

VACANCY UPDATE

RESIDENTIAL PLACEMENT MANAGEMENT SYSTEM (RPMS)

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RPMS has the following service components, each developed as a resource for people engaged in supportive housing referral work:

- ◆ HOUSING CONSULTATION
- ◆ REFERRAL ASSISTANCE
- ◆ TRAINING
- ◆ TECHNICAL ASSISTANCE
- ◆ ADVOCACY

The RPMS phone number is (212) 801-3300. When calling, ask to speak with a Housing Consultant.

The *Vacancy Update* is published every two weeks by the Residential Placement Management System (RPMS) of the CUCS Housing Resource Center and is supported by the NYC Department of Health and Mental Hygiene. If you would like to subscribe to the Vacancy Update email Brendan.Rogan@cucs.org and ask to be added to the subscription list.

Rare Housing Opportunity for Individuals with SMI and Borderline Intellectual Functioning

TSI has openings at their Hope House residence in Middle Village Queens on the campus of Creedmoor. Hope House is a supervised community residence (Super CR) with 24-hour staff on site. Hope House is different from other community residences in that it specializes working with people with both a serious mental illness (SMI) AND a borderline intellectual functioning disorder (ID). This is the only community residence of its kind specializing in this population in New York City. To qualify for this housing an applicant needs to have an HRA 2010e with an approval for SMI population and Level II housing as well as an intellectual disability diagnosis by a MD or a psychological assessment/testing indicating a development disability.

Hope House is in a walk-up building meaning it is not ADA accessible. All meals are provided. Tenants have their own bedroom and sink and will share a bathroom and kitchen. The openings are for both men and women.

If you have an individual who you think would qualify for this program, you can send SPOA an email at housinginfo@cucs.org. In the subject header, please write "Hope House Candidate." CUCS's SPOA will coordinate setting up a referral and interview. For any questions about this opportunity, you can email housinginfo@cucs.org.

SUPPORTIVE HOUSING POPULATIONS		PLACEMENT AGENCY
SMI	Single adults with a serious mental illness (SMI) or who have a SMI with a co-occurring substance use disorder.	CUCS
NY NY I/II	Homeless single adults with a serious mental illness (SMI) or who have a SMI with a co-occurring substance use disorder.	CUCS
NY NY III Pop A	Chronically homeless single adults with a serious mental illness (SMI) or who have a SMI with a co-occurring substance use disorder.	HRA/OSAHS
NY NY III Pop B	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.	CUCS
NY NY III Pop C	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.	CUCS
NY NY III Pop D	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.	HRA/OSAHS
NY NY III Pop E	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.	HRA/OSAHS
NY NY III Pop F	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.	HRA/OSAHS
NY NY III Pop G	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.	HRA/OSAHS
NY NY III Pop H	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 homelessness who lack the resources and support networks needed to obtain access to housing.	HRA/HASA
NY NY III Pop I	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 16 th birthday and who are at risk of street or sheltered homelessness.	ACS

NYC 15/15 POPULATIONS		PLACEMENT AGENCY
Adult Singles	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.	HRA/OSAHS
Families	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.	HRA/OSAHS
Young Adult Singles	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).	HRA/OSAHS
Young Adult Families	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).	HRA/OSAHS

Empire State Supportive Housing Initiative (ESSHI)		PLACEMENT AGENCY
Mental Health (Adult)	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.	CUCS
Mental Health (Young Adult)	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).	CUCS
SUD (Adult)	Single adults who are homeless or at risk of homelessness with substance use disorder (SUD) as primary barrier to independent living.	OASAS
SUD (Young Adult)	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.	OASAS
Mental Health (Families)	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.	CUCS
SUD (Families)	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.	OASAS
DHS General Population		PLACEMENT AGENCY
DHS General Population	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.	HRA/OSAHS

PLACEMENT AGENCY	POPULATION	CONTACT INFORMATION
HRA Office of Supportive/Affordable Housing & Services (OSAHS)	NY/NY III Populations A, D, E, F & G NYC 15/15 Adult Singles NYC 15/15 Young Adult Singles NYC 15/15 Families NYC 15/15 Young Adult Families DHS General Population	Office of Supportive/Affordable Housing & Services Referral and Placement placementinquiries@hra.nyc.gov
Administration for Children's Services (ACS)	NY/NY III Population I	Paul Williams Director (212) 676-6779 Paul.williams@acs.nyc.gov
Office of Addiction Services and Supports (OASAS)	ESSHI Adult Singles (SUD) ESSHI Young Adult (SUD) ESSHI Families (SUD)	Office of Addiction Services and Supports (OASAS) Bureau of Housing Services housing@oasas.ny.gov

PLACEMENT AGENCY	POPULATION	CONTACT INFORMATION
HRA HIV/AIDS Services Administration (HASA)	NY/NY III Population H	Tommy Shi Director of Housing (646) 565-7583 tommyshi@hra.nyc.gov
		Alla Zarankina Housing Unit Team Coordinator (212) 331-4923 zarankinaa@hra.nyc.gov
Center for Urban Community Services (CUCS)	SMI NY/NY I & II NY NY III Pop B & C ESSHI Adult Singles (Mental Health) ESSHI Young Adult (Mental Health) ESSHI Families (Mental Health)	Center for Urban Community Services (212) 801-3333 or (212) 801-3300 housinginfo@cucs.org

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

TO: _____ **Date of Submission:** ____ / ____ / ____

SPOA Housing
Center for Urban Community Services

Number of Pages: _____

198 East 121st Street, 6th Floor

New York, NY 10035

Fax Number: (212) 635-2183

ALL COMPLETE SPOA PACKETS must include:

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

Re-Release of Information

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

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

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

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): _____



SPOA SUPPORTIVE HOUSING AUTHORIZATION FOR RE-RELEASE OF INFORMATION

This authorization must be completed by the patient or his/her personal representative to use/disclose protected health information, in accordance with State and Federal laws and regulations. A separate authorization is required to use or disclose confidential HIV-related information.

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 whether 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.

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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.

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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.

Signature of Patient or Personal Representative
Date
Patient's Name (Printed)
Personal Representative's Name (Printed)
Description of Personal Representative's Authority to Act for the Patient (required if Personal Representative signs Authorization)

D. 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

To be Completed by Facility:

Signature of Staff Person Using/Disclosing Information
Title
Date Released

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:

[Blank lines for revocation address]

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

[Blank lines for refusal address]

Signature of Patient or Personal Representative
Date
Patient's Name (Printed)
Personal Representative's Name (Printed)
Description of Personal Representative's Authority to Act for the Patient (required if Personal Representative signs Authorization)

Vacancy Information for The Bronx
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Apartment Treatment-Level II	Eligibility	F	M	U	W	Intake Contact/Comments
ACMH - Treatment Apartments (Manhattan/Bronx)	NY/NY	4	4	0	A	Contact Katherine Durkin at (212) 274-8558, ext. 215. Must be NYNY I, II or NYNY III Pop A eligible. Level II approval. All scattered-site apartments are shared 2-3 bedrooms.
ACMH - Treatment Apartments (Manhattan/Bronx)	MH	8	6	0	A	Contact Katherine Durkin at (212) 274-8558, ext. 215. Must be approved for Level II. All scattered-site apartments are shared 2-3 bedrooms.
GEEL - Bronx Apt. Tx.	NY/NY	3	0	0	A	Contact Cathy Granitto at (718) 367-1900, ext. 19. Contact Cathy Granitto at (718) 367-1900 x19. Shared apartments with roommate(s). Need active SSI+Medicaid.
GEEL - Bronx Apt. Tx.	MH	1	3	0	A	Contact Cathy Granitto at (718) 367-1900, ext. 19. Contact Cathy Granitto at (718) 367-1900 x19. Shared apartments with roommate(s). Need active SSI+Medicaid.
JBFCS - BITAP	MH	2	4	0	A	Contact Chris Reid at (212) 283-4858. x521217. Submit HRA2010e to creid@jbfcs.org. Please note this is shared housing only. Must have active SSI/Medicaid benefits.
Mosaic Mental Health - Apartment Treatment Program	MH	0	2	2	A	Contact Ana Brito at (718) 796-5300, ext. 166. NY/NY III pop B only. Shared Apts. (Must have active SSI & Medicaid, documents such as social security card, birth certificate, id)
PIBLY - Bronx Apt. Tx. (ATP)	MH	2	9	0	A	Contact Renita Bowens-Marshall at (718) 863-4100, ext. 615. Immediate Openings! Please email referrals to Renita Marshall at rmarshall@pibly.org
Promesa - Bronx II	MH	0	1	0	A	Contact Nicole Harrison at (917) 471-8273, ext. 7237.
Promesa - Bronx III	MH	0	5	0	A	Contact Nicole Harrison at (917) 471-8273, ext. 7237.
UCC - ERP	MH	4	4	0	A	Contact Stephanie Carson at (718) 293-8400. "Level II" Male/Female Placement Available, Fax SPOA Applicants Only. Shared Units.
Urban Pathways - Bronx Apartment Treatment Program	MH	0	0	8	A	Contact Nilza Phillips at (212) 736-7385, ext. 230. NY I/II and or Level II. Clients must have Active SSI and Medicaid benefits. Must be willing to share a two bedroom apartment in the Bronx. Will meet with case manager twice per week. All applications must be sent to centralintake@urbanpathways.org.
Congregate Support (CR/SRO)-Level II	Eligibility	F	M	U	W	Intake Contact/Comments
163rd St. Improvement Council - Flossie Wilson Residence	NY/NY	0	0	3	A	Contact Chaynee Jenkins at (718) 328-7111.
CAHS - Paige Apts.	NY/NY	0	0	0	A	Contact Norman Moses at (718) 588-5388, ext. 702.
Community Access - Vyse Avenue-NY/NY III Category B	MH	0	0	7	A	Contact Dylan Pell at (917) 477-7280. contact-Seantae Young (917) 880-0467
ICL - Crotona	MH	0	0	7	A	Contact Intake Department at (212) 385-3030, ext. 16101. 4- POP A.3 - POP B. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
PIBLY - Kizzy House	NY/NY	0	0	2	A	Contact Rosa Blandino at (718) 863-4100, ext. 614. Applicant must be NY/NY I & II. No Faxed Referrals Please. Mail to 1115 Westchester Avenue, Bronx NY 10459
Postgraduate Center - Shakespeare Ave	MH	0	0	0	A	Contact Leeann Grant at (212) 576-4180. State Hospitals. State Operated Transitional Living Residences (On State Grounds), Brooklyn Mental Health Court, Adult Homes, Nursing Home Remedy, AOT, Individuals with SMI released from prison Via CNYPC. Email all packets to intake@pgcmh.org
Project Renewal - Fletcher Street Residence	NY/NY	1	0	0	A	Contact Felia Olave at (718) 215-4320, ext. 803. or mail housing packets to ATTN: Admission Project Renewal Fletcher Residence 491 Fletcher Place Bronx, NY 10457. Applicants will be placed on waitlist.
Project Renewal - Leona Blanche House (was Tinton Ave.)	NY/NY	0	0	2	*	Contact Roshaun Kraft at (718) 617-7442. Must be approved for NY I,II. Applications may be mailed to 960 Tinton Avenue, Bronx, NY 10456 or scanned/emailed to Roshaun.Kraft@projectrenewal.org. No faxes please!!
The Bridge - Bridgewater House	MH	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042.
The Bridge - Morris Avenue	NY/NY	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. HUD program- proof of income required. History of homelessness.

