community Care: Supported Housing & Supported SRO's
 - Level I: Family Type Home for Adults
 - Level II: various models of congregate care and apartment treatment supportive 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);
 - Borough of exclusion (i.e. parole stipulation, safety plan)
 - Borough where most of the applicant's services are located
 - Sharing a room or apartment; sharing a bathroom with other people;
 - Require an elevator or first floor apartment due to mobility, visual, hearing or limitation impairment
 - Wheelchair accessible apartment
 - Type of residence preferred
 - Smoke-free building and/or premises
 - Other Housing Preferences
- 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 is auto populated
- Affirmation that information provided is accurate and complete