Concern for Independent Living announces new Surf Vets Place SP-SRO in Coney Island

Concern for Independent Living, Inc. is proud to announce the availability of apartments at Surf Vets Place, a newly constructed mixed-use supportive SRO located at 3003 West 21st Street (2002 Surf Avenue) in the Coney Island community of Brooklyn. This modern 9-story elevator building contains 135 new apartments, of which 52 apartments (a mix of one, two and three bedroom units) will be offered to low income households and 82 studio apartments will be offered to homeless veterans recovering from mental illness and/ or substance abuse earning up to 50% of Area Median Income (AMI - $46,700).

As per the HRA 2010e NY/ NY I, II & III (Population A, B, E & F), NYC 15/ 15, MRT and OASAS supportive housing criteria, veteran applicants must be age eighteen or older and meet the following definition(s):

• Single adult with a serious mental illness and/ or substance abuse disorder (SUD)
• Currently homeless/ homeless for six of the last twelve months/ at risk of homelessness following successful completion of course of substance abuse treatment or current treatment/ or with a history of residential instability (OASAS only)
• Documented proof of income (including VA/ SSI/ SSD/ PA benefits)
• Have an annual income at or below 50% of the area median income ($46,700)
• In addition, veteran residents of OMH licensed Level II supportive housing with HRA 2010e Community Care level approval will be considered for this project.

All 82 supportive units for veterans will come with project-based Section 8 benefits. VASH vouchers are not required for eligibility. Tenants will pay approximately 30% of their income toward the rent and the balance will be subsidized by the HAP voucher.

It is recommended that each referral complete the HRA Coordinated Assessment Survey in conjunction with a HRA 2010e application to determine eligibility and a vulnerability index. For OASAS applicants, the HRA 2010e is not a requirement, but the type of documentation used for the HRA 2010e application will be required (diagnosed SUD, psychosocial history). Each applicant will be interviewed in person and his/her appropriateness for the program will be assessed. Concern staff will conduct in-reach to homeless veteran programs/shelters and related providers. Persons will be denied admission if there were compelling reasons to believe that they would present a threat or danger to themselves or others or if it appears that they require a different level of supervision (in which case other supportive housing options at Concern may be recommended).

The 9-story building will contain approximately 106,000 square feet of habitable space, with a photovoltaic solar installation, energy efficient utilities, a roof deck and recreational spaces throughout the building for small group meetings and festivities. As with all Concern buildings, it is hoped that the space will welcome participation from the local community and activities will be centered on overall wellness and healthcare.

**Building Amenities include:**

- Outdoor Terrace Garden/ Recreational Area & Roof Deck
- Fitness Center/ Library & Computer Room
- Environmentally-sensitive design
- Laundry room
- Bicycle Storage room
- On-site Superintendent
- 24-hour attended lobby
- Air conditioner units in each apartment/ Free Wi-Fi throughout the building
- On site support services, including wellness, dual recovery services and vocational training/job placement services and linkages to community supports to promote recovery and integration

**The Neighborhood:**

- Excellent public transportation:
  - 7 minute walking distance to D, F, N & Q subway lines at Stillwell Avenue
  - B64, B74, B82 buses run on surrounding blocks
- Steps to Coney Island boardwalk and beach. Excellent recreational spaces a short distance away, including local sports center, outdoor amphitheater, Cyclones baseball stadium, amusement park and New York Aquarium. Brooklyn Public Library one block away

For inquiries, please contact:
**Jim Mutton, LMSW**
Director of NYC Operations
Concern for Independent Living, Inc.
1-347-381-5981 x1158
jamesmutton@concernhousing.org
Extension of Supportive Housing Approvals

Effective May 06, 2022, in response to the need to expedite the placement process, supportive housing applications will receive extensions on approvals to expand the pool of eligible households for referrals. HRA will be extending supportive housing application approvals to October 31, 2022. This extension applies to approved supportive housing applications that have expired as of April 1, 2022 through the extension date listed above. To view the updated determination letter please log into the Coordinated Assessment and Placement System (CAPS).

If you have any additional questions you may contact the PACT reviewer that approved your application. The reviewer’s information is located on the first page of the determination letter. If you are experiencing technical issues you may contact our user support at hracassupport@hra.nyc.gov.
### SUPPORTIVE HOUSING POPULATIONS

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<tbody>
<tr>
<td>Single adults with a serious mental illness (SMI) or who have a SMI with a co-occurring substance use disorder.</td>
<td>Homeless single adults with a serious mental illness (SMI) or who have a SMI with a co-occurring substance use disorder.</td>
<td>Chronically homeless single adults with a serious mental illness (SMI) or who have a SMI with a co-occurring substance use disorder.</td>
<td>Single adults who are currently living in NYS-operated psychiatric centers or NYS-operated transitional residences and who are at risk of street or sheltered homelessness upon discharge.</td>
<td>Young adults, ages 18-24, who have a serious mental illness being treated in NYS licensed residential treatment facilities, State psychiatric facilities or leaving or having recently left foster care and are at risk of street or sheltered homelessness upon discharge.</td>
<td>Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household requires support due to a serious mental illness (SMI) or who are SMI with a co-occurring substance use disorder.</td>
<td>Homeless single adults who have a substance use disorder (SUD) that is the primary barrier to independent living and who have been homeless 6 of the past 12 months.</td>
<td>Homeless or at risk of homeless single adults who have recently completed a course of treatment or are successfully participating in treatment for a substance use disorder.</td>
<td>Chronically homeless families or families at serious risk of becoming chronically homeless, in which the head of household suffers from a substance abuse disorder, a disabling medical condition or HIV/AIDS.</td>
<td>Chronically homeless single adults who are persons living with HIV/AIDS and HASA service connected who suffer from a serious mental illness, a substance use disorder, or a co-occurring serious mental illness and substance use disorder, including those at serious risk of becoming chronically homeless who lack the resources and support networks needed to obtain access to housing.</td>
<td>Young adults (aged 25 years or younger) leaving or having recently left foster care or who had been in foster care for more than a year after their 16th birthday and who are at risk of street or sheltered homelessness.</td>
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### PLACEMENT AGENCY

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<td>CUCS</td>
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### NYC 15/15 POPULATIONS

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<th>Families</th>
<th>Young Adult Singles</th>
<th>Young Adult Families</th>
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</thead>
<tbody>
<tr>
<td>Chronically homeless single adults with a serious mental illness (SMI), a substance use disorder (SUD) (including those who are actively using or have started their recovery process within the last 12 months), or those who may have a co-occurring SMI and SUD.</td>
<td>Chronically homeless families or families at serious risk of becoming chronically homeless, in which the head of the household lives with a SMI, SUD (including those who are actively using or have started their recovery process within the last 12 months), or those who may have a co-occurring SMI and SUD.</td>
<td>Young adults (18-25 years of age) with high service utilization who are homeless or at risk of homelessness (including aging out of foster care).</td>
<td>Young Adults (18-25 years of age) with high service utilization who are pregnant or the head of household who are homeless or at risk of homelessness (including aging out of foster care).</td>
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### PLACEMENT AGENCY

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<thead>
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<tr>
<td><strong>Mental Health (Adult)</strong></td>
<td>Single adults who are homeless or at risk of homelessness with a serious mental illness (SMI) or a SMI with a co-occurring substance use disorder.</td>
<td>CUCS</td>
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<tr>
<td><strong>Mental Health (Young Adult)</strong></td>
<td>Young adults (18-25 years old) who are homeless or at risk of homelessness with a serious mental illness (SMI) or a serious emotional disturbance (SED).</td>
<td>CUCS</td>
<td></td>
</tr>
<tr>
<td><strong>SUD (Adult)</strong></td>
<td>Single adults who are homeless or at risk of homelessness with substance use disorder (SUD) as primary barrier to independent living.</td>
<td>OASAS</td>
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<tr>
<td><strong>SUD (Young Adult)</strong></td>
<td>Young adults (18-25 years old) who are homeless or at risk of homelessness with substance use disorder (SUD) as primary barrier to independent living.</td>
<td>OASAS</td>
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<tr>
<td><strong>Mental Health (Families)</strong></td>
<td>Families that are homeless or at risk of homelessness, in which the head of household has a serious mental illness (SMI) or who is SMI with a co-occurring substance use disorder.</td>
<td>CUCS</td>
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<tr>
<td><strong>SUD (Families)</strong></td>
<td>Families who are homeless or at risk of homelessness in which the head of household has a substance use disorder (SUD) as a primary barrier to independent living.</td>
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<tr>
<th><strong>DHS General Population</strong></th>
<th><strong>PLACEMENT AGENCY</strong></th>
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<tbody>
<tr>
<td><strong>DHS General Population</strong></td>
<td>Housing for low-income single adults with a disabling clinical condition currently residing in/or serviced by a Department of Homelessness Services (DHS) contracted program.</td>
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<tr>
<td>PLACEMENT AGENCY</td>
<td>POPULATION</td>
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<td>HRA Office of Supportive/Affordable Housing &amp; Services (OSAHS)</td>
<td>NY/NY III Populations A, D, E, F &amp; G&lt;br&gt;NYC 15/15 Adult Singles&lt;br&gt;NYC 15/15 Young Adult Singles&lt;br&gt;NYC 15/15 Families&lt;br&gt;NYC 15/15 Young Adult Families&lt;br&gt;DHS General Population</td>
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<td>Office of Addiction Services and Supports (OASAS)</td>
<td>ESSHI Adult Singles (SUD)&lt;br&gt;ESSHI Young Adult (SUD)&lt;br&gt;ESSHI Families (SUD)</td>
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<td>PLACEMENT AGENCY</td>
<td>POPULATION</td>
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<td><strong>Center for Urban Community Services (CUCS)</strong></td>
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<td>NY/NY I &amp; II</td>
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<td>NY NY III Pop B &amp; C</td>
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<td>ESSHII Adult Singles (Mental Health)</td>
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<td>ESSHII Young Adult (Mental Health)</td>
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<td>ESSHII Families (Mental Health)</td>
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</table>
NYS/OMH-SINGLE POINT OF ACCESS (SPOA)
HOUSING PROGRAM

TO:
SPOA Housing
Center for Urban Community Services
198 East 121st Street, 6th Floor
New York, NY 10035
Fax Number: (212) 635-2183

Date of Submission: ______ / ______ / ______
Number of Pages: ______

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

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, 1st NYC borough preference: ___________ 2nd NYC borough preference: ___________

Specific Housing Agency/Program Requested (If applicable): ___________________________________
PART 1: Authorization to Re-Release Information

Description of Information to Be Used/Disclosed:

You are being referred for Supportive Housing for adults with a serious mental illness. In order to expedite your application, the Center for Urban Community Services (CUCS), New York City’s Adult Single Point of Access (SPOA) program must obtain and review your HRA 2010e application packet, which includes your psychiatric and psychosocial evaluations from your referral source. CUCS needs this information to help determine the right housing option for you, based on your needs and preferences. Once you are determined eligible by Human Resource Administration (HRA) for this type of supportive housing, your HRA 2010e packet will be sent to CUCS by the facility/agency that completed the application. CUCS will then need to share your information with the appropriate supportive housing agency that is contracted through the New York State Office of Mental Health and/or New York City Department of Health and Mental Hygiene. The information included in the HRA 2010e application packet that will need to be shared with the Supportive Housing Agency includes all of the following:

- The HRA 2010e application and determination letter
- A current psychosocial summary, completed within the last 6 months
- A current psychiatric evaluation, signed and dated by a Licensed Psychiatrist, Licensed Clinical Social Worker, Licensed Psychologist, or a Licensed Psychiatric Nurse Practitioner within the last 6 months
- TB results completed in the past year

Your mental health information is protected by federal and state law (the Health Insurance Portability and Accountability Act of 1996, or “HIPAA”, and New York State Mental Hygiene Law Section 33.13). If your referral source is an alcohol or drug treatment program that received federal funds, this information is protected by federal regulations at 42 CFR Part 2. This means your referral source cannot share your information with CUCS without your written consent, and CUCS also needs your permission in order to share that information with the assigned Supportive Housing Agency. On this authorization form, you are being asked to consent to have your psychiatric and psychosocial evaluations released by your referral source to CUCS. You are also being asked to consent to have your HRA 2010e application packet, which includes your psychiatric and psychosocial evaluations, released by your referral source to CUCS, for the purpose of making appropriate referrals to supportive housing. You are also being asked to consent to have CUCS re-release the information included in your HRA 2010e application packet to the Supportive Housing agency that will be interviewing you to determine if you are eligible for the housing and services it offers.