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

Bronx Vacancy Information (cont.)

As of November 14, 2022

Unique People Services - Haven Apartments	NY/NY	0	0	4	A	Contact Sharice Randall at (718) 562-1199. Please Mail to: 2145 Southern Blvd, Bronx, NY ATTN: Intake Dep't Or Email to LamarReneeK@uniquepeopleservices.org or MichaelE@uniquepeopleservices.org
Unique People Services - Hunter Apartments	NY/NY	0	0	2	n/a	Contact Michael Ealy at (718) 562-1199. All packets must be complete, emailed, mailed or drop off to site 806 Fairmount Place Bronx, NY 10460, all must be NY NY I, II eligible. Attention: Nnamdi Okoro, CS. 718-466-3930
Urban Pathways - Hughes House CR/SRO	MH	0	0	4	A	Contact Nilza Phillips at (212) 736-7385, ext. 230. State PC/acute psych inpt/ Prisons Forensic Units; AOT Clients; active SSI/SSD (include Birth Cert. SS card, and award letter w/app). All applications must be sent to centralintake@urbanpathways.org.
VOA - Wales Avenue Residence	NY/NY	0	0	0	*	Contact Ebony Burns at (347) 717-4030. Accepts only Pop. A.
VOA - Wales Avenue Residence	MH	3	3	0	A	Contact Ebony Burns at (347) 717-4030. Accepts only Pop. C.
Congregate Treatment (Super CR)-Level II	Eligibility	F	M	U	W	Intake Contact/Comments
Beacon of Hope - Bronx I, II & III	MH	0	0	10	A	BPC referrals only. Please mail all referrals.
Beacon of Hope - Bronx IV	MH	0	0	0	A	Contact Jacqueline Rosario-Perez at (718) 892-3494. BPC referrals only. Please mail all referrals.
H.O.G.A.R. - HOGAR Ariel	MH	*	*	*		Contact Blanca Rivera at (718) 893-9893. Bronx Psych Center referrals only. Info NA
JBFCS - Burnside CR	NY/NY	2	4	0	A	Contact Chris Reid at (212) 283-4858. Must have NY I and II approval and be in a shelter. Contact Chris Reid 212-283-4858 x521217. Send application to Chris Reid @ creid@jbfcs.org
PIBLY - Overing House (CTP)	MH	0	0	0	A	Contact Renita Bowens-Marshall at (718) 863-4100, ext. 615. Immediate Openings for applicants. State Hospital Priority. Please email referral to rmarshall@pibly.org.
PIBLY - Rosebud House	NY/NY	2	3	0	A	Contact Lisa Hall at (718) 292-3514. Applicant must be NY/NY I & II. No Faxed Referrals. Mail referrals to 514 Concord Avenue, Bronx NY 10455 ATTN: Robert Swann
Promesa - Anderson	MH	3	1	0	A	Contact Nicole Harrison at (917) 471-8273, ext. 7237.
Promesa - Bronx IV	MH	0	1	0	A	Contact Nicole Harrison at (917) 471-8273, ext. 7237.
Promesa - Kelly St. Residence	NY/NY	0	0	0	C	Contact Nicole Harrison at (917) 471-8273, ext. 7237.
Promesa - Kelly St. Residence	MH	1	0	0	A	Contact Nicole Harrison at (917) 471-8273, ext. 7237.
TSI - Bronx Super CR	MH	0	3	0	A	Contact Melinda Tejera at (718) 425-4990. Bronx County residents only.
Urban Pathways - Crotona CR	MH	0	0	0	C	Contact Nilza Phillips at (212) 736-7385, ext. 230. Individuals from PC's acute hospitals, homeless shelters, OMH licensed programs, Active SSI. All applications must be sent to centralintake@urbanpathways.org.
Supported Housing - Scattered Site-Community	Eligibility	F	M	U	W	Intake Contact/Comments
ACMH - Bronx Scatter Site	NY/NY	2	0	0	A	Contact Katherine Durkin at (212) 274-8558, ext. 215. Referrals must come from OMH priority populations (State PC, Acute Inpatient, AOT, RTF, OMH Licensed CR-SRO, Nursing or Adult Home, Chronic Street/Shelter Homeless). Shared apartments 2-3 bedrooms.
ACMH - Bronx Scatter Site	MH	2	2	0	A	Contact Katherine Durkin at (212) 274-8558, ext. 215. Community Care Approval. Shared Apartments 2-3 bedrooms.
Baltic Street AEH, Inc. - HomeWorks S/H	MH	*	*	*		Contact Rosita Marinéz at (718) 563-2807. Long Wait List. Info NA
Beacon of Hope - BPC II Supported Housing	MH	0	0	0	A	Contact Paul Brobby at (718) 239-5206. Must be approved for Community Care. Please mail all referrals.
Beacon of Hope - BPC Supported Housing	MH	0	0	1	A	Contact Paul Brobby at (718) 239-5206.
Beacon of Hope - East Bronx S/H	NY/NY	0	0	5	A	Contact Sharon Bertie at (718) 239-5206. Please mail packets to 2510 Westchester Ave #210 Bronx, NY 10461. Client must have Community Care approval.
Beacon of Hope - East Bronx S/H	MH	0	0	5	A	Contact Sharon Bertie at (718) 239-5206. Must have Community Care approval.
Beacon of Hope - Highbridge S/H	MH	0	0	2	A	Contact Sharon Bertie at (718) 239-5206. Please mail all referrals. Must be approved for Community Care.
BRC - HomePlus (Bronx Supported)	NY/NY	0	0	0	C	Contact Patrice Jackson at (718) 402-3875.
BRC - HomePlus (DOHMH Sec. 8)	NY/NY	0	0	5	A	Contact Patrice Jackson at (718) 402-3875. Contact Courtenay Daal. Please email packages to cdaal@brc.org.

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

Bronx Vacancy Information (cont.)

