

# NYS/OMH-SINGLE POINT OF ACCESS (SPOA) HOUSING PROGRAM

**TO:** \_\_\_\_\_ **Date of Submission:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**SPOA Housing** **Number of Pages:** \_\_\_\_\_  
**Center for Urban Community Services**

198 East 121<sup>st</sup> Street, 6<sup>th</sup> Floor  
New York, NY 10035  
Fax Number: (212) 635-2183

**ALL COMPLETE SPOA PACKETS must include:**

- SPOA Housing Cover Sheet
- An Active HRA 2010e Approval Letter
- The HRA 2010e Application (all pages)
- A Comprehensive Psychiatric Evaluation\*
- A Comprehensive Psychosocial Summary\*
- SPOA Supportive Housing Authorization for

Re-Release of Information

Please note that the NYS/SPOA Housing Program is accepting applications only for applicants who:

- Are diagnosed with a Serious Mental Illness, AND
- Are approved by HRA for Supportive Housing (e.g., Level II, Community Care, or both) AND
- Are INELIGIBLE for NY/NY I and II Housing, EXCEPT:
  - Individuals currently Living In An Adult Home
  - Individuals currently in a State Psychiatric Center or State-Operated Transitional Residence
  - Individuals currently incarcerated in NY State Prison

\*The Comprehensive Mental Health Report may be used in lieu of a separate Psychiatric Evaluation and Psychosocial Summary

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**FROM:** (please PRINT your contact information below, and please fill in all fields)

Referring Agency Name: \_\_\_\_\_

Referring Program Name: \_\_\_\_\_

Is Applicant Residing in an Adult Home: Yes No *If Yes, Adult Home Name:* \_\_\_\_\_

Borough of Referring Agency (circle one): Bronx Brooklyn Manhattan Queens  
Staten Island Outside 5 Boroughs

Referring Worker/Contact Name: \_\_\_\_\_

Referring Worker/Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Worker E-mail: \_\_\_\_\_

Applicant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Applicant's D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NYC BOROUGH PREFERENCE:**

Does applicant have a NYC borough preference?  Yes  No

If yes, 1<sup>st</sup> NYC borough preference: \_\_\_\_\_ 2<sup>nd</sup> NYC borough preference: \_\_\_\_\_

Specific Housing Agency/Program Requested (If applicable): \_\_\_\_\_