Purpose or Need for Information:

1. This information is being requested:
   - by the individual or his/her personal representative; or
   - Other (please describe)

2. The purpose of the disclosure is (please describe):

I understand that my HRA 2010e application packet, including my psychosocial and psychiatric evaluations, that is provided by my referral source, ____________________________ will be used by CUCS to provide the social worker/case worker/discharge planner/pre-release coordinator who is assisting me with my housing search, with possible referrals to Supportive Housing. When CUCS receives the HRA packet from my worker, they will share information in my HRA 2010e application packet (that includes the items listed above) with the appropriate Supportive Housing Agency that will be interviewing me to determine if I am eligible for the housing and services it offers.
# SPOA SUPPORTIVE HOUSING
## AUTHORIZATION FOR RE-RELEASE OF INFORMATION

### A. I authorize CUCS, the New York City’s Adult SPOA Housing program to review my HRA 2010e application, including my psychosocial and psychiatric information, provided by my referral source in order to make recommendations for the appropriate level of housing. If I am approved by HRA for Supportive Housing, I also authorize CUCS to use and disclose certain information in my HRA 2010e application packet (that includes the items listed above on this form) to the appropriate supportive Housing agency for the purpose of determining if I am eligible for the services it offers. I understand that:

1. Only this information may be used and/or disclosed as a result of this authorization.
2. This information is confidential and cannot legally be disclosed without my permission.
3. If this information is disclosed to someone who is not required to comply with federal privacy protection regulations, then it may be re-disclosed and would no longer be protected. However, if my information is also protected by Mental Hygiene Law Section 33.13 or 42 CFR Part 2, it cannot be redisclosed unless I give my permission or the redisclosure is otherwise permitted by such law or regulation.
4. I have the right to revoke (take back) this authorization at any time, by writing to CUCS, the New York City Adult Single Point of Access. I am aware that revocation will not be effective if the persons I have authorized to use and/or disclose my protected health information have already taken action because of my earlier authorization.
5. I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment from the New York State Office of Mental Health, nor will it affect my eligibility for benefits.
6. I have a right to inspect and copy my own protected health information to be used and/or disclosed in accordance with the requirements of the federal privacy protection regulations found under 45 CFR§164.524.

### B. Periodic Use/Disclosure: I hereby permit the periodic use/disclosure of the information described above to the person/organization/facility/program identified above as necessary to fulfill the purpose identified above. I hereby understand that I have the right to revoke my authorization to release information by writing the New York City Adult Single Point of Access at:

NYC Adult Single Point of Access for Housing (SPOA)
Center for Urban Community Services
198 East 121 Street, 6th Floor
New York, New York 10035

I understand that this authorization will expire when I am no longer being considered for the Supportive Housing from the agency that I have been referred to by CUCS, the NYC Adult Single Point of Access.
# SPOA Supportive Housing

## Authorization for Re-Release of Information

### C. Patient Signature:
I have been given the opportunity to ask questions if I do not understand any of the information on this form. I certify that I authorize the use of my medical/mental health information as set forth in this document.

<table>
<thead>
<tr>
<th>Signature of Patient or Personal Representative</th>
<th>Date</th>
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<tbody>
<tr>
<td>Patient's Name (Printed)</td>
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<tr>
<td>Personal Representative's Name (Printed)</td>
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<tr>
<td>Description of Personal Representative's Authority to Act for the Patient <em>(required if Personal Representative signs Authorization)</em></td>
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### D. Witness Statement/Signature:
I have witnessed the execution of this authorization and state that a copy of the signed authorization was provided to the patient and/or the patient's personal representative.

**WITNESSED BY**

Staff person's name and title

Authorization Provided To  CUCS SPOA Housing Program
Authorization Provided To *(Health Home)*
Authorization Provided To *(Health Insurance Provider)*

Date

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**To be Completed by Facility:**

<table>
<thead>
<tr>
<th>Signature of Staff Person Using/Disclosing Information</th>
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<tbody>
<tr>
<td>Title</td>
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<td>Date Released</td>
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</table>

### PART 2: Revocation of Authorization to Re-Release Information

I hereby revoke my authorization to use/disclose information indicated in Part 1, to the Person/Organization/Facility/Program whose name and address is:

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I hereby refuse to authorize the use/disclosure indicated in Part 1, to the Person/Organization/Facility/Program whose name and address is:

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<table>
<thead>
<tr>
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### Apartment Treatment-Level II

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<tr>
<th>Eligibility</th>
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<th>W</th>
<th>Intake Contact/Comments</th>
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### Congregate Support (CR/SRO)-Level II

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<tr>
<td>Project Renewal - Leona Blanche House (was Tinton Ave.)</td>
<td>NY/NY</td>
<td>0</td>
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</tr>
<tr>
<td>The Bridge - Bridgewater House</td>
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<tr>
<td>The Bridge - Morris Avenue</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