As of November 14, 2022

BRC - HomePlus (MAP/CR Long Stayers - Bronx)	MH	0	0	0	A	Contact Patrice Jackson at (718) 402-3875.
BRC - HomePlus (NY/NY III Cat. B)	MH	0	0	0	A	Contact Patrice Jackson at (718) 402-3875.
BRC - HomePlus (OMH Sec. 8)	MH	0	0	19	A	Contact Patrice Jackson at (718) 402-3875. Contact Courtenay Daal. Please email packages to cdaal@brc.org.
BRC - HomePlus RCE NY SH 80-20	MH	0	0	4	A	Contact Patrice Jackson at (718) 402-3875. Please contact Courtenay Daal. Please email packages to cdaal@brc.org. Referrals must come from state hospitals.
Comunilife - Adult Home Housing Program	MH	0	0	0	A	Contact Monica Solano at (718) 617-1987, ext. 7145. Vacancy is for current Adult Home Residents only. Mail HRA application to Pam Timmins at below address. No faxes.
Comunilife - Bronx S/H	NY/NY	0	0	0	A	Contact Monica Solano at (718) 617-1987, ext. 7145. Mail HRA applications to Monica Solano at:1020 Grand Concourse 4th Fl. North Tower Bronx, NY 10451
Comunilife - Bronx S/H	MH	0	0	0	A	Contact Monica Solano at (718) 617-1987, ext. 7145. Mail HRA applications to Monica Solano at:1020 Grand Concourse 4th Fl. North Tower Bronx, NY 10451
Comunilife - NY/NY III Category B (2007)	MH	0	0	0	A	Contact Monica Solano at (718) 617-1987, ext. 7145. Mailed packets only. No faxes.
Federation of Organizations - Scattered Site SH (Veterans)	NY/NY	0	1	0	A	Contact Natia Veney at (631) 236-4325, ext. 3198. We currently have no vacancies. Applicants need to be approved for community care and NNYNYII. Please send referrals to Nancy Magee (631) 236-4120.
GEEL - East 182nd St.	MH	0	0	0	C	Contact Jennifer Estrada- Tutein at (718) 733-5600, ext. 11. No longer accepting referrals.
GEEL - Supported Hsg. II	NY/NY	0	0	0	C	Contact Marvin Cooper at (718) 733-5600, ext. 15. Very long wait list. New admissions in shared living apartments only (with roommates). For inquiries, please call (718) 562-5444.
GEEL - Supported Hsg. II	MH	0	0	0	C	Contact Marvin Cooper at (718) 733-5600, ext. 15. Wait list is closed. For inquiries, please call (718) 562-5444
H.O.G.A.R. - NY/NY III Category B (2012) -S/H VIII	MH	*	*	*		Contact Ileana Perez at (718) 620-8913. Info NA.
H.O.G.A.R. - Supported Housing I	NY/NY	0	0	0	A	Contact Ileana Perez at (718) 620-8913.
H.O.G.A.R. - Supported Housing II (a.k.a. SH '05)	MH	0	0	0	A	Contact Ileana Perez at (718) 620-8913. All referrals must be filled through SPOA.
H.O.G.A.R. - Supported Housing III NY/NY III B (2007)	MH	0	0	0	A	Contact Ileana Perez at (718) 620-8913. Mail to 1216 Southern Blvd Bx, NY 10459. NY III B Backfill Only.
H.O.G.A.R. - Supported Housing IV	MH	0	0	2	A	Contact Ileana Perez at (718) 620-8913. Mail to 1216 Southern Blvd Bx, NY 10459.
H.O.G.A.R. - Supported Housing IX	MH	0	0	0	A	Contact Ileana Perez at (718) 620-8913.
H.O.G.A.R. - Supported Housing V NY/NY III Cat B (2009)	MH	0	0	1	A	Contact Ileana Perez at (718) 620-8913. Mail to 1216 Southern Blvd Bx, NY 10459. NY III B Backfill Only
H.O.G.A.R. - Supported Housing VI	MH	0	0	0	A	Contact Ileana Perez at (718) 620-8913. Mail to 1216 Southern Blvd Bx, NY 10459.
H.O.G.A.R. - Supported Housing VII	MH	0	0	0	A	Contact Ileana Perez at (718) 620-8913.
ICL - Bronx Forensic S/H	MH	0	0	1	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
JBFCs - Bronx I SAP (Cat. B)	MH	0	0	0	n/a	Contact Chris Reid at (212) 283-4858. x521217. Referrals from State Psychiatric Centers only. Submit HRA2010e to creid@jbfc.org. All apartments are shared.
JBFCs - Bronx II SAP	MH	0	0	0	n/a	Contact Chris Reid at (212) 283-4858. x521217 Email HRA2010e to creid@jbfc.org
JBFCs - Bronx REAL S/H	MH	0	0	0	A	Contact Chris Reid at (212) 283-4858. x521217. Wait List only.
JBFCs - Bronx SPC SAP	MH	0	0	0	A	Contact Chris Reid at (212) 283-4858. x521217. Referrals from State Psychiatric Centers only. Long wait list. All apartments are shared.
JBFCs - Manhattan III SAP (Cat. B)	MH	0	0	0	n/a	Contact Chris Reid at (212) 283-4858. x521217. Referrals from State Psychiatric Centers only. Long wait list. All apartments are shared.
JBFCs - Manhattan SPC SAP ('09 PC Long Stay)	MH	0	0	0	n/a	Contact Chris Reid at (212) 283-4858. x521217. Referrals from State Psychiatric Centers only. All apartments are shared. Send application to Chris Reid at creid@jbfc.org
Mental Health Association - Bronx S/H	MH	0	0	2	A	Contact Angeline Marcos at (212) 360-6835. Very long wait list
Mosaic Mental Health - Bronx S/H	NY/NY	0	0	0	n/a	Contact Ana Brito at (718) 796-5300, ext. 166. program full
Mosaic Mental Health - Bronx S/H	MH	0	0	0	A	Contact Ana Brito at (718) 796-5300, ext. 166.

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Bronx Vacancy Information (cont.)

As of November 14, 2022

Mosaic Mental Health - NY/NY III Category B (2007)	MH	0	0	6	A	Contact Ana Brito at (718) 796-5300, ext. 166. wait listing all NY/NY pop. B clients. Shared Apts.(Must have active SSI & Medicaid, documents social security, birth certificate & id)
PIBLY - NY/NY III Category B (2012)	MH	0	0	0	A	Contact Nicole Bernier at (718) 430-0121. Program has vacancies, however referring source must backfill with NYNY III Population B.
PIBLY - NY/NY III Category B (2007)	MH	0	0	0	A	Contact Nicole Bernier at (718) 430-0121. Very long wait list
PIBLY - S/H Opportunities Program	NY/NY	0	0	0	A	Contact Nicole Bernier at (718) 430-0121. Very long wait list. Must meet HUD definition of homeless.
PIBLY - S/H Opportunities Program	MH	0	0	0	A	Contact Nicole Bernier at (718) 430-0121. Very long wait list.
PIBLY - Supported Housing '05	MH	0	0	0	A	Contact Nicole Bernier at (718) 430-0121. Very long wait list.
Postgraduate Center - Bronx '09 Scatter Site	MH	0	0	0	A	Contact Leeann Grant at (212) 576-4180. OMH priority populations or backfill only. Email all packets to intake@pgcmh.org
Postgraduate Center - Bronx S/H	NY/NY	0	0	0	A	Contact Leeann Grant at (212) 576-4180. Email all packets to intake@pgcmh.org
Postgraduate Center - Bronx S/H	MH	0	2	0	A	Contact Leeann Grant at (212) 576-4180. Shared apts. Email all packets to intake@pgcmh.org
Postgraduate Center - NY/NY III Category B (2009)	MH	0	0	0	A	Contact Leeann Grant at (212) 576-4180. Email all packets to intake@pgcmh.org
Project Renewal - Bronx Supported Housing	MH	0	0	0	A	Contact Roshaun Kraft at (718) 617-7442.
St. Vincent's Hospital Westchester - Bronx S/H	MH	0	0	1	A	Contact Brenessa DeJesus at (718) 982-4741.
SUS - Mobile Team II	MH	0	0	0	A	Contact SUS Intake at (917) 408-1649.
SUS - NY/NY III Category B (2007)	MH	0	0	0	A	Contact SUS Intake at (917) 408-1649. Must come from a State Hospital
SUS - Supported Housing '05	MH	0	0	0	A	Contact SUS Intake at (917) 408-1649.
The Bridge - DOHMH 48	MH	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. Homeless or risk of homelessness required.
The Bridge - NY II DOHMH Bronx Supported	NY/NY	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications.
The Bridge - NY/NY II DOHMH Bronx Supported Housing	MH	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. History of homelessness. Please mail applications.
The Bridge - Supported Housing '05	MH	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications.Long wait list.
The Bridge - The Belmont - NY/NY III Category A & B (2012)	NY/NY	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. NY III Cat. A
The Bridge - The Belmont - NY/NY III Category A & B (2012)	MH	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. Cat. B. CC approval required.
UCC - Ehrlich S/H (ESP)	MH	0	0	1	A	Contact Stephanie Carson at (718) 293-8400. Long Term Waiting List Only.
UCC - Supported Housing '05	MH	0	0	1	A	Contact Stephanie Carson at (718) 293-8400. Long Term Waiting List Only.
Unique People Services - Bronx S/H	NY/NY	1	0	0	A	Contact Confesora Castoire at (718) 741-0606. All packages to be sent by mail.
Unique People Services - Bronx S/H	MH	0	0	0	A	Contact Confesora Castoire at (718) 741-0606. All packages to be sent by mail.
Unique People Services - Nursing Home Remedy Members	MH	*	*	*		Contact Confesora Castoire at (718) 741-0606. Bronx, Manhattan, and Westchester housing.
Unique People Services - NY/NY III Category B (2007)	MH	2	2	0	A	Contact Confesora Castoire at (718) 741-0606. All packages to be mailed.
Urban Pathways - MRT Supported Housing-Bronx	MH	0	0	3	A	Contact Nilza Phillips at (212) 736-7385, ext. 230. Must be Community Care and linked/or be willing to be connected Medicaid Health Home program. Must have active Medicaid and PA/or SSI/SSD. Expected with Case Manager twice a month. All applications must be sent to centralintake@urbanpathways.org.
Urban Pathways - NY/NY III - Category B (2009)	MH	0	0	3	A	Contact Nilza Phillips at (212) 736-7385, ext. 230. 7PC/ POP B - Clients must have active PA or SSI/SSD. Program fee is 30% of entitlements. Expected with Program Case Manager twice a month. All applications must be sent to centralintake@urbanpathways.org. Copy of birth certi. social, income
WellLife - Bronx S/H	MH	0	0	0	A	Contact Eunice Dowling at (917) 563-3348. Please mail packets to:142-02 20th Avenue, Flushing, NY 11351.
Weston United - S/H #3	MH	*	*	*		Contact Intake Department at (212) 663-3000, ext. 2042.

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Bronx Vacancy Information (cont.)