NY/NY = Applicant must be eligible for placement under the terms of the New York/New York Agreement to house homeless mentally ill individuals. 
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### Bronx Vacancy Information (cont.)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Eligibility</th>
<th>Intake</th>
<th>Contact Information</th>
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<td><strong>Unique People Services - Hunter Apartments</strong></td>
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<td><strong>VOA - Wales Avenue Residence</strong></td>
<td>NY/NY</td>
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<td><strong>VOA - Wales Avenue Residence</strong></td>
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<td><strong>Congregate Treatment (Super CR)-Level II</strong></td>
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<td>F</td>
<td>M</td>
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<tr>
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<tr>
<td><strong>Beacon of Hope - Bronx IV</strong></td>
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<td>0</td>
</tr>
<tr>
<td><strong>Beacon of Hope - Cardinal Cooke (Hearing-Impaired)</strong></td>
<td>MH</td>
<td>0</td>
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</tr>
<tr>
<td><strong>H.O.G.A.R. - HOGAR Ariel</strong></td>
<td>MH</td>
<td>*</td>
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<tr>
<td><strong>JBFCS - Burnside CR</strong></td>
<td>NY/NY</td>
<td>2</td>
<td>1</td>
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<tr>
<td><strong>PIBLY - Overing House (CTP)</strong></td>
<td>MH</td>
<td>0</td>
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<tr>
<td><strong>PIBLY - Rosebud House</strong></td>
<td>NY/NY</td>
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<td>3</td>
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<tr>
<td><strong>Promesa - Anderson</strong></td>
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<td>4</td>
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<td><strong>Promesa - Bronx IV</strong></td>
<td>MH</td>
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<tr>
<td><strong>Promesa - Kelly St. Residence</strong></td>
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<td>0</td>
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<td><strong>Promesa - Kelly St. Residence</strong></td>
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<td><strong>TSCI - Bronx Super CR</strong></td>
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<td><strong>Urban Pathways - Crotona CR</strong></td>
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<tr>
<td><strong>Supported Housing - Scattered Site-Community</strong></td>
<td>Eligibility</td>
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<td><strong>ACMH - Bronx Scatter Site</strong></td>
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<tr>
<td><strong>ACMH - Bronx Scatter Site</strong></td>
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<td><strong>Baltic Street AEH, Inc. - HomeWorks S/H</strong></td>
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<tr>
<td><strong>Beacon of Hope - BPC II Supported Housing</strong></td>
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<td><strong>Beacon of Hope - BPC Supported Housing</strong></td>
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<tr>
<td><strong>Beacon of Hope - East Bronx S/H</strong></td>
<td>NY/NY</td>
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<td>0</td>
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<tr>
<td><strong>Beacon of Hope - East Bronx S/H</strong></td>
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</tr>
<tr>
<td><strong>Beacon of Hope - Highbidge S/H</strong></td>
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</tr>
<tr>
<td><strong>BRC - HomePlus (Bronx Supported)</strong></td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Bronx Vacancy Information (cont.)</th>
<th>As of August 22, 2022</th>
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</thead>
<tbody>
<tr>
<td>BRC - HomePlus (DOHMH Sec. 8)</td>
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<tr>
<td>BRC - HomePlus (MAP/CR Long Stayers - Bronx)</td>
<td>MH 0</td>
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<tr>
<td>BRC - HomePlus (NY/NY II Cat. B)</td>
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<tr>
<td>BRC - HomePlus (OMH Sec. 8)</td>
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<tr>
<td>BRC - HomePlus RCE NY SH 80-20</td>
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<tr>
<td>Comunilife - Adult Home Housing Program</td>
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<tr>
<td>Comunilife - Bronx S/H</td>
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<tr>
<td>Comunilife - Bronx S/H</td>
<td>MH 0</td>
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<tr>
<td>Comunilife - NY/NY III Category B (2007)</td>
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</tr>
<tr>
<td>Federation of Organizations - Scattered Site SH (Veterans)</td>
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<tr>
<td>GEEL - East 182nd St.</td>
<td>MH 0</td>
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<tr>
<td>GEEL - Supported Hsg. II</td>
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<tr>
<td>GEEL - Supported Hsg. II</td>
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<td>H.O.G.A.R. - NY/NY III Category B (2012) -S/H VIII</td>
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<tr>
<td>H.O.G.A.R. - Supported Housing I</td>
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<tr>
<td>H.O.G.A.R. - Supported Housing II (a.k.a. SH '05)</td>
<td>MH 0</td>
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<tr>
<td>H.O.G.A.R. - Supported Housing IV</td>
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<td>H.O.G.A.R. - Supported Housing IX</td>
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<tr>
<td>H.O.G.A.R. - Supported Housing V NY/NY III Cat B (2009)</td>
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<tr>
<td>H.O.G.A.R. - Supported Housing VI</td>
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<td>H.O.G.A.R. - Supported Housing VII</td>
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<td>ICL - Bronx Forensic S/H</td>
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<tr>
<td>JBFCS - Bronx I SAP (Cat. B)</td>
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<tr>
<td>JBFCS - Bronx II SAP</td>
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<td>JBFCS - Bronx REAL S/H</td>
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<tr>
<td>JBFCS - Bronx SPC SAP</td>
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<tr>
<td>JBFCS - Manhattan III SAP (Cat. B)</td>
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<tr>
<td>JBFCS - Manhattan SPC SAP ('09 PC Long Stay)</td>
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<tr>
<td>Mental Health Association - Bronx S/H</td>
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</tbody>
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<tr>
<th>Bronx Vacancy Information (cont.)</th>
<th>As of August 22, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mosaic Mental Health - Bronx S/H</td>
<td>NY/NY 0 0 0 n/a</td>
</tr>
<tr>
<td>Contact Ana Brito at (718) 796-5300, ext. 166.</td>
<td></td>
</tr>
<tr>
<td>program full</td>
<td></td>
</tr>
<tr>
<td>Mosaic Mental Health - Bronx S/H</td>
<td>MH 0 0 0</td>
</tr>
<tr>
<td>Contact Ana Brito at (718) 796-5300, ext. 166.</td>
<td></td>
</tr>
<tr>
<td>Mosaic Mental Health - NY/NY II Category B (2007)</td>
<td>MH 0 0 6 A</td>
</tr>
<tr>
<td>Contact Ana Brito at (718) 796-5300, ext. 166.</td>
<td></td>
</tr>
<tr>
<td>waiting list all NY/NY pop. B clients. Shared</td>
<td></td>
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<tr>
<td>Apts.(Must have active SSI &amp; Medicaid, documents</td>
<td></td>
</tr>
<tr>
<td>social security, birth certificate &amp; id)</td>
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</tr>
<tr>
<td>PIBLY - NY/NY III Category B (2012)</td>
<td>MH 0 0 0</td>
</tr>
<tr>
<td>Contact Nicole Bernier at (718) 430-0121. Program</td>
<td></td>
</tr>
<tr>
<td>has vacancies, however referring source must</td>
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<tr>
<td>backfill with NYNY III Population B.</td>
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<tr>
<td>PIBLY - NY/NY III Category B (2007)</td>
<td>MH 0 0 0</td>
</tr>
<tr>
<td>Contact Nicole Bernier at (718) 430-0121. Very</td>
<td></td>
</tr>
<tr>
<td>long wait list</td>
<td></td>
</tr>
<tr>
<td>PIBLY - S/H Opportunities Program</td>
<td>NY/NY 0 0 0</td>
</tr>
<tr>
<td>Contact Nicole Bernier at (718) 430-0121. Very</td>
<td></td>
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<td>long wait list.</td>
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<tr>
<td>Postgraduate Center - Bronx '09 Scatter Site</td>
<td>NY/NY 0 0 0</td>
</tr>
<tr>
<td>Contact Leeann Grant at (212) 576-4180. OMH</td>
<td></td>
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<tr>
<td>priority populations or backfill only. Email</td>
<td></td>
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<tr>
<td>all packets to <a href="mailto:intake@pgcmhm.org">intake@pgcmhm.org</a></td>
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<tr>
<td>Postgraduate Center - Bronx S/H</td>
<td>NY/NY 0 0 0</td>
</tr>
<tr>
<td>Contact Leeann Grant at (212) 576-4180. Email</td>
<td></td>
</tr>
<tr>
<td>all packets to <a href="mailto:intake@pgcmhm.org">intake@pgcmhm.org</a></td>
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<tr>
<td>Postgraduate Center - Bronx S/H</td>
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<tr>
<td>Contact Leeann Grant at (212) 576-4180. Email</td>
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<tr>
<td>all packets to <a href="mailto:intake@pgcmhm.org">intake@pgcmhm.org</a></td>
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<tr>
<td>Postgraduate Center - NY/NY III Category B (2009)</td>
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</tr>
<tr>
<td>Contact Leeann Grant at (212) 576-4180. Email</td>
<td></td>
</tr>
<tr>
<td>all packets to <a href="mailto:intake@pgcmhm.org">intake@pgcmhm.org</a></td>
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<tr>
<td>Project Renewal - Bronx Supported Housing</td>
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</tr>
<tr>
<td>Contact Roshaun Kraft at (718) 617-7442. All</td>
<td></td>
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<tr>
<td>packets to <a href="mailto:intake@pgcmhm.org">intake@pgcmhm.org</a></td>
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<tr>
<td>St. Vincent's Hospital Westchester - Bronx S/H</td>
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</tr>
<tr>
<td>Contact Michael Coscia at (718) 982-4751. Email</td>
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<tr>
<td>all packets to <a href="mailto:intake@pgcmhm.org">intake@pgcmhm.org</a></td>
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<tr>
<td>SUS - Mobile Team II</td>
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<tr>
<td>Contact SUS Intake at (917) 408-1649. All</td>
<td></td>
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<tr>
<td>packets to <a href="mailto:intake@pgcmhm.org">intake@pgcmhm.org</a></td>
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<tr>
<td>SUS - NY/NY III Category B (2007)</td>
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<tr>
<td>Contact SUS Intake at (917) 408-1649. Must come</td>
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<tr>
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<td>SUS - Supported Housing '05</td>
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<td>Contact SUS Intake at (917) 408-1649. All</td>
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<tr>
<td>packets to <a href="mailto:intake@pgcmhm.org">intake@pgcmhm.org</a></td>
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<tr>
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<tr>
<td>Contact Intake Department at (212) 663-3000, ext.</td>
<td></td>
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<tr>
<td>2042. Please mail applications. Homeless or</td>
<td></td>
</tr>
<tr>
<td>risk of homelessness required.</td>
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<tr>
<td>The Bridge - NY II DOHMH Bronx Supported</td>
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<tr>
<td>Contact Intake Department at (212) 663-3000, ext.</td>
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<tr>
<td>2042. Please mail applications. Homeless or</td>
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<td>risk of homelessness required.</td>
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<td>The Bridge - Supported Housing '05</td>
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</tr>
<tr>
<td>Contact Intake Department at (212) 663-3000, ext.</td>
<td></td>
</tr>
<tr>
<td>2042. Please mail applications.Long wait list.</td>
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<tr>
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<td>Contact Intake Department at (212) 663-3000, ext.</td>
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<td>The Bridge - The Belmont - NY/NY III Category A</td>
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<tr>
<td>Contact Intake Department at (212) 663-3000, ext.</td>
<td></td>
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<tr>
<td>2042. Cat. B. CC approval required.</td>
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<tr>
<td>UCC - Ehrlich S/H (ESP)</td>
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</tr>
<tr>
<td>Contact Stephanie Carson at (718) 293-8400. Long</td>
<td></td>
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<tr>
<td>Term Waiting List Only.</td>
<td></td>
</tr>
<tr>
<td>UCC - Supported Housing '05</td>
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</tr>
<tr>
<td>Contact Stephanie Carson at (718) 293-8400. Long</td>
<td></td>
</tr>
<tr>
<td>Term Waiting List Only.</td>
<td></td>
</tr>
<tr>
<td>Unique People Services - Bronx S/H</td>
<td>NY/NY 1 0 0</td>
</tr>
<tr>
<td>Contact Confesora Castoire at (718) 741-0606. All</td>
<td></td>
</tr>
<tr>
<td>packages to be sent by mail.</td>
<td></td>
</tr>
<tr>
<td>Unique People Services - Bronx S/H</td>
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</tr>
<tr>
<td>Contact Confesora Castoire at (718) 741-0606. All</td>
<td></td>
</tr>
<tr>
<td>packages to be sent by mail.</td>
<td></td>
</tr>
<tr>
<td>Unique People Services - Nursing Home Remedy</td>
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<td>Members</td>
<td>Contact Confesora</td>
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<tr>
<td>Castoire at (718) 741-0606. Bronx, Manhattan,</td>
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<td>and Westchester housing.</td>
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<tr>
<td>Unique People Services - NY/NY III Category B</td>
<td>MH 2 1 0</td>
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<tr>
<td>Contact Confesora Castoire at (718) 741-0606. All</td>
<td></td>
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<tr>
<td>packages to be mailed.</td>
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</tr>
<tr>
<td>Urban Pathways - MRT Supported Housing-Bronx</td>
<td>MH 0 0 2</td>
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<tr>
<td>Contact Nilza Phillips at (212) 736-7385, ext. 230</td>
<td></td>
</tr>
<tr>
<td>Must be Community Care and linked/or be willing</td>
<td></td>
</tr>
<tr>
<td>to be connected Medicaid Health Home program.</td>
<td></td>
</tr>
<tr>
<td>Must have active Medicaid and PA/or SSI/SSD.</td>
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</tr>
<tr>
<td>Expected with Case Manager twice a month. All</td>
<td></td>
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<tr>
<td>applications must be sent to <a href="mailto:centralintake@urbanpathways.org">centralintake@urbanpathways.org</a>.</td>
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<tr>
<td>Urban Pathways - NY/NY III - Category B (2009)</td>
<td>MH 0 0 3</td>
</tr>
<tr>
<td>Contact Nilza Phillips at (212) 736-7385, ext. 230</td>
<td></td>
</tr>
<tr>
<td>Bronx Apartment- POP B - Clients must have active</td>
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</tr>
<tr>
<td>PA or SSI/SSD. Program fee is 30% of entitlements</td>
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</tr>
<tr>
<td>Expected with Program Case Manager twice a month.</td>
<td></td>
</tr>
<tr>
<td>All applications must be sent to <a href="mailto:centralintake@urbanpathways.org">centralintake@urbanpathways.org</a>. Copy of birth certi. social, income</td>
<td></td>
</tr>
<tr>
<td>WellLife - Bronx S/H</td>
<td>MH 0 0 0</td>
</tr>
<tr>
<td>Contact Eunice Dowling at (917) 563-3348. Please</td>
<td></td>
</tr>
<tr>
<td>mail packets to:142-02 20th Avenue,</td>
<td></td>
</tr>
<tr>
<td>Flushing, NY 11351.</td>
<td></td>
</tr>
<tr>
<td>Weston United - S/H #3</td>
<td>MH * * *</td>
</tr>
<tr>
<td>Contact Intake Department at (212) 663-3000, ext.</td>
<td></td>
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<tr>
<td>2042.</td>
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<thead>
<tr>
<th>Supported Housing - Single Site-Community Care</th>
<th>Eligibility</th>
<th>F</th>
<th>M</th>
<th>U</th>
<th>W</th>
<th>Contact/Comments</th>
</tr>
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<tbody>
<tr>
<td>ACMH - Ana's House</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Katherine Durkin at (212) 274-8558, ext. 215. Must be approved for Community Care and come from OMH priority populations (State PC, Acute Inpatient, AOT, RTF, OMH Licensed CR-SRO, Nursing or Adult Home) currently residing in Bronx.</td>
</tr>
<tr>
<td>ACMH - NY/NY III Category C - E. 144th Street</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>A</td>
<td>Contact Katherine Durkin at (212) 274-8558, ext. 215. NYNY III Pop C with Community Care approval. OMH priority population.</td>
</tr>
<tr>
<td>Beacon of Hope - Highbridge NY/NY</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>A</td>
<td>Contact Theresa Carter at (718) 239-5206. Must be approved for Community Care.</td>
</tr>
<tr>
<td>Beacon of Hope - St. Augustine</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Jules Corkery at (212) 371-1000, ext. 3611.</td>
</tr>
<tr>
<td>Community Access - 111 East 172nd St.</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>A</td>
<td>Contact Ashley Salaris at (929) 384-7271, ext. 2502.</td>
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<tr>
<td>ICL - Bronx S/H</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>A</td>
<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
</tr>
<tr>
<td>Lutheran Soc. Serv. - Jasmine Court</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Lyronie Gayle at (646) 790-6360.</td>
</tr>
<tr>
<td>Odyssey House - NY/NY III -Cat. A Soundview</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>C</td>
<td>Contact Curtis Benton at (637) 38-5974.</td>
</tr>
<tr>
<td>Odyssey House - NY/NY III - Cat. B Soundview</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Curtis Benton at (637) 38-5974.</td>
</tr>
<tr>
<td>Odyssey House - NY/NY III Category A Tinton Avenue</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>C</td>
<td>Contact Darlene Moore at (646) 744-2449.</td>
</tr>
<tr>
<td>Odyssey House - NY/NY III Category B Tinton Avenue</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Darlene Moore at (646) 744-2449.</td>
</tr>
<tr>
<td>Postgraduate Center - Marion Avenue</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Leeann Grant at (212) 576-4180. State psychiatric hospitals, transitional or community residences, Article 28 inpatient units, RTFs, Adult homes, referrals from Managed Care Organizations with clients in the shelter system. Email <a href="mailto:intake@pgcmh.org">intake@pgcmh.org</a></td>
</tr>
<tr>
<td>Postgraduate Center - Teller Avenue- NY/NY III - Category A</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Leeann Grant at (212) 576-4180. Email all packets to <a href="mailto:intake@pgcmh.org">intake@pgcmh.org</a></td>
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<tr>
<td>SUS - Morris Avenue</td>
<td>MH</td>
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<td>A</td>
<td>Contact SUS Intake at (917) 408-1649.</td>
</tr>
<tr>
<td>UCC - Tiebout S/H (ETP)</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>A</td>
<td>Contact Stephanie Carson at (718) 293-8400. Long Term Waiting List.</td>
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<tr>
<td>UCC - Tiebout S/H (ETP)</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>A</td>
<td>Contact Stephanie Carson at (718) 293-8400. Long Term Waiting List.</td>
</tr>
<tr>
<td>WSFSH - Mill Brook Terrace</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>A</td>
<td>Contact David Stovall at (212) 721-6032, ext. 1073.</td>
</tr>
<tr>
<td>WSFSH - Tres Puentes</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Steve DeMarco at (212) 721-6032, ext. 1004. SPMI, Over 62. Some units are for homeless seniors.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Supported SRO-Community Care</th>
<th>Eligibility</th>
<th>F</th>
<th>M</th>
<th>U</th>
<th>W</th>
<th>Intake Contact/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Access - Cedar Avenue N/NY III Cat. B</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>A</td>
<td>Contact Rochelle Overton at (212) 780-1400, ext. 7708. Must be from a psychiatric center and be approved for NY/NY III and Comm. Care, or they must be living in an OMH licensed CR willing to back fill and also have Comm.Care designation.</td>
</tr>
<tr>
<td>Lutheran Soc. Serv. - St. John’s Community House</td>
<td>NY/NY</td>
<td>n/a</td>
<td>2</td>
<td>n/a</td>
<td>*</td>
<td>Contact Nicole Russo at (718) 681-6800, ext. 2401.</td>
</tr>
<tr>
<td>Phipps Houses - Honeywell Apts.</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Joseph Washington at (718) 991-2045. Unit is now back on-line and interviews need to be scheduled.</td>
</tr>
<tr>
<td>Postgraduate Center - Hull Avenue - NY/NY III Cat A</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Leeann Grant at (212) 576-4180. Email all packets to <a href="mailto:intake@pgcmh.org">intake@pgcmh.org</a></td>
</tr>
<tr>
<td>Postgraduate Center - Hull Avenue-NY/NY III Cat B</td>
<td>MH</td>
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<td>0</td>
<td>A</td>
<td>Contact Leeann Grant at (212) 576-4180. Email all packets to <a href="mailto:intake@pgcmh.org">intake@pgcmh.org</a></td>
</tr>
<tr>
<td>Postgraduate Center - Lyvere Street</td>
<td>NY/NY</td>
<td>0</td>
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<td>0</td>
<td>A</td>
<td>Contact Leeann Grant at (212) 576-4180. Email all packets to <a href="mailto:intake@pgcmh.org">intake@pgcmh.org</a></td>
</tr>
<tr>
<td>Postgraduate Center - Lyvere Street</td>
<td>MH</td>
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<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Leeann Grant at (212) 576-4180. Email all packets to <a href="mailto:intake@pgcmh.org">intake@pgcmh.org</a></td>
</tr>
<tr>
<td>SUS - Macombs SH/SRO</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact SUS Intake at (917) 408-1649. Coming from Level II facility, NYNY 1,2</td>
</tr>
<tr>
<td>The Bridge - Peter Beitchman House</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Intake Department at (212) 663-3000, ext. 2042. No mail or faxes. Long wait list.</td>
</tr>
<tr>
<td>VOA - Eden House SRO</td>
<td>NY/NY</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>A</td>
<td>Contact Dashamelle Bowie at (718) 716-2255, ext. 13. Info NA</td>
</tr>
<tr>
<td>VOA - Webster House</td>
<td>NY/NY</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>A</td>
<td>Contact Taiwo Karunwi at (718) 590-9999, ext. 3332. Info NA</td>
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<tr>
<td>Westhab, Inc.- Gouverneur Place Apartments</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>A</td>
<td>Contact Wendy Guellermo at (929) 263-1351, ext. 103. Please FAX 2010e to (718) 401-2179. Client must have Community Care approval, NY/NY III, POP B, residing in OMH facilities</td>
</tr>
</tbody>
</table>

NY/NY= Applicant must be eligible for placement under the terms of the New York/New York Agreement to house homeless mentally ill individuals.  MH= Applicant must have a mental illness but NY/NY eligibility is not necessarily required.  F= Female  M= Male  U= Unspecified  W= Wait List  A= Accepting applications  C= Closed, not accepting  n/a= Not Applicable  *= Info not available
### Apartment Treatment-Level II

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>F</th>
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<th>Intake Contact/Comments</th>
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<td>Beacon of Hope - Kingsborough Apt. Tx Program</td>
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<td>Interfaith Med. Ctr. - Apt. Tx Prog.</td>
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<td>JBFCS - Brooklyn Apartment Treatment Program</td>
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<tr>
<td>JBFCS - Brooklyn Apt. Tx Prog. - Duryea Place</td>
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<td>OHEL - Apt. Treatment</td>
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<td>OHEL - Apt. Treatment #2</td>
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<tr>
<td>WellLife - Brooklyn Apt. Tx Prog.</td>
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### Congregate Support (CR/SRO)-Level II

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<td>ICL - Lewis Residence</td>
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<td>ICL - Myrtle Ave. CR/SRO</td>
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<td>ICL - Pratt House - MICA CR/SRO</td>
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<td>The Bridge - Tilden Gardens</td>
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<tr>
<td>The Bridge - Tilden Gardens</td>
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<td>A</td>
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</tbody>
</table>

NY/NY= Applicant must be eligible for placement under the terms of the New York/New York Agreement to house homeless mentally ill individuals. 6 of 18 pages
F= Female  M= Male  U= Unspecified  W= Wait List  A= Accepting applications  C= Closed, not accepting  n/a= Not Applicable  *= Info not available
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<thead>
<tr>
<th>Congregate Treatment (MICA)-Level II</th>
<th>Eligibility</th>
<th>F</th>
<th>M</th>
<th>U</th>
<th>W</th>
<th>Intake Contact/Comments</th>
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<tbody>
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<td>I</td>
<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<tr>
<td><strong>ICL - IDDT East House</strong></td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>I</td>
<td>Contact Intake Department at (212) 385-3030, ext. 16101. HUD Homeless only. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<tr>
<td><strong>ICL - Prospect House (IDDT)</strong></td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
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<td>I</td>
<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<tr>
<td><strong>ICL - Prospect House (IDDT)</strong></td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>I</td>
<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<th>U</th>
<th>W</th>
<th>Intake Contact/Comments</th>
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<tbody>
<tr>
<td><strong>BCHS - Ivy House</strong></td>
<td>NY/NY</td>
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<td>2</td>
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<td>I</td>
<td>Contact Marie Degraff-Myal at (718) 852-9322, ext. 2125. Must be mailed (no faxes).</td>
</tr>
<tr>
<td><strong>BRC - Fulton House</strong></td>
<td>NY/NY</td>
<td>n/a</td>
<td>2</td>
<td>n/a</td>
<td>I</td>
<td>Contact Philip Elekwachi at (718) 485-5570.</td>
</tr>
<tr>
<td><strong>ICL - State Street/Walit House</strong></td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>I</td>
<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<tr>
<td><strong>JBFC - Simons Residence</strong></td>
<td>NY/NY</td>
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<td>0</td>
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<td>I</td>
<td>Contact Chris Reid at (212) 283-4858, x521212. Shared rooms. Long wait list.</td>
</tr>
<tr>
<td><strong>JBFC - Simons Residence</strong></td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>I</td>
<td>Contact Chris Reid at (212) 283-4858, x521212. Shared rooms. Long wait list for this program.</td>
</tr>
<tr>
<td><strong>OHEL - Brooklyn Super CR</strong></td>
<td>MH</td>
<td>n/a</td>
<td>1</td>
<td>n/a</td>
<td>I</td>
<td>Contact Intake Department at (718) 851-6300. Orthodox Jewish traditions observed.</td>
</tr>
<tr>
<td><strong>OHEL - Women's Supervised Community Residence</strong></td>
<td>MH</td>
<td>0</td>
<td>n/a</td>
<td>n/a</td>
<td>I</td>
<td>Contact Intake Department at (718) 851-6300. Orthodox Jewish traditions observed.</td>
</tr>
<tr>
<td><strong>SUS - Montrose Residence</strong></td>
<td>MH</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>I</td>
<td>Contact SUS Intake at (917) 408-1649. Accepting applications from State PC</td>
</tr>
<tr>
<td><strong>SUS - Patchen Ave. (Males Only)</strong></td>
<td>NY/NY</td>
<td>n/a</td>
<td>1</td>
<td>n/a</td>
<td>I</td>
<td>Contact SUS Intake at (917) 408-1649. NY/NY II, III MICA male only. FAX 877-281-1575.</td>
</tr>
<tr>
<td><strong>WellLife - Horizon I</strong></td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>I</td>
<td>Contact Eunice Dowling at (917) 563-3348. Pref given to KPC clients. State PC Priority. Please mail packets to: 142-02 20th Avenue, Flushing, NY 11351.</td>
</tr>
<tr>
<td><strong>WellLife - Horizon II</strong></td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>I</td>
<td>Contact Eunice Dowling at (917) 563-3348. Pref given to KPC clients. State PC Priority. Please mail packets to: 142-02 20th Avenue, Flushing, NY 11351.</td>
</tr>
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<table>
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<tr>
<th>Supported Housing - Scattered Site-Community</th>
<th>Eligibility</th>
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<th>M</th>
<th>U</th>
<th>W</th>
<th>Intake Contact/Comments</th>
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<tr>
<td><strong>Baltic Street AEH, Inc. - Brooklyn S/H</strong></td>
<td>MH</td>
<td>&quot;</td>
<td>&quot;</td>
<td>&quot;</td>
<td>I</td>
<td>Contact Rosita Martinez at (718) 563-2807. Long wait list. Info NA</td>
</tr>
<tr>
<td><strong>BCHS - NY/NY III Category B (2007)</strong></td>
<td>MH</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>A</td>
<td>Contact Marie Degraff-Myal at (718) 852-9322, ext. 2125.</td>
</tr>
<tr>
<td><strong>BCHS - Supported Housing</strong></td>
<td>MH</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>A</td>
<td>Contact Marie Degraff-Myal at (718) 852-9322, ext. 2125. Must be mailed (no faxes).</td>
</tr>
<tr>
<td><strong>BCHS - Supported Housing '05</strong></td>
<td>MH</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>A</td>
<td>Contact Marie Degraff-Myal at (718) 852-9322, ext. 2125. All vacancies must be filled through SPOA. Brooklyn referrals only.</td>
</tr>
<tr>
<td><strong>Black Vet for Soc. Justice - S/H Program</strong></td>
<td>NY/NY</td>
<td>0</td>
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<td>0</td>
<td>A</td>
<td>Contact Pauline Footman at (718) 852-6004, ext. 247.</td>
</tr>
<tr>
<td><strong>BRC - HomePlus (Brooklyn Supported)</strong></td>
<td>NY/NY</td>
<td>0</td>
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<td>C</td>
<td>Contact Patrice Jackson at (718) 402-3875.</td>
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<td><strong>BRC - HomePlus (MAP/CR Long Stayers - Brooklyn)</strong></td>
<td>MH</td>
<td>0</td>
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<td>A</td>
<td>Contact Patrice Jackson at (718) 402-3875.</td>
</tr>
<tr>
<td><strong>CAMBA, Inc. - OMH Supported Housing Program</strong></td>
<td>MH</td>
<td>&quot;</td>
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<td>I</td>
<td>Contact Shirley Gayle at (718) 462-8654, ext. 139. SMI residents of Brooklyn OMH operated residential programs, or residential treatment facilities only. Info NA</td>
</tr>
<tr>
<td><strong>CBHS - S/H Program</strong></td>
<td>MH</td>
<td>&quot;</td>
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<td>&quot;</td>
<td>I</td>
<td>Contact Howard Bond at (718) 210-3800. Shared 2 bedroom aps. Info NA</td>
</tr>
<tr>
<td><strong>CBHS - Supported Housing '05</strong></td>
<td>MH</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>A</td>
<td>Contact Howard Bond at (718) 210-3800. Shared 2 bedroom aps. Acute Inpatient and State Hospitals. (718) 222-2982.</td>
</tr>
<tr>
<td><strong>CBHS - Supported Housing '09</strong></td>
<td>MH</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>A</td>
<td>Contact Howard Bond at (718) 210-3800. Long Term Psychiatric Center Kingsboro Psychiatric Center or South Beach Psych Center. Acute inpatient. Level 2 backfill.</td>
</tr>
<tr>
<td><strong>CCNS - MRT SH- Brooklyn V</strong></td>
<td>MH</td>
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<td>I</td>
<td>Contact Hermine Pelta at (718) 262-8190.</td>
</tr>
<tr>
<td>Organization</td>
<td>MH</td>
<td>F</td>
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<td>Contact Information</td>
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<tr>
<td>Comunilife - MRT Supported Housing - Brooklyn</td>
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<td>Contact Marie Jean Bart at (718) 855-6929.</td>
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<tr>
<td>Comunilife - Supported Housing - Bronx</td>
<td>0</td>
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<td>0</td>
<td>A Contact Hans Desnoyers at (718) 855-6929, ext. 8331.</td>
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<tr>
<td>Concern - Brooklyn Supported Housing</td>
<td>0</td>
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<td>A</td>
<td>Contact Leonie Wright-Archer at (347) 296-4480, ext. 1468. NY-NY III (Pop B) PC Longstayer or be in a OMH Licensed Facility which must accept backfill. Max Income $17,400.</td>
<td></td>
</tr>
<tr>
<td>Federation of Organizations - Brooklyn 34</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>A</td>
<td>Contact Natia Veney at (631) 236-4325, ext. 3198. We currently have 1 male vacancy. Applicants need to be approved for community care. Please send referrals to Nancy Magee (631) 236-4120.</td>
<td></td>
</tr>
<tr>
<td>Federation of Organizations - Brooklyn 34 (NY/NY)</td>
<td>NY/NY</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>A Contact Natia Veney at (631) 236-4325, ext. 3198. Applicants need to be approved for community care. Please send referrals to Nancy Magee (631) 236-4120.</td>
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<tr>
<td>ICL - ACT Team S/H</td>
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<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<tr>
<td>ICL - Brooklyn South S/H</td>
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<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<tr>
<td>ICL - CAP Supported Housing</td>
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<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<tr>
<td>ICL - Cathedral Condos</td>
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<td>Contact Intake Department at (212) 385-3030, ext. 16101. HUD Homeless only.Referal Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<tr>
<td>ICL - COD Scattered Site</td>
<td>NY/NY</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>Contact Intake Department at (212) 385-3030, ext. 16101. NY I, II, III POP A . Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<td>ICL - Emerson OMH S/H</td>
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<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<td>ICL - HOPWA</td>
<td>NY/NY</td>
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<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<td>ICL - Lawton S/H</td>
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<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<td>ICL - NY/NY III Category B 2012 Walit SH</td>
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<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<td>ICL - St. Marks S/H</td>
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<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<tr>
<td>ICL - Stepping Stone S/H</td>
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<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<tr>
<td>ICL - Sterling Place S/H</td>
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<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<td>ICL - Warren Street (MICA S/H)</td>
<td>NY/NY</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<tr>
<td>JBFCS - Brooklyn PCLS</td>
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<td>Contact Chris Reid at (212) 283-4858. x521212.</td>
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</tbody>
</table>
| JBFCS - Brooklyn S/H Duryea Place                 |    |   |   |   | Contact Chris Reid at (212) 283-4858. x521212. Long wait list. All apartments are shared.  