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Supported Housing - Single Site-Community Car	Eligibility	F	M	U	W	Intake Contact/Comments
ACMH - Ana's House	MH	0	0	0	C	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.
ACMH - NY/NY III Category C - E. 144th Street	MH	0	0	5	A	Contact Katherine Durkin at (212) 274-8558, ext. 215. NYNY III Pop C with Community Care approval. OMH priority population. 18-24 years old. Studio apartments.
Beacon of Hope - Highbridge NY/NY	NY/NY	0	0	3	A	Contact Paul Brobby at (718) 239-5206. Must be approved for Community Care.
Beacon of Hope - St. Augustine	MH	0	0	0	A	Contact Jules Corkery at (212) 371-1000, ext. 3611.
Community Access - 111 East 172nd St.	MH	0	0	1	A	Contact Ashley Salaris at (929) 384-7271, ext. 2502.
ICL - Bronx S/H	NY/NY	0	0	1	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
Lutheran Soc. Serv. - Jasmine Court	NY/NY	0	0	0		Contact Lyronie Gayle at (646) 790-6360.
Odyssey House - NY/NY III -Cat. A Soundview	NY/NY	0	0	0	C	Contact Curtis Benton at (646) 378-5974.
Odyssey House - NY/NY III -Cat. B Soundview	MH	0	0	0	A	Contact Curtis Benton at (646) 378-5974.
Odyssey House - NY/NY III Category A Tinton Avenue	NY/NY	0	0	0	C	Contact Darlene Moore at (646) 744-2449.
Odyssey House - NY/NY III Category B Tinton Avenue	MH	0	0	0	A	Contact Darlene Moore at (646) 744-2449.
Postgraduate Center - Marion Avenue	MH	0	0	0	A	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 intake@pgcmh.org
Postgraduate Center - Teller Avenue- NY/NY III - Category A	NY/NY	0	0	0	A	Contact Leeann Grant at (212) 576-4180. Email all packets to intake@pgcmh.org
SUS - Morris Avenue	MH	0	0	0	A	Contact SUS Intake at (917) 408-1649.
UCC - Tiebout S/H (ETP)	NY/NY	0	0	1	A	Contact Stephanie Carson at (718) 293-8400. Long Term Waiting List.
UCC - Tiebout S/H (ETP)	MH	0	0	1	A	Contact Stephanie Carson at (718) 293-8400. Long Term Waiting List.
WSFSH - Mill Brook Terrace	MH	0	0	3	A	Contact David Stovall at (212) 721-6032, ext. 1073.
WSFSH - Tres Puentes	MH	0	0	0	A	Contact Steve DeMarco at (212) 721-6032, ext. 1004. SPMI, Over 62. Some units are for homeless seniors.
Supported SRO-Community Care						
Supported SRO-Community Care	Eligibility	F	M	U	W	Intake Contact/Comments
Community Access - Cedar Avenue N/NY III Cat. B	MH	0	0	9	A	Contact Rochelle Overton at (212) 780-1400, ext. 7708. Contact Angela Mora, amora@communityaccess.org (212) 780-1400 Must be from a psychiatric center and be approved for NY/NY IIIB and Comm. Care, or they must be living in an OMH licensed CR willing to back fill and also have Comm.Care designation.
Lutheran Soc. Serv. - St. John's Community House	NY/NY	0	0	0	*	Contact Nicole Russo at (718) 681-6800, ext. 2401.
Phipps Houses - Honeywell Apts.	NY/NY	n/a	1	n/a	C	Contact Joseph Washington at (718) 991-2045. Unit is now back on-line and interviews need to be scheduled.
Postgraduate Center - Hull Avenue - NY/NY III Cat A	NY/NY	0	0	0	A	Contact Leeann Grant at (212) 576-4180. Email all packets to intake@pgcmh.org
Postgraduate Center - Hull Avenue-NY/NY III Cat B	MH	0	0	0	A	Contact Leeann Grant at (212) 576-4180. Email all packets to intake@pgcmh.org
Postgraduate Center - Lyvere Street	NY/NY	0	0	0	A	Contact Leeann Grant at (212) 576-4180. Email all packets to intake@pgcmh.org
Postgraduate Center - Lyvere Street	MH	0	0	0	A	Contact Leeann Grant at (212) 576-4180. Email all packets to intake@pgcmh.org
SUS - Macombs SH/SRO	MH	0	0	0	A	Contact SUS Intake at (917) 408-1649. Coming from Level II facility, NYNY 1,2
The Bridge - Peter Beitchman House	MH	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. No mail or faxes. Long wait list.
VOA - Eden House SRO	NY/NY	*	*	*		Contact Dashamelle Bowie at (718) 716-2255, ext. 13. Info NA
VOA - Webster House	NY/NY	*	*	*		Contact Taiwo Karunwi at (718) 590-9099, ext. 3332. Info NA
Westhab, Inc. - Gouverneur Place Apartments	MH	0	0	4	A	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

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Vacancy Information for Brooklyn

Apartment Treatment-Level II	Eligibility	F	M	U	W	A	Intake Contact/Comments
BCHS - Apt. Tx. Prog.	MH	6	4	0		A	Contact Marie Degraff-Myal at (718) 852-9322, ext. 2125. Shared apts only. June Adams 347-898-2181 June@bchands.org fax: 718-852-9733
Beacon of Hope - Kingsborough Apt. Tx Program	MH	0	0	3		A	Contact Yuliya Shiling at (718) 398-4556. Please mail all referrals including SPOA applications.
CCNS - Brooklyn Community Living	MH	2	2	0		A	Contact Hermine Pelta at (718) 262-8190. Longstay PC, MRT
ICL - TAP Program	MH	0	0	6		A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
Interfaith Med. Ctr. - Apt. Tx Prog.	MH	4	4	0		A	Contact Byrd Kitema at (718) 613-6711. Contact Ms. Asanpaola, M. 718 613 6701. Please mail all referrals to 1545 Atlantic Ave, Brooklyn New York, NY11213
JBFCs - Brooklyn Apartment Treatment Program	MH	1	0	0		A	Contact Chris Reid at (212) 283-4858. x521217. All apartments are shared. Email HRA2010e to Chris Reid @ creid@jbfc.org
JBFCs - Brooklyn Apt. Tx Prog. - Duryea Place	MH	0	0	0		C	Contact Chris Reid at (212) 283-4858. x521217. The consumer must have SSI and be willing to share an apartment. Email HRA2010e to creid@jbfc.org
OHEL - Apt. Treatment	MH	0	0	0		A	Contact Intake Department at (718) 851-6300. Orthodox Jewish traditions observed.
OHEL - Apt. Treatment #2	MH	0	0	0			Contact Intake Department at (718) 851-6300.
SUS - Apt. Tx. #1	MH	0	1	0		A	Contact SUS Intake at (917) 408-1649. fax- 877-281-1575
SUS - Apt. Tx. #3	MH	0	0	0		A	Contact SUS Intake at (917) 408-1649.
WellLife - Brooklyn Apt. Tx Prog.	MH	0	0	0		A	Contact Eunice Dowling at (917) 563-3348. State PC Priority. Please mail packets to: 142-02 20th Avenue, Flushing, NY 11351.
Congregate Support (CR/SRO)-Level II	Eligibility	F	M	U	W	A	Intake Contact/Comments
Concern - MacDougal Street- NY/NY III Category A & B	MH	0	0	2		A	Contact Gurline Gore at (347) 381-4266, ext. 258. Cat B. Referrals must come from KPC or South Beach PC
Concern - Rochester Avenue-NY/NY III Category A & B	MH	0	0	0		A	Contact Leonie Wright-Archer at (347) 296-4480, ext. 1458. Cat A. Referrals accepted from DHS Shelter
ICL - Lewis Residence	NY/NY	0	0	3		A	Contact Intake Department at (212) 385-3030, ext. 16101. HUD Homeless only. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - Lewis Residence	MH	0	0	1		A	Contact Intake Department at (212) 385-3030, ext. 16101. Pop B only. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - Myrtle Ave. CR/SRO	MH	0	0	0			Contact Intake Department at (212) 385-3030, ext. 16101.
ICL - NY/NY III Category B	MH	*	*	*			Contact Intake Department at (212) 385-3030, ext. 16101.
ICL - NY/NY III Category C - 674 Livonia	MH	0	0	1		A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - Pratt House - MICA CR/SRO	NY/NY	0	0	2		A	Contact Intake Department at (212) 385-3030, ext. 16101. HUD/POP A only. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
JBFCs - Duryea Place - Category C	MH	n/a	0	n/a		A	Contact Chris Reid at (212) 283-4858. x521217. NY III Population C male referrals only Wait list only at this time.
Postgraduate Center - Ralph Avenue	MH	0	0	0		A	Contact Leeann Grant at (212) 576-4180. Email all packets to intake@pgcmh.org
The Bridge - Tilden Gardens	NY/NY	0	0	0		A	Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. NY III Pop A and NY III Pop C L2 approved
The Bridge - Tilden Gardens	MH	0	0	0		A	Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. Pop B-SBPC and KPC preferred.

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Brooklyn Vacancy Information (cont.)