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NY/NY= Applicant must be eligible for placement under the terms of the New York/New York Agreement to house homeless mentally ill individuals. 
MH=M= Applicant must have a mental illness but NY/NY eligibility is not necessarily required. 
F= Female  M= Male  U= Unspecified  W= Wait List  A= Accepting applications  C= Closed, not accepting  n/a= Not Applicable  *= Info not available
<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Housing Type</th>
<th>Beds Available</th>
<th>MH Beds Available</th>
<th>Contact Information</th>
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<tr>
<td>JBFCS - Brooklyn Supported Housing</td>
<td>MH</td>
<td>8</td>
<td>0</td>
<td>Contact Chris Reid at (212) 283-4858. MRT eligible. Submit HRA 2010e to Chris Reid @ <a href="mailto:creid@jbfcs.org">creid@jbfcs.org</a></td>
</tr>
<tr>
<td>JBFCS - MRT Supported Housing</td>
<td>MH</td>
<td>7</td>
<td>8</td>
<td>Contact Chris Reid at (212) 283-4858. Must have Care Coordination. Send application to <a href="mailto:creid@jbfcs.org">creid@jbfcs.org</a></td>
</tr>
<tr>
<td>OHEL - MRT Supported Housing VI</td>
<td>MH</td>
<td>*</td>
<td>*</td>
<td>Contact Intake Department at (718) 851-6300.</td>
</tr>
<tr>
<td>OHEL - S/H I</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>Contact Intake Department at (718) 851-6300. Orthodox Jewish traditions observed.</td>
</tr>
<tr>
<td>OHEL - S/H II</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>Contact Intake Department at (718) 851-6300. Orthodox Jewish traditions observed.</td>
</tr>
<tr>
<td>OHEL - Supported Housing '05</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>Contact Intake Department at (718) 851-6300. All vacancies must be filled through SPOA. Orthodox Jewish traditions observed.</td>
</tr>
<tr>
<td>Postgraduate Center - Adult Home Housing Program</td>
<td>MH</td>
<td>0</td>
<td>4</td>
<td>Contact Leeann Grant at (212) 576-4180. Adult Home Residents Only. All referrals must come through SPOA. Email all packets to <a href="mailto:intake@pgcmh.org">intake@pgcmh.org</a></td>
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<td>Postgraduate Center - Brooklyn S/H</td>
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<td>Postgraduate Center - Brooklyn Scatter Site-NY/NY III Cat A</td>
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<td>Postgraduate Center - MRT Supported Housing</td>
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<td>Postgraduate Center - NY/NY III Category B (2007)</td>
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<td>Postgraduate Center - NY/NY III - Category B (2009)</td>
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<td>Saint Vincent's Services - NY/NY III Category B (2009)</td>
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<td>St. Vincent's Hospital Westchester - MRT Supported Housing</td>
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<td>SUS - Marcy Hart II</td>
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<td>SUS - Prospect Place (Females Only)</td>
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<td>SUS - Starrett S/H II and III</td>
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<td>SUS - Throop Court</td>
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<td>SUS - Throop Court</td>
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<td>SUS - Tompkins Ave.</td>
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<td>Unique People Services - MRT Supported Housing</td>
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<td>WellLife - Brooklyn S/H</td>
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<tr>
<td>WellLife - Young Adult Program</td>
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</table>

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<th>Eligibility</th>
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<td>Supported Housing - Single Site-Community Care</td>
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<td>ICL - 828 Washington (MICA S/H)</td>
<td>NY/NY</td>
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<td>0</td>
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<tr>
<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<td>ICL - Scattered Site</td>
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<tr>
<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE</td>
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<tr>
<td>SUS - Classon Ave. Supported Apts.</td>
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<tr>
<td>Contact SUS Intake at (917) 408-1649.</td>
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<tr>
<td>SUS - Knickerbocker Residence</td>
<td>NY/NY</td>
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<tr>
<td>Contact SUS Intake at (917) 408-1649. Male and Female Veterans -POP A. fax-877-281-1575</td>
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<td>SUS - Marcy/Hart</td>
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<tr>
<td>Contact SUS Intake at (917) 408-1649. fax 877-281-1575</td>
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<td>SUS - St. Marks</td>
<td>NY/NY</td>
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<tr>
<td>Contact SUS Intake at (917) 408-1649. fax 877-281-1575</td>
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<tr>
<td>The Bridge - Herkimer St. Residence</td>
<td>NY/NY</td>
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<tr>
<td>Contact Intake Department at (212) 663-3000, ext. 2042. NY III Pop A only.</td>
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<tr>
<td>The Bridge - Maple Street Residence</td>
<td>MH</td>
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<tr>
<td>Contact Eric Severance at (212) 663-3000, ext. 2004.</td>
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<td>Supported SRO-Community Care</td>
<td>Eligibility</td>
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<td>M</td>
<td>U</td>
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<td>Caring Comm. HDFC - Most Holy Trinity</td>
<td>NY/NY</td>
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<tr>
<td>Contact Perthrina Pegus at (917) 647-0642. No availability</td>
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<tr>
<td>Caring Comm. HDFC - Our Lady of Good Council</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Contact Perthrina Pegus at (917) 647-0642. There are no vacancies at this time</td>
<td></td>
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<tr>
<td>Caring Comm. HDFC - St. Joseph's (55+)</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Contact Perthrina Pegus at (917) 647-0642. There are no vacancies at this time</td>
<td></td>
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<tr>
<td>CCNS - Mercy Gardens</td>
<td>NY/NY</td>
<td>*</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Contact Ian McDonald at (718) 399-8141. For females 45+. All residents female. Info NA</td>
<td></td>
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<tr>
<td>Concern - Concern Bergen SP/SRO</td>
<td>MH</td>
<td>0</td>
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<td>2</td>
</tr>
<tr>
<td>Contact Henry Boateng at (347) 627-6900, ext. 1556.</td>
<td></td>
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<tr>
<td>Concern - Concern Heights Apts.- NY/NY III Category A &amp; B</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Contact Joyce Gayle at (347) 381-5981, ext. 1159. Cat &amp; B</td>
<td></td>
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<tr>
<td>Concern - Surf Vets Place</td>
<td>MH</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Contact Jim Mutton at (347) 381-5981, ext. 1158. Must be a homeless veteran, or veteran from Level II setting.</td>
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<tr>
<td>Lutheran Soc. Serv. - Community House SRO</td>
<td>NY/NY</td>
<td>0</td>
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</tr>
<tr>
<td>Contact Mona Spencer at (718) 965-9462, ext. 14. There are no vacancies at this time.</td>
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</tr>
<tr>
<td>SUS - Briarwood S/H (Females Only)</td>
<td>NY/NY</td>
<td>1</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Contact SUS Intake at (917) 408-1649. For females 50+ priority. 24-hr. desk security. fax-877-281-1575</td>
<td></td>
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<tr>
<td>SUS - Dewitt Ave.</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Contact SUS Intake at (917) 408-1649. No Waiting list. No faxes.</td>
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<tr>
<td>SUS - Majestic SRO</td>
<td>NY/NY</td>
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<tr>
<td>Contact SUS Intake at (917) 408-1649. NY/NY III A, fax 877-281-1575</td>
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<tr>
<td>SUS - Truxton Residence</td>
<td>NY/NY</td>
<td>0</td>
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</tr>
<tr>
<td>Contact SUS Intake at (917) 408-1649.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WellLife - DeWitt Avenue</td>
<td>NY/NY</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Contact Eunice Dowling at (917) 563-3348. Info NA</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>WellLife - DeWitt Avenue</td>
<td>MH</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Contact Eunice Dowling at (917) 563-3348. Info NA</td>
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</tbody>
</table>