As of November 14, 2022

Congregate Treatment (MICA)-Level II	Eligibility	F	M	U	W	Intake Contact/Comments
ICL - IDDT Halsey House	NY/NY	0	0	0	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - IDDT East House	NY/NY	0	0	1	A	Contact Intake Department at (212) 385-3030, ext. 16101. HUD Homeless only. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - Prospect House (IDDT)	NY/NY	0	0	2	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - Prospect House (IDDT)	MH	0	0	0	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
Congregate Treatment (Super CR)-Level II	Eligibility	F	M	U	W	Intake Contact/Comments
BCHS - Ivy House	NY/NY	2	2	0	A	Contact Marie Degraff-Myal at (718) 852-9322, ext. 2125. junea@bchands.org fax 718-852-9733 phone 347-898-2181
BRC - Fulton House	NY/NY	n/a	2	n/a	*	Contact Philip Elekwachi at (718) 485-5570.
ICL - State Street/Walit House	NY/NY	0	0	2	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
JBFCS - Simons Residence	NY/NY	0	0	0	A	Contact Chris Reid at (212) 283-4858. x521217. Shared rooms. Long wait list.
JBFCS - Simons Residence	MH	0	0	0	A	Contact Chris Reid at (212) 283-4858. x521217. Shared rooms. Long wait list for this program.
OHEL - Brooklyn Super CR	MH	n/a	1	n/a	A	Contact Intake Department at (718) 851-6300. Orthodox Jewish traditions observed.
OHEL - Women's Supervised Community Residence	MH	0	n/a	n/a	A	Contact Intake Department at (718) 851-6300. Orthodox Jewish traditions observed.
SUS - Montrose Residence	MH	1	0	0	A	Contact SUS Intake at (917) 408-1649. Accepting applications from State PC
SUS - Patchen Ave. (Males Only)	NY/NY	n/a	1	n/a	A	Contact SUS Intake at (917) 408-1649. NY/NY II, III MICA male only. FAX 877-281-1575
WellLife - Horizon I	MH	0	0	0	A	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.
WellLife - Horizon II	MH	0	0	0	A	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
Supported Housing - Scattered Site-Community	Eligibility	F	M	U	W	Intake Contact/Comments
Baltic Street AEH, Inc. - Brooklyn S/H	MH	*	*	*		Contact Rosita Marinez at (718) 563-2807. Long wait list. Info NA
BCHS - NY/NY III Category B (2007)	MH	1	2	1	A	Contact Marie Degraff-Myal at (718) 852-9322, ext. 2125. June Adams 347-898-2181 junea@bchands.org fax 718-852-9733
BCHS - Supported Housing	MH	4	4	0	A	Contact Marie Degraff-Myal at (718) 852-9322, ext. 2125. June Adams 347 898-2181 junea@bchands.org; fax 718-862-9733
BCHS - Supported Housing '05	MH	2	2	1	A	Contact Marie Degraff-Myal at (718) 852-9322, ext. 2125. email junea@bchands.org fax 718-852-9733
Black Vet for Soc. Justice - S/H Program	NY/NY	0	0	0	A	Contact Pauline Footman at (718) 852-6004, ext. 247.
BRC - HomePlus (Brooklyn Supported)	NY/NY	0	0	0	C	Contact Patrice Jackson at (718) 402-3875.
BRC - HomePlus (MAP/CR Long Stayers - Brooklyn)	MH	0	0	0	A	Contact Patrice Jackson at (718) 402-3875.
CAMBA, Inc. - OMH Supported Housing Program	MH	*	*	*		Contact Shirley Gayle at (718) 462-8654, ext. 139. SMI residents of Brooklyn OMH operated residential programs, or residential treatment facilities only.Info NA
CBHS - S/H Program	MH	*	*	*		Contact Howard Bond at (718) 210-3800. Shared 2 bedroom apts. Info NA
CBHS - Supported Housing '05	MH	0	2	0	A	Contact Howard Bond at (718) 210-3800. Shared 2 bedroom apts. Acute Inpatient and State Hospitals. Fax (718) 222-2982

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Brooklyn Vacancy Information (cont.)

As of November 14, 2022

CBHS - Supported Housing '09	MH	0	2	0	A	Contact Howard Bond at (718) 210-3800. Long Term Psychiatric Center Kingsboro Psychiatric Center or South Beach Psych Center. Acute inpatient. Level 2 backfill.
CCNS - MRT SH- Brooklyn V	MH	*	*	*		Contact Hermine Pelta at (718) 262-8190.
Comunilife - MRT Supported Housing - Brooklyn	MH	*	*	*		Contact Marie Jean Bart at (718) 855-6929.
Comunilife - Supported Housing - Bronx	MH	0	0	0	A	Contact Hans Desnoyers at (718) 855-6929, ext. 8331.
Concern - Brooklyn Supported Housing	MH	0	0	2	A	Contact Leonie Wright-Archer at (347) 296-4480, ext. 1458. NY-NY III (Pop B) PC Longstayer or be in a OMH Licensed Facility which must accept backfill. Max Income \$17,400.
Federation of Organizations - Brooklyn 34	MH	0	1	0	A	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.
Federation of Organizations - Brooklyn 34 (NY/NY)	NY/NY	1	1	0	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.
ICL - ACT Team S/H	MH	0	0	0	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - Brooklyn South S/H	MH	0	0	1	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - CAP Supported Housing	MH	0	0	2	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - Cathedral Condos	MH	0	0	1	A	Contact Intake Department at (212) 385-3030, ext. 16101. HUD Homeless only. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - COD Scattered Site	NY/NY	0	0	5	A	Contact Intake Department at (212) 385-3030, ext. 16101. NY I, II, III POP A. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - COD Scattered Site	MH	0	0	0		Contact Intake Department at (212) 385-3030, ext. 16101.
ICL - Emerson OMH S/H	MH	0	0	0	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - HOPWA	NY/NY	0	0	0	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - Lawton S/H	MH	0	0	1	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - NY/NY III Category B 2012 Walit SH	MH	*	*	*		Contact Intake Department at (212) 385-3030, ext. 16101.
ICL - St. Marks S/H	MH	0	0	3	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - Stepping Stone S/H	MH	0	0	1	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - Sterling Place S/H	MH	0	0	1	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - Warren Street (MICA S/H)	NY/NY	0	0	3	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE;

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Brooklyn Vacancy Information (cont.)

As of November 14, 2022

JBFCS - Brooklyn PCLS	MH	0	0	0	A	Contact Chris Reid at (212) 283-4858. x521217.
JBFCS - Brooklyn S/H Duryea Place	MH	0	1	0	A	Contact Chris Reid at (212) 283-4858. x521217. Long wait list. All apartments are shared.
JBFCS - Brooklyn Supported Housing	MH	0	8	0	A	Contact Chris Reid at (212) 283-4858. x521217. MRT eligible. Submit HRA 2010e to Chris Reid @ creid@jbfcs.org
JBFCS - MRT Supported Housing	MH	5	5	0	A	Contact Chris Reid at (212) 283-4858. x521217. Must have Care Coordination. Send application to creid@jbfcs.org
OHEL - MRT Supported Housing VI	MH	*	*	*		Contact Intake Department at (718) 851-6300.
OHEL - S/H I	MH	0	0	0	A	Contact Intake Department at (718) 851-6300. Orthodox Jewish traditions observed.
OHEL - S/H II	MH	0	0	0	A	Contact Intake Department at (718) 851-6300. Orthodox Jewish traditions observed.
OHEL - Supported Housing '05	MH	0	0	0	A	Contact Intake Department at (718) 851-6300. All vacancies must be filled through SPOA. Orthodox Jewish traditions observed.
Postgraduate Center - Adult Home Housing Program	MH	0	0	4	A	Contact Leeann Grant at (212) 576-4180. Adult Home Residents Only. All referrals must come through SPOA. Email all packets to intake@pgcmh.org
Postgraduate Center - Brooklyn S/H	MH	2	4	0	A	Contact Leeann Grant at (212) 576-4180. Shared apartments. Email all packets to intake@pgcmh.org
Postgraduate Center - Brooklyn Scatter Site-NY/NY III Cat A	NY/NY	0	0	0	A	Contact Leeann Grant at (212) 576-4180. Referrals must be backfilled by NY/NY III designated PC referrals. Email all packets to intake@pgcmh.org
Postgraduate Center - MRT Supported Housing	MH	0	0	0	A	Contact Leeann Grant at (212) 576-4180. Email all packets to intake@pgcmh.org
Postgraduate Center - NY/NY III Category B (2007)	MH	0	0	1	A	Contact Leeann Grant at (212) 576-4180. Email all packets to intake@pgcmh.org
Postgraduate Center - NY/NY III - Category B (2009)	MH	0	0	0	A	Contact Leeann Grant at (212) 576-4180. Email all packets to intake@pgcmh.org
Postgraduate Center - Supported Housing '05	MH	0	0	2	A	Contact Leeann Grant at (212) 576-4180. All vacancies must be filled through SPOA. Email all packets to intake@pgcmh.org
Postgraduate Center - Supported Housing '09	MH	0	0	3	A	Contact Leeann Grant at (212) 576-4180. Beds must be backfilled by State PC. Email all packets to intake@pgcmh.org
Saint Vincent's Services - NY/NY III Category B (2009)	MH	*	*	*		Contact Sophia Shaw at (718) 422-2219.
Saint Vincent's Services - NY/NY III Category B (2007)	MH	2	0	0	A	Contact Sophia Shaw at (718) 422-2219. PC or Level II refs only - must take PC backfill. Mail refs to 66 Boerum Place, 2nd Fl. Brooklyn, NY 11201. No faxes. Self medicating only.
St. Vincent's Hospital Westchester - MRT Supported Housing	MH	0	0	1	A	Contact Brenessa DeJesus at (718) 982-4741.
SUS - Brownsville S/H	NY/NY	0	0	0	A	Contact SUS Intake at (917) 408-1649.
SUS - Marcy Hart II	MH	0	0	0	A	Contact SUS Intake at (917) 408-1649. fax 877-281-1575
SUS - NY/NY III Housing Program - Category B (2009)	MH	0	0	0	A	Contact SUS Intake at (917) 408-1649. Must come from a State Hospital
SUS - Prospect Place (Females Only)	NY/NY	1	n/a	n/a	A	Contact SUS Intake at (917) 408-1649. Females only. Shared apartments, NYNY I & II. fax 877-281-1575
SUS - Starrett S/H II and III	NY/NY	0	0	0	A	Contact SUS Intake at (917) 408-1649.
SUS - Starrett S/H II and III	MH	0	0	0	A	Contact SUS Intake at (917) 408-1649.
SUS - Throop Court	NY/NY	0	0	0	A	Contact SUS Intake at (917) 408-1649.
SUS - Throop Court	MH	0	0	0	A	Contact SUS Intake at (917) 408-1649.
SUS - Tompkins Ave.	MH	0	0	0	A	Contact SUS Intake at (917) 408-1649.
Unique People Services - MRT Supported Housing	MH	*	*	*		Contact Confesora Castoire at (718) 741-0606.
WellLife - Brooklyn S/H	NY/NY	0	1	0	A	Contact Eunice Dowling at (917) 563-3348. Please mail packets to 142-02 20th Avenue, Flushing NY 11351.
WellLife - Brooklyn S/H	MH	0	1	0	A	Contact Eunice Dowling at (917) 563-3348. Please mail packets to 142-02 20th Avenue, Flushing NY 11351.
WellLife - NY/NY III Housing Program - Category B (2009)	MH	0	0	0	A	Contact Eunice Dowling at (917) 563-3348. Please mail packets to: 142-02 20th Avenue, Flushing, NY 11351.
WellLife - Young Adult Program	MH	0	0	0	A	Contact Eunice Dowling at (917) 563-3348. Age limit 18-23 years old. Please mail packets to: 142-02 20th Avenue, Flushing, NY 11351.