NY/NY= Applicant must be eligible for placement under the terms of the New York/New York Agreement to house homeless mentally ill individuals. MH= Applicant must have a mental illness but NY/NY eligibility is not necessarily required. F= Female M= Male U= Unspecified W= Wait List A= Accepting applications C= Closed, not accepting n/a= Not Applicable *= Info not available
<table>
<thead>
<tr>
<th>Adult Home-Level II</th>
<th>Eligibility</th>
<th>F</th>
<th>M</th>
<th>U</th>
<th>W</th>
<th>Intake Contact/Comments</th>
<th>Contact Information</th>
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<tr>
<td>WSFSH - 74th Street Home</td>
<td>NY/NY</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>A</td>
<td>Contact Ira Stulbaum at (212) 595-8983. For Adults 62+</td>
<td></td>
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<tr>
<td>WSFSH - Fleming House</td>
<td>NY/NY</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>A</td>
<td>Contact Martha Binikos at (212) 242-5277. For adults 50+. NY/NY 1 &amp; 2 only.</td>
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<table>
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<tr>
<th>Apartment Treatment-Level II</th>
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<th>U</th>
<th>W</th>
<th>Intake Contact/Comments</th>
<th>Contact Information</th>
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<tr>
<td>ACMH - Garden House</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>A</td>
<td>Contact Katherine Durkin at (212) 274-8558. ext. 215. Clients must be NYNY I,II eligible.</td>
<td></td>
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<tr>
<td>BRC - Metropolitan Apt. Prog.</td>
<td>MH</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>A</td>
<td>Contact Jenny Martinez at (646) 300-7773.</td>
<td></td>
</tr>
<tr>
<td>Community Access - Manhattan Apt. Tx.</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Rochelle Overton at (212) 780-1400. ext. 7708. Medicaid required. Long waitlist.</td>
<td></td>
</tr>
<tr>
<td>Fountain House - Apt. Tx. Prog.</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Rosita Marinez at (631) 401-1062.</td>
<td></td>
</tr>
<tr>
<td>JBFC - Manhattan Apt. Tx. Prog.</td>
<td>MH</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>A</td>
<td>Contact Chris Reid at (212) 283-4858. x521212. The consumer must have SSI and be willing to share an apartment. Service Coordinator visit twice a week. Mail all referrals to Chris Reid @ <a href="mailto:creid@jbfc.org">creid@jbfc.org</a></td>
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<tr>
<td>JBFC - Tanya Towers</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Chris Reid at (212) 283-4858. x521212. The consumer must be deaf and living with a mental illness.</td>
<td></td>
</tr>
<tr>
<td>Postgraduate Center - 98th St.</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact LeeAnn Grant at (212) 576-4180. Email all packets to <a href="mailto:intake@pgcmh.org">intake@pgcmh.org</a></td>
<td></td>
</tr>
<tr>
<td>The Bridge - 13 West</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. Medicaid required. Long wait list.</td>
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<tr>
<td>The Bridge - East 111th St. Apartment Treatment</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. Medicaid required. Long wait list.</td>
<td></td>
</tr>
<tr>
<td>The Bridge - East Houston House</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. HUD program. History of homelessness. Medicaid required.</td>
<td></td>
</tr>
<tr>
<td>The Bridge - Scattered Site</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. Shared apartments. Must be able to independently manage medications. Medicaid required. Long wait list.</td>
<td></td>
</tr>
<tr>
<td>Weston United - Weston House</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Intake Department at (212) 663-3000, ext. 2042. Mail Housing Packets to Weston United/The Bridge Attn: Intake Department 290 Lenox Ave, - 3rd Floor NYC 10026 212-663-3000</td>
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<tr>
<th>Congregate Support (CR/SRO)-Level II</th>
<th>Eligibility</th>
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<th>M</th>
<th>U</th>
<th>W</th>
<th>Intake Contact/Comments</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACMH - Convent CR</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>A</td>
<td>Contact Katherine Durkin at (212) 274-8558, ext. 215. Referrals must come from OHM priority populations. Only accept those with OMH priority (State PC, CNYPC, Acute Inpatient, AOT, RTF, OMH Licensed Cr-SRO, Chronically Homeless, Nursing or Adult Home).</td>
<td></td>
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<tr>
<td>ACMH - Independence House</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>A</td>
<td>Contact Katherine Durkin at (212) 274-8558, ext. 215. Must be NYNY I, II eligible.</td>
<td></td>
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<tr>
<td>Fountain House - Independent Living Center for the Elderly</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>C</td>
<td>Contact Rosita Marinez at (631) 401-1062.</td>
<td></td>
</tr>
<tr>
<td>ICL - 2643 Broadway</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>A</td>
<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:iclhope@iclinc.org">iclhope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY NY 10004. Referral line: 844-ICL-HOPE</td>
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<tr>
<td>JBFC - Abraham III</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>C</td>
<td>Contact Chris Reid at (212) 283-4858. Building under renovations.</td>
<td></td>
</tr>
<tr>
<td>JBFC - Abraham III</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>C</td>
<td>Contact Chris Reid at (212) 283-4858. Building under renovations. Not accepting referrals at this time</td>
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<tr>
<td>Odyssey House - East 123rd Street</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Brigitte Winston at (646) 794-6248. Contact Delia Fonseca (No Faxes Please) Mail only: 113 East 123rd Street NY NY 10035. NY NY III POP(B) ONLY-Include SSI/SSD Award Letters, Birth Certificate, State Issue Identification and physical examination.</td>
<td></td>
</tr>
<tr>
<td>Postgraduate Center - Richard Dicker Residence (86th St.)</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact LeeAnn Grant at (212) 576-4180. Email all packets to <a href="mailto:intake@pgcmh.org">intake@pgcmh.org</a></td>
<td></td>
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</tbody>
</table>

NY/NY= Applicant must be eligible for placement under the terms of the New York/New York Agreement to house homeless mentally ill individuals. MH= Applicant must have a mental illness but NY/NY eligibility is not necessarily required. F= Female M= Male U= Unspecified W= Wait List A= Accepting applications C= Closed, not accepting n/a= Not Applicable *= Info not available

As of August 22, 2022
### Manhattan Vacancy Information (cont.)

<table>
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<tr>
<th>Congregate Treatment (MICA)-Level II</th>
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<th>U</th>
<th>W</th>
<th>Intake Contact/Comments</th>
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<tbody>
<tr>
<td>BRC - Cecil Ivory House</td>
<td>NY/NY</td>
<td>0</td>
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<td>*</td>
<td>Contact Keisha Ferguson at (212) 926-1154.</td>
</tr>
<tr>
<td>BRC - Los Vecinos MICA</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
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<td>*</td>
<td>Contact Jeanette Donaldson at (212) 533-1416.</td>
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<tr>
<td>Odyssey House - The Harbor CR</td>
<td>NY/NY</td>
<td>0</td>
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<td>A</td>
<td>Contact Marc Brown at (212) 987-5258. mailed packages to 246 E. 121 Street, N.Y, N.Y. 10035</td>
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<table>
<thead>
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<th>Congregate Treatment (Super CR)-Level II</th>
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<th>Intake Contact/Comments</th>
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<td>ACMH - Aurora Community Residence</td>
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<td>A</td>
<td>Contact Katherine Durkin at (212) 274-8558, ext. 215. Must be OMH priority populations (State PC, Acute Inpatient, AOT, RTF, OMH Licensed Cr-SRO, Chronically Homeless, Nursing or Adult Home).</td>
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<tr>
<td>ACMH - Hudson Supervised Residence</td>
<td>MH</td>
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<td>A</td>
<td>Contact Katherine Durkin at (212) 274-8558, ext. 215. Must be OMH priority populations (State PC, Acute Inpatient, AOT, RTF, OMH Licensed Cr-SRO, Chronically Homeless, Nursing or Adult Home).</td>
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<tr>
<td>Community Access - Access House</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>A</td>
<td>Contact Rochelle Overton at (212) 780-1400, ext. 7708. Single bedroom, shared kitchen and bathroom. Some NY/NY beds and some MH.</td>
</tr>
<tr>
<td>Community Access - Access House</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>A</td>
<td>Contact Rochelle Overton at (212) 780-1400, ext. 7708. Some NY/NY beds and some MH. Single bedroom, shared kitchen and bathroom.</td>
</tr>
<tr>
<td>Comunitlife - 550 West 173rd Street Residence</td>
<td>MH</td>
<td>0</td>
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<td>0</td>
<td>A</td>
<td>Contact Leslyn Cummings at (718) 706-7503. Mailed applications, and Faxes</td>
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<tr>
<td>Comunitlife - 552 W. 173rd St. Residence</td>
<td>MH</td>
<td>0</td>
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<td>0</td>
<td>A</td>
<td>Contact Leslyn Cummings at (718) 706-7503. Mailed applications from Manhattan Psychiatric Center only.</td>
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<tr>
<td>Fountain House - West Side Continuing Care Residence</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>C</td>
<td>Contact Rosita Marinez at (631) 401-1062.</td>
</tr>
<tr>
<td>JBFCs - Riveredge</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>C</td>
<td>Contact Chris Reid at (212) 283-4858. Not accepting referrals at this time</td>
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<tr>
<td>Postgraduate Center - 50th St.</td>
<td>MH</td>
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<td>0</td>
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<td>A</td>
<td>Contact Leann Grant at (212) 576-4180. Email all packets to <a href="mailto:intake@pgcmh.org">intake@pgcmh.org</a></td>
</tr>
<tr>
<td>Postgraduate Center - LaSalle Street</td>
<td>MH</td>
<td>0</td>
<td>0</td>
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<td>A</td>
<td>Contact Leann Grant at (212) 576-4180. Email all packets to <a href="mailto:intake@pgcmh.org">intake@pgcmh.org</a></td>
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<tr>
<td>Project Renewal - Clinton Residence</td>
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<td>A</td>
<td>Contact Shaquan Harley at (212) 582-1133, ext. 733. Mailed only NY/I/II applications: 448 West 48th Street, NY, NY 10036 (no faxes please)(please include contact phone #).</td>
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<tr>
<td>The Bridge - East Harlem</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. Shared Apartments. Long wait list.</td>
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<tr>
<td>The Bridge - East House</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. HUD program. Proof of income required. Long wait list.</td>
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<tr>
<td>The Bridge - Murray Itzkowitz House</td>
<td>NY/NY</td>
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<td>A</td>
<td>Contact Intake Department at (212) 663-3000, ext. 2042. Shared suites. Please mail applications. HUD program. Proof of income required.</td>
</tr>
<tr>
<td>The Bridge - Park West House</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. Shared apartments. HUD program. Proof of income required. Long wait list.</td>
</tr>
<tr>
<td>The Bridge - Rita Berger House</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. Shared apartments. HUD program. Proof of income required. Long wait list.</td>
</tr>
<tr>
<td>Weston United - Bishop House</td>
<td>MH</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>A</td>
<td>Contact Intake Department at (212) 663-3000, ext. 2042.</td>
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### Residence for Adults-Level II

<table>
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<th>Eligibility</th>
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<th>Intake Contact/Comments</th>
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<tr>
<td>NY/NY</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>A</td>
<td>Contact Nicole Cocchiaro at (212) 348-8513. For adults age 40+. Require hx of homelessness for at least 2 years.</td>
</tr>
<tr>
<td>Supported Housing - Scattered Site-Community</td>
<td>Eligibility</td>
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<td>M</td>
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<td>W</td>
</tr>
<tr>
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<tr>
<td>ACMH - Manhattan Supported Housing</td>
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<td>ACMH - Supported Housing '09 (Manhattan)</td>
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<td>Community Access - Supported Housing '05</td>
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<td>CUCS - Scatter Site Apartment Program (SSAP)</td>
<td>MH</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Fountain House - Multi-Borough S/H</td>
<td>MH</td>
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<td>0</td>
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<tr>
<td>Henry Street Settlement - S/H</td>
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<td>0</td>
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<tr>
<td>JBFC - Harlem SAP</td>
<td>MH</td>
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<td>JBFC - Manhattan I SAP</td>
<td>MH</td>
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<td>JBFCs - Manhattan S/H</td>
<td>MH</td>
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<td>0</td>
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<tr>
<td>Postgraduate Center - S/H</td>
<td>NY/NY</td>
<td>0</td>
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<td>Postgraduate Center - S/H</td>
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<tr>
<td>SUS - Mobile Team II (NY/NY I,II)</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>SUS - Mobile Team II (S+C, Sec. 8)</td>
<td>MH</td>
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<tr>
<td>The Bridge - Graduate I - Irwood</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>The Bridge - Graduate II Supported Housing</td>
<td>MH</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Urban Pathways - NY/NY III Category B (2009)</td>
<td>MH</td>
<td>0</td>
<td>0</td>
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<td>Weston United - S/H #1</td>
<td>MH</td>
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<table>
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<tr>
<th>Supported Housing - Single Site-Community Car</th>
<th>Eligibility</th>
<th>F</th>
<th>M</th>
<th>U</th>
<th>W</th>
<th>Intake Contact/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Bridge - Graduate II - East 6th St.</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. HUD Homelessness requirements. Shared apartments. Long waitlist.</td>
</tr>
<tr>
<td>The Bridge - Graduate II - East 6th St.</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. Shared apartments. Long waitlist.</td>
</tr>
<tr>
<td>Urban Pathways - West 53rd Street</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>A Contact Nilza Phillips at (212) 736-7385, ext. 230. SHARED UNIT--AGENCY REFERRING MUST BE WILLING TO BACKFILL FROM STATE PC DISCHARGE. All applications must be sent to <a href="mailto:centralintake@urbanpathways.org">centralintake@urbanpathways.org</a>. Must be willing to share, copy of birth certificate, social, income for the current year sent w/ applicat.</td>
</tr>
<tr>
<td>WHGA - Margaret A. Wilkes Residence</td>
<td>NY/NY</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>A Contact Cassandra Bailey at (212) 283-1405.</td>
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<table>
<thead>
<tr>
<th>Supported SRO-Community Care</th>
<th>Eligibility</th>
<th>F</th>
<th>M</th>
<th>U</th>
<th>W</th>
<th>Intake Contact/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRC - Clyde Burton SRO</td>
<td>NY/NY</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>A Contact Justin Pugliese at (212) 533-3737. For adults age 55+. Contact Brittany Thomas (212) 533-3737</td>
</tr>
<tr>
<td>BRC - Los Vecinos SRO</td>
<td>NY/NY</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>A Contact Kingsley Osei-Poku at (212) 533-3075. 1 HASA bed Contact Kingsley Osei-Poku for more information</td>
</tr>
<tr>
<td>Columba Kavanagh House - Columba Hall</td>
<td>NY/NY</td>
<td>*</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Contact Scott Giblin at (212) 426-6317, ext. 201. Info NA</td>
</tr>
</tbody>
</table>

NY/NY= Applicant must be eligible for placement under the terms of the New York/New York Agreement to house homeless mentally ill individuals. 
MH= Applicant must have a mental illness but NY/NY eligibility is not necessarily required. 
F= Female   M= Male   U= Unspecified   W= Wait List   A= Accepting applications   C= Closed, not accepting   n/a= Not Applicable   *= Info not available
<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Type</th>
<th>Gender</th>
<th>Status</th>
<th>Contact Name</th>
<th>Phone Number</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Columba Kavanagh House - Ega Hall</td>
<td>NY/NY</td>
<td></td>
<td></td>
<td>Scott Giblin</td>
<td>(212) 426-6317, ext. 201</td>
<td>Info NA</td>
</tr>
<tr>
<td>Encore 49 - Encore 49 SRO</td>
<td>MH</td>
<td></td>
<td></td>
<td>Bonnie Bean</td>
<td>(212) 581-3490, ext. 1166</td>
<td>No SPOA referrals. Info NA</td>
</tr>
<tr>
<td>Fountain House - West 37th St.</td>
<td>NY/NY</td>
<td></td>
<td></td>
<td>Rosita Martinez</td>
<td>(631) 401-1062</td>
<td>NY/NY 1- Community Care - Approved HRA-2010E</td>
</tr>
<tr>
<td>Goddard Riverside - Corner House</td>
<td>NY/NY</td>
<td></td>
<td></td>
<td>Dalasha Marbury</td>
<td>(212) 926-7688</td>
<td>NOT ACCEPTING REFERRALS.</td>
</tr>
<tr>
<td>Project Renewal - Geffner House SRO</td>
<td>NY/NY</td>
<td></td>
<td></td>
<td>Marely Cayetano</td>
<td>(212) 620-0340</td>
<td>Info NA</td>
</tr>
<tr>
<td>Project Renewal - St. Nicholas Ave.</td>
<td>NY/NY</td>
<td></td>
<td></td>
<td>Vanessa Glover</td>
<td>(212) 234-7065</td>
<td>NY/NY apartment severely MI; chronically homeless</td>
</tr>
<tr>
<td>St. Francis - St. Francis - Residence II</td>
<td>MH</td>
<td></td>
<td></td>
<td>Katie Roberts</td>
<td>(212) 242-0194</td>
<td>For adults 30+, Diagnosis of schizophrenia or schizoaffective d/o only</td>
</tr>
<tr>
<td>St. Francis - St. Francis - Residence III</td>
<td>MH</td>
<td></td>
<td></td>
<td>Katie Roberts</td>
<td>(212) 242-0194</td>
<td>For adults 30+, Diagnosis of schizophrenia or schizoaffective d/o only</td>
</tr>
<tr>
<td>St. Francis - St. Francis I - SRO</td>
<td>MH</td>
<td></td>
<td></td>
<td>Katie Roberts</td>
<td>(212) 242-0194</td>
<td>For adults 30+, Diagnosis of schizophrenia or schizoaffective d/o only</td>
</tr>
</tbody>
</table>

NY/NY = Applicant must be eligible for placement under the terms of the New York/New York Agreement to house homeless mentally ill individuals.
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## Vacancy Information for Queens

### Apartment Treatment-Level II

<table>
<thead>
<tr>
<th>Program</th>
<th>Eligibility</th>
<th>F</th>
<th>M</th>
<th>U</th>
<th>W</th>
<th>Contact</th>
<th>Intake Contact/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACMH - Queens Treatment Apartment Program</td>
<td>MH</td>
<td>4</td>
<td>6</td>
<td>0</td>
<td></td>
<td>Contact Katherine Durkin at (212) 274-8558, ext. 215.</td>
<td>Must be approved for Level II. All scattered-site apartments are shared</td>
</tr>
<tr>
<td>CCNS - Jamaica Community Living Program</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>Contact Hermine Pelta at (718) 262-8190.</td>
<td></td>
</tr>
<tr>
<td>CCNS - OCL - Apt. Tx. I</td>
<td>MH</td>
<td>12</td>
<td>7</td>
<td>0</td>
<td>3</td>
<td>Contact Hermine Pelta at (718) 262-8190.</td>
<td></td>
</tr>
<tr>
<td>ICL - Milestone Apartment Treatment</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>Contact Intake Department at (212) 385-3030, ext. 16101.</td>
<td>SMI referrals. Referral Email: <a href="mailto:ichope@iclinc.org">ichope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY,NY 10004. Referral line: 844-ICL-HOPE</td>
</tr>
<tr>
<td>ICL - Q-Treatment Apartment Program</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>Contact Intake Department at (212) 385-3030, ext. 16101.</td>
<td>POP B referrals only; Referral Email: <a href="mailto:ichope@iclinc.org">ichope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY,NY 10004. Referral line: 844-ICL-HOPE</td>
</tr>
<tr>
<td>JBFCS - Queens Apt. Tx Prog.</td>
<td>MH</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td></td>
<td>Contact Chris Reid at (212) 283-4858. x521212.</td>
<td>The consumer must have SSI and be willing to share an apartment. Email HRA2010e to <a href="mailto:creid@jbfcs.org">creid@jbfcs.org</a></td>
</tr>
<tr>
<td>JBFCS - Rockaway Apt. Tx. Prog.</td>
<td>MH</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td></td>
<td>Contact Chris Reid at (212) 283-4858. x521212.</td>
<td>All apartments are shared. Must have active SSI/Medicaid benefits.</td>
</tr>
<tr>
<td>TSI - Apt. Treatment Program</td>
<td>MH</td>
<td>6</td>
<td>7</td>
<td>0</td>
<td></td>
<td>Contact Melinda Tejera at (718) 425-4990.</td>
<td></td>
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<tr>
<td>TSI - Apt. Treatment Program '13</td>
<td>MH</td>
<td>0</td>
<td>0</td>
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<td></td>
<td>Contact Melinda Tejera at (718) 425-4990.</td>
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</tr>
<tr>
<td>TSI - Apt. Treatment Program '14</td>
<td>MH</td>
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<td>0</td>
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<td></td>
<td>Contact Melinda Tejera at (718) 425-4990.</td>
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<tr>
<td>WellLife - Apt. Tx Prog.</td>
<td>MH</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
<td>Contact Eunice Dowling at (917) 563-3348.</td>
<td>State PC Priority. Please mail packets to: 142-02 20th Avenue, Flushing, NY 11351.</td>
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### Congregate Support (CR/SRO)-Level II

<table>
<thead>
<tr>
<th>Program</th>
<th>Eligibility</th>
<th>F</th>
<th>M</th>
<th>U</th>
<th>W</th>
<th>Contact</th>
<th>Intake Contact/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACMH - 74 Avenue A Residence</td>
<td>MH</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td></td>
<td>Contact Katherine Durkin at (212) 274-8558, ext. 215.</td>
<td>Referrals must come from OMH priority populations Only accept those with OMH priority (State PC, Acute Inpatient, AOT, RTF, OMH Licensed Cr-SRO, Nursing or Adult Home).</td>
</tr>
<tr>
<td>ACMH - NY/NY III Cat CYoung Adult Apts@ Markus Garden</td>
<td>MH</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td></td>
<td>Contact Katherine Durkin at (212) 274-8558, ext. 215.</td>
<td>NYNY III Pop C level II approval. OMH priority population. Shared 2 bedrooms.</td>
</tr>
<tr>
<td>ACMH - Sabra Goldman House</td>
<td>MH</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td></td>
<td>Contact Katherine Durkin at (212) 274-8558, ext. 215.</td>
<td>Referrals must come from OMH priority populations Only accept those with OMH priority (State PC, Acute Inpatient, AOT, RTF, OMH Licensed Cr-SRO, Nursing or Adult Home).</td>
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<tr>
<td>Federation of Organizations - Sixth Street Residence</td>
<td>MH</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td></td>
<td>Contact Natia Veney at (631) 236-4325, ext. 3198.</td>
<td>We currently have no vacancies. Any referrals would be for our extensive waitlist. Please send referrals to Nancy Magee (631) 236-4120.</td>
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<tr>
<td>SCO Family of Services - Turning Point SRO</td>
<td>MH</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td>Contact Christine Riggs at (631) 213-0224. PLEASE NOTE: Applicants MUST have a diagnosis of BOTH IDD and SMI as well as NY/NY III Pop C eligible and be between the ages of 18-24. Email applications to: <a href="mailto:crigg@sco.org">crigg@sco.org</a> and <a href="mailto:shannon@sco.org">shannon@sco.org</a></td>
<td></td>
</tr>
<tr>
<td>TSI - Hazel House</td>
<td>MH</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
<td>Contact Melinda Tejera at (718) 425-4990.</td>
<td></td>
</tr>
<tr>
<td>Urban Pathways - The Residence at Hallet's Cove - Cat A&amp;B</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>C</td>
<td>Contact Nizha Phillips at (212) 736-7385, ext. 230.</td>
<td>Cat. B. All applications must be sent to <a href="mailto:centralintake@urbanpathways.org">centralintake@urbanpathways.org</a>. attach w/application copy of birth certificate, social, and updated award letter for the current year.</td>
</tr>
<tr>
<td>WellLife - Rockaway Gardens CR/SRO</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>Contact Eunice Dowling at (917) 563-3348.</td>
<td>LTSS Only. Please mail packets: 142-02 20th Avenue, Flushing, NY 11351.</td>
</tr>
<tr>
<td>WellLife - Rockaway Gardens CR/SRO</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>Contact Eunice Dowling at (917) 563-3348.</td>
<td>LTSS Only. Please mail packets: 142-02 20th Avenue, Flushing, NY 11351.</td>
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### Congregate Treatment (MICA)-Level II

<table>
<thead>
<tr>
<th>Program</th>
<th>Eligibility</th>
<th>F</th>
<th>M</th>
<th>U</th>
<th>W</th>
<th>Contact</th>
<th>Intake Contact/Comments</th>
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</thead>
<tbody>
<tr>
<td>Phoenix House - MICA CR</td>
<td>MH</td>
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<td>0</td>
<td>0</td>
<td></td>
<td>Contact Sharesse Jones at (718) 276-9001.</td>
<td>No faxes. Please mail referrals to 218-04 140th Ave, Springfield Gardens, NY 11413.</td>
</tr>
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</table>

**Criteria:**
- NY/NY= Applicant must be eligible for placement under the terms of the New York/New York Agreement to house homeless mentally ill individuals.
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- F= Female M= Male U= Unspecified W= Wait List A= Accepting applications C= Closed, not accepting n/a= Not Applicable *= Info not available