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Brooklyn Vacancy Information (cont.)

As of November 14, 2022

Supported Housing - Single Site-Community Car	Eligibility	F	M	U	W	Intake Contact/Comments
ICL - 828 Washington (MICA S/H)	NY/NY	0	0	0	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - Scattered Site	MH	0	0	4	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
SUS - Classon Ave. Supported Apts.	NY/NY	0	0	0	A	Contact SUS Intake at (917) 408-1649.
SUS - Knickerbocker Residence	NY/NY	0	0	1	A	Contact SUS Intake at (917) 408-1649. Male and Female Veterans -POP A. fax-877-281-1575
SUS - Marcy/Hart	NY/NY	0	0	0	A	Contact SUS Intake at (917) 408-1649. fax 877-281-1575
SUS - St. Marks	NY/NY	0	0	0	A	Contact SUS Intake at (917) 408-1649. fax 877-281-1575
The Bridge - Herkimer St. Residence	NY/NY	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. NY III Pop A only.
The Bridge - Herkimer St. Residence	MH	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. NY III Pop C CC approved
The Bridge - Maple Street Residence	MH	0	0	0	A	Contact Eric Severance at (212) 663-3000, ext. 2004.
Supported SRO-Community Care	Eligibility	F	M	U	W	Intake Contact/Comments
Caring Comm. HDFC - Most Holy Trinity	NY/NY	0	0	0	C	Contact Perthrina Pegus at (917) 647-0642. No availability
Caring Comm. HDFC - Our Lady of Good Council	NY/NY	0	0	0	C	Contact Perthrina Pegus at (917) 647-0642. There are no vacancies at this time
Caring Comm. HDFC - St. Joseph's (55+)	NY/NY	0	0	0	C	Contact Perthrina Pegus at (917) 647-0642. There are no vacancies at this time
CCNS - Mercy Gardens	NY/NY	*	n/a	n/a		Contact Ian McDonald at (718) 399-8141. For females 45+. All residents female.Info NA
Concern - Concern Bergen SP/SRO	MH	0	0	0	*	Contact Henry Boateng at (347) 627-6900, ext. 1556.
Concern - Concern Heights Apts.- NY/NY III CategoryA & B	MH	0	0	2	A	Contact Joyce Gayle at (347) 381-5981, ext. 1159. Cat A&B
Concern - Surf Vets Place	MH	0	0	1	A	Contact Jim Mutton at (347) 381-5981, ext. 1158. Must be a homeless veteran, or veteran from Level II setting.
Lutheran Soc. Serv. - Community House SRO	NY/NY	0	0	0	C	Contact Mona Spencer at (718) 965-9462, ext. 14. There are no vacancies at this time.
SUS - Briarwood S/H (Females Only)	NY/NY	1	n/a	n/a	A	Contact SUS Intake at (917) 408-1649. For females 50+ priority P. 24-hr. desk security. fax-877-281-1575
SUS - Dewitt Ave.	NY/NY	0	0	0	C	Contact SUS Intake at (917) 408-1649. No Waiting list. No faxes.
SUS - Majestic SRO	NY/NY	0	0	0	A	Contact SUS Intake at (917) 408-1649. NY/NY III A, fax 877-281-1575
SUS - Truxton Residence	NY/NY	0	0	0	A	Contact SUS Intake at (917) 408-1649.
WellLife - DeWitt Avenue	NY/NY	*	*	*		Contact Eunice Dowling at (917) 563-3348. Info NA
WellLife - DeWitt Avenue	MH	*	*	*		Contact Eunice Dowling at (917) 563-3348. Info NA

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Vacancy Information for Manhattan
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Adult Home-Level II	Eligibility	F	M	U	W	A	Intake Contact/Comments
WSFSH - 74th Street Home	NY/NY	1	1	0	1	A	Contact Ira Stulbuam at (212) 595-8983. For Adults 62+
WSFSH - Fleming House	NY/NY	1	0	0	1	A	Contact Martha Binikos at (212) 242-5277, ext. 1401. For adults 50+. NY/NY 1 & 2 only.
Apartment Treatment-Level II	Eligibility	F	M	U	W	A	Intake Contact/Comments
ACMH - Garden House	NY/NY	0	0	1	1	A	Contact Katherine Durkin at (212) 274-8558, ext. 215. Clients must be NYNY I,II eligible.
BRC - Metropolitan Apt. Prog.	MH	0	1	0	1	A	Contact Jenny Martinez at (646) 300-7773.
Community Access - Manhattan Apt. Tx.	NY/NY	0	0	0	1	A	Contact Rochelle Overton at (212) 780-1400, ext. 7708. Shared, level II, transitional apartments. Service Coordinator visit twice a week. Mail all referrals to 17 Battery Place Suite 1326 NY, NY 10004, Attn: Intake. Long waiting list.
Community Access - Manhattan Apt. Tx.	MH	9	9	5	1	A	Contact Rochelle Overton at (212) 780-1400, ext. 7708. Long waitlist. Shared, level II, transitional apartments. Service Coordinator visit twice a week. Mail all referrals to 17 Battery Place Suite 1326 NY, NY 10004.
Fountain House - Apt. Tx Prog.	MH	0	0	0	1	A	Contact Rosita Marinez at (631) 401-1062.
JBFCs - Manhattan Apt. Tx Prog.	MH	0	0	0	1	A	Contact Chris Reid at (212) 283-4858. x521217. The consumer must have SSI and be willing to share an apartment. Send application to Chris Reid @ creid@jbfcs.org
JBFCs - Tanya Towers	MH	0	0	0	1	A	Contact Chris Reid at (212) 283-4858. x521217. The consumer must be deaf and living with a mental illness.
Postgraduate Center - 98th St.	NY/NY	0	0	0	1	A	Contact Leeann Grant at (212) 576-4180. Email all packets to intake@pgcmh.org
The Bridge - 13 West	MH	0	0	0	1	A	Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. Medicaid required. Long wait list.
The Bridge - East 111th St. Apartment Treatment	MH	0	0	0	1	A	Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. Medicaid required. Long wait list.
The Bridge - East Houston House	NY/NY	0	0	0	1	A	Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. HUD program. History of homelessness. Medicaid required.
The Bridge - Scattered Site	MH	0	0	0	1	A	Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. Shared apts. Must be able to independently manage medications. Medicaid required. Long wait list.
Weston United - Weston House	MH	0	0	0	1	A	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
Congregate Support (CR/SRO)-Level II	Eligibility	F	M	U	W	A	Intake Contact/Comments
ACMH - Convent CR	MH	0	0	4	1	A	Contact Katherine Durkin at (212) 274-8558, ext. 215. Referrals must come from OMH 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).
ACMH - Independence House	NY/NY	0	0	1	1	A	Contact Katherine Durkin at (212) 274-8558, ext. 215. Must be NYNY I, II eligible.
Fountain House - Independent Living Center for the Elderly	MH	0	0	0	1	C	Contact Rosita Marinez at (631) 401-1062.
ICL - 2643 Broadway	NY/NY	0	0	9	1	A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
JBFCs - Abraham III	NY/NY	0	0	0	1	C	Contact Chris Reid at (212) 283-4858. Building under renovations.
JBFCs - Abraham III	MH	0	0	0	1	C	Contact Chris Reid at (212) 283-4858. Building under renovations. Not accepting referrals at this time
Odyssey House - East 123rd Street	MH	0	0	0	1	A	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.
Postgraduate Center - Richard Dicker Residence (86th St.)	NY/NY	0	0	0	1	A	Contact Leeann Grant at (212) 576-4180. Email all packets to intake@pgcmh.org

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Manhattan Vacancy Information (cont.)