15 of 18 pages
<table>
<thead>
<tr>
<th>Congregate Treatment (Super CR)-Level II</th>
<th>Eligibility</th>
<th>F</th>
<th>M</th>
<th>U</th>
<th>W</th>
<th>Intake Contact/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSI - Hope House I MI/MR</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>A</td>
<td>Contact Melinda Tejera at (718) 425-4990. State PC or age out of child facility referrals.</td>
</tr>
<tr>
<td>TSI - Hope House II MI/MR</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Melinda Tejera at (718) 425-4990.</td>
</tr>
<tr>
<td>TSI - Phase I</td>
<td>MH</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>A</td>
<td>Contact Melinda Tejera at (718) 425-4990. Contact Melinda Tejera at (718) 526-8400. Queens County residents only.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>WellLife - OMNI</th>
<th>Eligibility</th>
<th>F</th>
<th>M</th>
<th>U</th>
<th>W</th>
<th>Intake Contact/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Only accepting referrals from CPC.</td>
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<table>
<thead>
<tr>
<th>Supported Housing - Scattered Site-Community</th>
<th>Eligibility</th>
<th>F</th>
<th>M</th>
<th>U</th>
<th>W</th>
<th>Intake Contact/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACMH - NY/NY III Housing Program - Category B (2009)</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Katherine Durkin at (212) 274-8558, ext. 215. Referrals must come from OMH priority populations. All apartments are shared.</td>
</tr>
<tr>
<td>ACMH - Supported Housing '05</td>
<td>MH</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>A</td>
<td>Contact Katherine Durkin at (212) 274-8558, ext. 215. Referrals must come from inpatient units, State PCs or OMH Licensed Congregate Treatment in Queens. All apartments are shared.</td>
</tr>
<tr>
<td>ACMH - Supported Housing '09</td>
<td>MH</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>A</td>
<td>Contact Katherine Durkin at (212) 274-8558, ext. 215. Shared Apartments Only. Referrals must be from State PCs or OMH Licensed Programs that are willing to backfill with State PC clients.</td>
</tr>
<tr>
<td>CCNS - S/H</td>
<td>MH</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>Contact Hermine Pelta at (718) 262-8190. All applicants must come from Level II housing. Info NA</td>
</tr>
<tr>
<td>CCNS - Supported Housing '09</td>
<td>MH</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>Contact Hermine Pelta at (718) 262-8190.</td>
</tr>
<tr>
<td>Comunilife - Adult Home Housing Program</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Leslyn Cummings at (718) 706-7503. Current Adult Home Residents Only. Mail completed HRA application to below address. No faxes.</td>
</tr>
<tr>
<td>Comunilife - Queens S/H</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Darrell Steven at (718) 706-7503. Mail HRA applications to Shoshanna Bacqui-Walden at the below address. No Faxes.</td>
</tr>
<tr>
<td>Comunilife - Supported Housing '05</td>
<td>MH</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>Contact Darrell Steven at (718) 706-7503. Creedmoor PC SPOAs only. Info NA</td>
</tr>
<tr>
<td>Federation of Organizations - Queens S/H</td>
<td>MH</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>A</td>
<td>Contact Native Veney at (631) 236-4325, ext. 3198. We currently have 1 female vacancy in a shared apartment. They need to be approved for community care. Please send referrals to Nancy Magee (631) 236-4120.</td>
</tr>
<tr>
<td>Hamilton Madison - OMH 2009 SH PC Long Stay - Queens</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Jack Miu at (718) 760-3810.</td>
</tr>
<tr>
<td>Hamilton Madison - S/H Program</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>n/a</td>
<td>Contact Jack Miu at (718) 760-3810.</td>
</tr>
<tr>
<td>ICL - Milestone Queens Supported Housing</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:ichope@iclinc.org">ichope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY,NY 10004. Referral line: 844-ICL-HOPE</td>
</tr>
<tr>
<td>ICL - NY/NY III Category B</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Intake Department at (212) 385-3030, ext. 16101. POP A, POP B. Referral Email: <a href="mailto:ichope@iclinc.org">ichope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY,NY 10004. Referral line: 844-ICL-HOPE</td>
</tr>
<tr>
<td>ICL - NY/NY III Category B (2009)</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:ichope@iclinc.org">ichope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY,NY 10004. Referral line: 844-ICL-HOPE</td>
</tr>
<tr>
<td>ICL - Queens Supported Housing</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>A</td>
<td>Contact Intake Department at (212) 385-3030, ext. 16101. Accepting NY/NY I &amp; II or NY III POP A and B referrals. Fax SPOA referrals only to (917)-831-4436. All other referrals, mail to ICL Hope, 125 Broad St. 3rd Floor NY,NY,10004. Referral line: 844-ICL-HOPE</td>
</tr>
<tr>
<td>ICL - Supported Housing '05</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: <a href="mailto:ichope@iclinc.org">ichope@iclinc.org</a>; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY,NY,10004. Referral line: 844-ICL-HOPE</td>
</tr>
<tr>
<td>JBFCs - Elmhurst I S/H</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Chris Reid at (212) 283-4858. x521212. Long wait list. All apartments are shared.</td>
</tr>
<tr>
<td>JBFCs - Queens SAP</td>
<td>MH</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>A</td>
<td>Contact Chris Reid at (212) 283-4858. x521212. Wait list only at this time.</td>
</tr>
<tr>
<td>JBFCs - Rockaway Graduate Program</td>
<td>MH</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>A</td>
<td>Contact Chris Reid at (212) 283-4858. x521212. Long wait list. All apartments are shared.</td>
</tr>
<tr>
<td>Neighborhood Care Team - Queens S/H</td>
<td>MH</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>A</td>
<td>Contact Antoinette Murray at (718) 739-3000. Shared Apartments. Accepting Applicants</td>
</tr>
<tr>
<td>Phoenix House - MICA Supported Housing</td>
<td>MH</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>Contact Sharesses Jones at (718) 276-9001. Info NA</td>
</tr>
<tr>
<td>Postgraduate Center - LTTPC '10 Scatter Site</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact LeaAnn Grant at (212) 576-4180. Email all packets to <a href="mailto:intake@pgcmh.org">intake@pgcmh.org</a></td>
</tr>
<tr>
<td>Postgraduate Center - Queens Scatter Site</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>Contact LeaAnn Grant at (212) 576-4180. Email all packets to <a href="mailto:intake@pgcmh.org">intake@pgcmh.org</a></td>
</tr>
</tbody>
</table>

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### Queens Vacancy Information (cont.)

<table>
<thead>
<tr>
<th>Provider</th>
<th>MH</th>
<th>NY/NY</th>
<th>Category</th>
<th>Eligibility</th>
<th>Intake Contact/Comments</th>
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<tbody>
<tr>
<td>St. Vincent's Hospital Westchester - Queens S/H</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>A</td>
<td>Contact Michael Coscia at (718) 982-4751.</td>
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<tr>
<td>SUS - Beach II</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact SUS Intake at (917) 408-1649.</td>
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<tr>
<td>TSI - Adult Home Housing Program</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>A</td>
<td>Contact Melinda Tejera at (718) 425-4990. Adult Home Residents/SPOA Only.</td>
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<tr>
<td>TSI - NY/NY III Category B (2012)</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>A</td>
<td>Contact Melinda Tejera at (718) 425-4990.</td>
</tr>
<tr>
<td>TSI - NY/NY III Category A</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>A</td>
<td>Contact Melinda Tejera at (718) 425-4990. Referrals must be backfilled by NY/NY III designated PC referrals.</td>
</tr>
<tr>
<td>TSI - Scattered Site #1</td>
<td>MH</td>
<td>*</td>
<td>7</td>
<td>A</td>
<td>Contact Melinda Tejera at (718) 425-4990. Long waitlist.</td>
</tr>
<tr>
<td>TSI - Scattered Site #2</td>
<td>MH</td>
<td>0</td>
<td>1</td>
<td>A</td>
<td>Contact Melinda Tejera at (718) 425-4990. Long waitlist.</td>
</tr>
<tr>
<td>TSI - Supported Housing '09</td>
<td>MH</td>
<td>*</td>
<td>*</td>
<td>A</td>
<td>Contact Melinda Tejera at (718) 425-4990.</td>
</tr>
<tr>
<td>Venture House - Queens S/H</td>
<td>MH</td>
<td>*</td>
<td>*</td>
<td>A</td>
<td>Contact Larry Jones at (718) 658-7201, ext. 1522.</td>
</tr>
<tr>
<td>WellLife - NY/NY III - Category B (2009)</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Contact Eunice Dowling at (917) 563-3348. Please mail packets to:142-02 20th Avenue, 3rd Floor, Flushing, NY 11351.</td>
</tr>
<tr>
<td>WellLife - NY/NY III Category B (2007)</td>
<td>MH</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>Contact Eunice Dowling at (917) 563-3348. State PC referrals only or willingness to backfill from a state PC. Please mail packets to: 142-02 20th Avenue, Flushing, NY 11351.</td>
</tr>
<tr>
<td>WellLife - Queens S/H</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Contact Eunice Dowling at (917) 563-3348. Please mail packets to:142-02 20th Avenue, Flushing, NY 11351.</td>
</tr>
<tr>
<td>WellLife - Supported Housing '05</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Contact Eunice Dowling at (917) 563-3348. Please mail packets to:142-02 20th Avenue, Flushing, NY 11351.</td>
</tr>
<tr>
<td>WellLife - Supported Housing '09</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Contact Eunice Dowling at (917) 563-3348. Please mail packets to:142-02 20th Avenue, Flushing, NY 11351.</td>
</tr>
<tr>
<td>WellLife - Welllife Network MRT Supported Housing</td>
<td>MH</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>Contact Eunice Dowling at (917) 563-3348. Info NA</td>
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### Supported Housing - Single Site-Community Car

<table>
<thead>
<tr>
<th>Provider</th>
<th>MH</th>
<th>NY/NY</th>
<th>Category</th>
<th>Eligibility</th>
<th>Intake Contact/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACMH - NY/NY III Cat B @ Markus Gardens</td>
<td>MH</td>
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<td>0</td>
<td>A</td>
<td>Contact Katherine Durkin at (212) 274-8558, ext. 215. NYNY III Pop B Community Care approval. OMH priority population-State PC referrals only</td>
</tr>
<tr>
<td>TSI - NY/NY Supported Housing</td>
<td>NY/NY</td>
<td>0</td>
<td>1</td>
<td>A</td>
<td>Contact Melinda Tejera at (718) 425-4990. Long wait list.</td>
</tr>
<tr>
<td>TSI - The Delson</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>A</td>
<td>Contact Melinda Tejera at (718) 425-4990.</td>
</tr>
</tbody>
</table>

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# Vacancy Information for Staten Island

**As of August 22, 2022**

<table>
<thead>
<tr>
<th>Apartment Treatment-Level II</th>
<th>Eligibility</th>
<th>F</th>
<th>M</th>
<th>U</th>
<th>W</th>
<th>Intake Contact/Comments</th>
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</thead>
<tbody>
<tr>
<td>Beacon of Hope - Apt. Tx Prog.</td>
<td>MH</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td></td>
<td>A Contact Jillian Maye at (718) 979-6241. Shared apartments only. Requires Level II approval.</td>
</tr>
<tr>
<td>St. Vincent's Hospital Westchester - Apt. Tx Prog.</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td></td>
<td>A Contact Michael Coscia at (718) 982-4751.</td>
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<table>
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<tr>
<th>Congregate Support (CR/SRO)-Level II</th>
<th>Eligibility</th>
<th>F</th>
<th>M</th>
<th>U</th>
<th>W</th>
<th>Intake Contact/Comments</th>
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</thead>
<tbody>
<tr>
<td>St. Vincent's Hospital Westchester - Sr. Jane Manor</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>Contact Michael Coscia at (718) 982-4751.</td>
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<tr>
<th>Congregate Treatment (Super CR)-Level II</th>
<th>Eligibility</th>
<th>F</th>
<th>M</th>
<th>U</th>
<th>W</th>
<th>Intake Contact/Comments</th>
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<tbody>
<tr>
<td>Beacon of Hope - Staten Island Beacon I</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td></td>
<td>A Contact Tiah Balcer at (718) 980-0041. Only accept from So. Beach Psych Ctr.</td>
</tr>
<tr>
<td>Beacon of Hope - Staten Island Beacon II</td>
<td>MH</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td></td>
<td>A Contact Sandy Mormile at (718) 980-1072. Only accept from So. Beach Psych Ctr.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Supported Housing - Scattered Site-Community</th>
<th>Eligibility</th>
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<th>U</th>
<th>W</th>
<th>Intake Contact/Comments</th>
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<tbody>
<tr>
<td>Beacon of Hope - Staten Island S/H</td>
<td>MH</td>
<td>0</td>
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<td>19</td>
<td></td>
<td>A Contact Jacqueline Rosario-Perez at (718) 367-6990. Please mail packets. Community Care only.</td>
</tr>
<tr>
<td>Project Hospitality - S/H</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>A Contact Elaine Edelman at (917) 769-8211. Shared apartments only NYNY approved. (waitlist)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supported Housing - Single Site-Community Car</th>
<th>Eligibility</th>
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<th>M</th>
<th>U</th>
<th>W</th>
<th>Intake Contact/Comments</th>
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</thead>
<tbody>
<tr>
<td>St. Vincent's Hospital Westchester - Independence Manor</td>
<td>NY/NY</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>A Contact Michael Coscia at (718) 982-4751.</td>
</tr>
</tbody>
</table>

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