As of November 14, 2022

The Bridge - East River House	MH	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. State PC preferred. Please mail applications. Shared suites. Proof of income required.
Urban Pathways - Cluster House SRO	MH	0	0	0	C	Contact Nilza Phillips at (212) 736-7385, ext. 230. Pop B referrals only from Psychiatric Center-must attach (copy of birth certificate, social, and income for the current year)
Urban Pathways - Ivan Shapiro House	NY/NY	0	0	0	C	Contact Nilza Phillips at (212) 736-7385, ext. 230. NY/NY I / II + SSI/SSDI Benefits. All applications must be sent to centralintake@urbanpathways.org. copy of Birth Certificate, social, and income for the current year.
Congregate Treatment (MICA)-Level II	Eligibility	F	M	U	W	Intake Contact/Comments
BRC - Cecil Ivory House	NY/NY	0	0	0	*	Contact Keisha Ferguson at (212) 926-1154.
BRC - Los Vecinos MICA	NY/NY	0	0	0	A	Contact Jeanette Donaldson at (212) 533-1416.
Odyssey House - The Harbor CR	NY/NY	0	0	0	A	Contact Marc Brown at (212) 987-5258. mailed packages to:246 E. 121 Street, N.Y, N.Y. 10035
Congregate Treatment (Super CR)-Level II	Eligibility	F	M	U	W	Intake Contact/Comments
ACMH - Aurora Community Residence	MH	2	6	0	C	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).
ACMH - Hudson Supervised Residence	MH	0	0	9	C	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).
Community Access - Access House	NY/NY	0	0	1	A	Contact Rochelle Overton at (212) 780-1400, ext. 7708. Some NY/NY beds and some MH. Single bedroom, shared kitchen and bathroom.
Community Access - Access House	MH	0	0	1	A	Contact Rochelle Overton at (212) 780-1400, ext. 7708. Contact Sha'worne Smith or Loni Fernandez Some NY/NY beds and some MH. Single bedroom, shared kitchen and bathroom.
Comunilife - 550 West 173rd Street Residence	MH	0	0	0	A	Contact Leslyn Cummings at (718) 706-7503. Mailed applications , and Faxes
Comunilife - 552 W. 173rd St. Residence	MH	0	0	0	A	Contact Leslyn Cummings at (718) 706-7503. Mailed applications from Manhattan Psychiatric Center only.
Fountain House - West Side Continuing Care Residence	MH	0	0	0	C	Contact Rosita Marinez at (631) 401-1062.
JBFCs - Riveredge	MH	0	0	0	C	Contact Chris Reid at (212) 283-4858. Not accepting referrals at this time
Postgraduate Center - 50th St.	MH	0	0	0	A	Contact Leeann Grant at (212) 576-4180. Email all packets to intake@pgcmh.org
Postgraduate Center - LaSalle Street	MH	0	0	0	A	Contact Leeann Grant at (212) 576-4180. Email all packets to intake@pgcmh.org
Project Renewal - Clinton Residence	NY/NY	3	3	0	A	Contact Shaquan Harley at (212) 582-1133, ext. 733. Mail only NY I/II applications: 448 West 48th Street, NY, NY 10036 (no faxes please)(please include contact phone #).
The Bridge - East Harlem	MH	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. Shared Apartments. Long wait list.
The Bridge - East House	MH	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. HUD program. Proof of income required. Long wait list.
The Bridge - Murray Itzkowitz House	NY/NY	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. Shared suites. Please mail applications. HUD program. Proof of incme required.
The Bridge - Park West House	MH	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. Shared apartments. HUD program. Proof of income required. Long wait list.
The Bridge - Rita Berger House	MH	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. Shared apartments. HUD program. Proof of income required. Long wait list.
Weston United - Bishop House	MH	*	*	*	A	Contact Intake Department at (212) 663-3000, ext. 2042.
Residence for Adults-Level II	Eligibility	F	M	U	W	Intake Contact/Comments
WSFSH - 129th St. Residence	NY/NY	2	2	0	A	Contact Nicole Cocchiario at (212) 348-8513. For adults age 40+. Require hx of homelessness for at least 2 years.

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Manhattan Vacancy Information (cont.)

As of November 14, 2022

Supported Housing - Scattered Site-Community	Eligibility	F	M	U	W	Intake Contact/Comments
ACMH - Manhattan Supported Housing	NY/NY	1	2	0	A	Contact Katherine Durkin at (212) 274-8558, ext. 215. Must be approved for Community Care. All apartments are shared 2-3 bedrooms.
ACMH - Supported Housing '09 (Manhattan)	MH	1	1	0	A	Contact Katherine Durkin at (212) 274-8558, ext. 215. Shared Apartments Only 2-3 bedrooms. Referrals must come from long-term PC clients or OMH Licensed Programs that are willing to backfill with State PC clients.
Community Access - Supported Housing '05	MH	0	0	2	A	Contact Rochelle Overton at (212) 780-1400, ext. 7708. Internal clients have priority. SPOA referral required. Mail to 17 Battery Place Suite 1326 NY, NY 10004 Attn: Intake.
Community Access - Supported Housing Program	MH	0	0	0	A	Contact Rochelle Overton at (212) 780-1400, ext. 7708. Internal clients have priority. SPOA referral required. Mail to 17 Battery Place Suite 1326 NY, NY 10004 Attn: Intake.
CUCS - Scatter Site Apartment Program (SSAP)	MH	0	0	0	A	Contact Central Intake at (212) 822-3616. Only State PC or OMH Residential Program, Health Homes, Article 28/31 Acute Psych. Units, Adult Homes or SNFs, Level II programs, Shelters. Must be HH eligible & have a chronic medical cond. Manh Refs only.
Fountain House - Multi-Borough S/H	MH	0	0	0	A	Contact Rosita Marinez at (631) 401-1062.
Henry Street Settlement - S/H	NY/NY	0	0	0	A	Contact Jean Lagalia at (212) 233-5032.
JBFCs - Harlem SAP	MH	0	0	2	A	Contact Chris Reid at (212) 283-4858. x521217. Long wait list. All apartments are shared.
JBFCs - Manhattan I SAP	MH	0	0	1	A	Contact Chris Reid at (212) 283-4858. x521217. Long wait list. All apartments are shared. Email Chris Reid at creid@jbfc.org
JBFCs - Manhattan S/H	MH	0	0	0	A	Contact Chris Reid at (212) 283-4858. x521217. Long wait list. All apartments are shared.
Postgraduate Center - S/H	NY/NY	0	0	0	A	Contact Leeann Grant at (212) 576-4180. Email all packets to intake@pgcmh.org
Postgraduate Center - S/H	MH	0	0	0	A	Contact Leeann Grant at (212) 576-4180. Shared apts. Email all packets to intake@pgcmh.org
SUS - Mobile Team II (NY/NY I,II)	NY/NY	0	0	0	A	Contact SUS Intake at (917) 408-1649.
SUS - Mobile Team II (S+C, Sec. 8)	MH	0	0	0	A	Contact SUS Intake at (917) 408-1649.
The Bridge - Graduate I - Inwood	MH	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. Long wait list.
The Bridge - Graduate II Supported Housing	MH	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. Long waiting list.
Urban Pathways - NY/NY III Category B (2009)	MH	0	0	4	A	Contact Nilza Phillips at (212) 736-7385, ext. 230. All applications must be sent to centralintake@urbanpathways.org. Copy of birth certificate, social, and income for the current year-updated award letter
Weston United - S/H #1	MH	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042.
Supported Housing - Single Site-Community Car	Eligibility	F	M	U	W	Intake Contact/Comments
The Bridge - Graduate II - East 6th St.	NY/NY	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. HUD Homelessness requirements. Shared apartments. Long waitlist.
The Bridge - Graduate II - East 6th St.	MH	0	0	0	A	Contact Intake Department at (212) 663-3000, ext. 2042. Please mail applications. Shared apartments. Long wait list.
Urban Pathways - West 53rd Street	MH	0	0	0	C	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 centralintake@urbanpathways.org. Must be willing to share, copy of birth certificate, social, income for the current year sent w/ applicat.
WHGA - Margaret A. Wilkes Residence	NY/NY	0	1	0	A	Contact Cassandra Bailey at (212) 283-1405.
Supported SRO-Community Care	Eligibility	F	M	U	W	Intake Contact/Comments
BRC - Clyde Burton SRO	NY/NY	0	0	6	A	Contact Justin Pugliese at (212) 533-3737. For adults age 55+. Contact Brittany Thomas (212) 533-3737
BRC - Los Vecinos SRO	NY/NY	0	0	1	A	Contact Kingsley Osei-Poku at (212) 533-3075. 1 HASA bed Contact Kingsley Osei-Poku for more information
Columba Kavanagh House - Columba Hall	NY/NY	*	*	*	A	Contact Scott Giblin at (212) 426-6317, ext. 201. Info NA

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Manhattan Vacancy Information (cont.)

As of November 14, 2022

Columba Kavanagh House - Ega Hall	NY/NY	*	*	*		Contact Scott Giblin at (212) 426-6317, ext. 201. Info NA
Encore 49 - Encore 49 SRO	MH	*	*	*		Contact Bonnie Bean at (212) 581-3490, ext. 1166. No SPOA referrals. Info NA
Fountain House - West 37th St.	NY/NY	0	0	0	A	Contact Rosita Marinez at (631) 401-1062. NY/NY 1- Community Care- Approved HRA-2010E
Goddard Riverside - Corner House	NY/NY	0	0	0	C	Contact Dalasha Marbury at (212) 926-7688. NOT ACCEPTING REFERRALS.
Project Renewal - Geffner House SRO	NY/NY	*	*	*		Contact Marelly Cayetano at (212) 620-0340. Info NA
Project Renewal - St. Nicholas Ave.	NY/NY	1	1	0	A	Contact Vanessa Glover at (212) 234-7065. NY/NY apartment severely MI; chronically homeless
St. Francis - St. Francis - Residence II	MH	0	0	1	A	Contact Katie Roberts at (212) 242-0194. For adults 30+, Diagnosis of schizophrenia or schizoffective d/o only
St. Francis - St. Francis - Residence III	MH	0	0	0	A	Contact Katie Roberts at (212) 242-0194. .For adults 30+, Diagnosis of schizophrenia or schizoffective d/o only
St. Francis - St. Francis I - SRO	MH	1	1	1	A	Contact Katie Roberts at (212) 242-0194. For adults 30+, Diagnosis of schizophrenia or schizoffective d/o only

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Vacancy Information for Queens

Apartment Treatment-Level II	Eligibility	F	M	U	W	A	Intake Contact/Comments
ACMH - Queens Treatment Apartment Program	MH	5	5	0	1	A	Contact Katherine Durkin at (212) 274-8558, ext. 215. Must be approved for Level II with OMH Priority. All scattered-site apartments are shared 2-3 bedrooms.
CCNS - Jamaica Community Living Program	NY/NY	0	0	0	1	A	Contact Hermine Pelta at (718) 262-8190.
CCNS - QCL - Apt. Tx. I	MH	12	7	0	1	A	Contact Hermine Pelta at (718) 262-8190.
ICL - Milestone Apartment Treatment	MH	0	0	9	1	A	Contact Intake Department at (212) 385-3030, ext. 16101. POP B and ACT clients. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - Q-Treatment Apartment Program	MH	0	0	1	1	A	Contact Intake Department at (212) 385-3030, ext. 16101. POP B referrals only; Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
JBFCs - Queens Apt. Tx Prog.	MH	0	2	1	1	A	Contact Chris Reid at (212) 283-4858. x521217. The consumer must have SSI and be willing to share an apartment. Email HRA2010e to creid@jbfc.org
JBFCs - Rockaway Apt. Tx. Prog.	MH	1	2	0	1	A	Contact Chris Reid at (212) 283-4858. x521217. All apartments are shared. Must have active SSI/Medicaid benefits.
TSI - Apt. Treatment Program	MH	6	7	0	1	A	Contact Melinda Tejera at (718) 425-4990.
TSI - Apt. Treatment Program '13	MH	0	0	0	1	A	Contact Melinda Tejera at (718) 425-4990.
TSI - Apt. Treatment Program '14	MH	0	0	0	1	A	Contact Melinda Tejera at (718) 425-4990.
WellLife - Apt. Tx Prog.	MH	0	1	0	1	A	Contact Eunice Dowling at (917) 563-3348. State PC Priority. Please mail packets to: 142-02 20th Avenue, Flushing, NY 11351.
Congregate Support (CR/SRO)-Level II	Eligibility	F	M	U	W	A	Intake Contact/Comments
ACMH - 74 Avenue A Residence	MH	0	4	0	1	A	Contact Katherine Durkin at (212) 274-8558, ext. 215. 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).
ACMH - NY/NY III Cat C Young Adult Apts@ Markus Garden	MH	7	4	0	1	A	Contact Katherine Durkin at (212) 274-8558, ext. 215. NYNY III Pop C level II approval. OMH priority population. Shared 2 bedrooms. 18-24 years old.
ACMH - Sabra Goldman House	MH	3	4	0	1	A	Contact Katherine Durkin at (212) 274-8558, ext. 215. 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).
Federation of Organizations - Sixth Street Residence	MH	1	2	0	1	A	Contact Natia Venev at (631) 236-4325, ext. 3198. We currently have 3 vacancies. Please send referrals to Nancy Magee (631) 236-4120.
SCO Family of Services - Turning Point SRO	MH	1	0	0	1	A	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: crigg@sco.org and shannon@sco.org
TSI - Hazel House	MH	*	*	*	1	A	Contact Melinda Tejera at (718) 425-4990.
Urban Pathways - The Residence at Hallet's Cove - Cat A&B	MH	0	0	2	1	A	Contact Nilza Phillips at (212) 736-7385, ext. 230. Cat A -1 Cat. B-0. All applications must be sent to centralintake@urbanpathways.org. attach w/application copy of birth certificate, social, and updated award letter for the current year.
WellLife - Rockaway Gardens CR/SRO	NY/NY	0	0	0	1	A	Contact Eunice Dowling at (917) 563-3348. LTSS Only. Please mail packets: 142-02 20th Avenue, Flushing, NY 11351.
WellLife - Rockaway Gardens CR/SRO	MH	0	0	0	1	A	Contact Eunice Dowling at (917) 563-3348. LTSS Only. Please mail packets: 142-02 20th Avenue, Flushing, NY 11351.
Congregate Treatment (MICA)-Level II	Eligibility	F	M	U	W	A	Intake Contact/Comments
Phoenix House - MICA CR	MH	1	0	0	1	A	Contact Sharesse Jones at (718) 276-9001. No faxes. Please mail referrals to 218-04 140th Ave, Springfield Gardens, NY 11413.

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Queens Vacancy Information (cont.)

As of November 14, 2022

Congregate Treatment (Super CR)-Level II		Eligibility	F	M	U	W	Intake Contact/Comments
TSI - Hope House I MI/MR	MH	0	0	5		A	Contact Melinda Tejera at (718) 425-4990. State PC or age out of child facility referrals.
TSI - Hope House II MI/MR	MH	0	0	0		A	Contact Melinda Tejera at (718) 425-4990.
TSI - Phase I	MH	0	1	0		A	Contact Melinda Tejera at (718) 425-4990. Contact Melinda Tejera at (718) 526-8400. Queens County residents only.
Weillife - OMNI	MH	0	1	0		A	Contact Eunice Dowling at (917) 563-3348. Only accepting referrals from CPC.
Supported Housing - Scattered Site-Community		Eligibility	F	M	U	W	Intake Contact/Comments
ACMH - NY/NY III Housing Program - Category B (2009)	MH	0	0	0		A	Contact Katherine Durkin at (212) 274-8558, ext. 215. Referrals must come from OMH priority populations. All apartments are shared 2-3 bedrooms..
ACMH - Supported Housing '05	MH	1	1	0		A	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 2-3 bedrooms..
ACMH - Supported Housing '09	MH	1	1	0		A	Contact Katherine Durkin at (212) 274-8558, ext. 215. Shared Apartments Only 2-3 bedrooms. Referrals must be from State PCs or OMH Licensed Programs that are willing to backfill with State PC clients.
CCNS - S/H	MH	0	0	0		A	Contact Hermine Pelta at (718) 262-8190. All applicants must come from Level II housing.Info NA
CCNS - Supported Housing '09	MH	0	0	0		A	Contact Hermine Pelta at (718) 262-8190.
Comunilife - Adult Home Housing Program	MH	0	0	0		A	Contact Leslyn Cummings at (718) 706-7503. Current Adult Home Residents Only. Mail completed HRA application to below address. No faxes.
Comunilife - Queens S/H	MH	0	0	0		A	Contact Darrell Steven at (718) 706-7503. Mail HRA applications to Shoshanna Bacqui-Walden at the below address. No Faxes.
Comunilife - Supported Housing '05	MH	*	*	*			Contact Darrell Steven at (718) 706-7503. Creedmoor PC SPOAs only. Info NA
Federation of Organizations - Queens S/H	MH	0	1	0		A	Contact Natia 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.
Hamilton Madison - OMH 2009 SH PC Long Stay - Queens	MH	0	0	0		A	Contact Jack Miu at (718) 760-3810.
Hamilton Madison - S/H Program	MH	0	0	0		n/a	Contact Jack Miu at (718) 760-3810.
ICL - Milestone Queens Supported Housing	MH	0	0	10		A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - NY/NY III Category B	MH	0	0	0		A	Contact Intake Department at (212) 385-3030, ext. 16101. POP A, POP B. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - NY/NY III Category B (2009)	MH	0	0	0		A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
ICL - Queens Supported Housing	MH	0	0	6		A	Contact Intake Department at (212) 385-3030, ext. 16101. Accepting NY/NY I & 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.
ICL - Supported Housing '05	MH	0	0	0		A	Contact Intake Department at (212) 385-3030, ext. 16101. Referral Email: iclhope@iclinc.org; referrals fax: 917-831-4436, or mail to ICL Hope: 125 Broad St. 3rd Floor NY.NY 10004. Referral line: 844-ICL-HOPE
JBFCs - Elmhurst I S/H	NY/NY	0	0	0		A	Contact Chris Reid at (212) 283-4858. x521217. Long wait list. All apartments are shared.
JBFCs - Queens SAP	MH	2	1	0		A	Contact Chris Reid at (212) 283-4858. x521217.
JBFCs - Rockaway Graduate Program	MH	0	2	0		A	Contact Chris Reid at (212) 283-4858. x521217. Long wait list. All apartments are shared.
Neighborhood Care Team - Queens S/H	MH	2	1	0		A	Contact Antoinette Murray at (718) 739-3000. Shared Apartments.Accepting Applicants
Phoenix House - MICA Supported Housing	MH	*	*	*			Contact Sharesse Jones at (718) 276-9001. Info NA

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Postgraduate Center - LTPC '10 Scatter Site	MH	0	0	0	A	Contact Leeann Grant at (212) 576-4180. Email all packets to intake@pgcmh.org
Postgraduate Center - Queens Scatter Site	MH	0	0	1	A	Contact Leeann Grant at (212) 576-4180. Email all packets to intake@pgcmh.org
St. Vincent's Hospital Westchester - Queens S/H	MH	0	0	1	A	Contact Brenessa DeJesus at (718) 982-4741.
SUS - Beach II	NY/NY	0	0	0	A	Contact SUS Intake at (917) 408-1649.
TSI - Adult Home Housing Program	MH	0	0	10	A	Contact Melinda Tejera at (718) 425-4990. Adult Home Residents/SPOA Only.
TSI - NY/NY III Category B (2012)	MH	*	*	*		Contact Melinda Tejera at (718) 425-4990.
TSI - NY/NY III Category A	NY/NY	0	0	4	A	Contact Melinda Tejera at (718) 425-4990. Referrals must be backfilled by NY/NY III designated PC referrals.
TSI - NY/NY III Category B (2007)	MH	0	0	15	A	Contact Melinda Tejera at (718) 425-4990.
TSI - NY/NY III Category B (2009)	MH	*	*	*		Contact Melinda Tejera at (718) 425-4990.
TSI - Scattered Site #1	MH	0	0	6	A	Contact Melinda Tejera at (718) 425-4990. Long waitlist.
TSI - Scattered Site #2	MH	0	0	2	A	Contact Melinda Tejera at (718) 425-4990. Long waitlist.
TSI - Supported Housing '09	MH	*	*	*		Contact Melinda Tejera at (718) 425-4990.
Venture House - Queens S/H	MH	0	0	5	A	Contact Larry Jones at (718) 658-7201, ext. 1522.
WellLife - NY/NY III - Category B (2009)	MH	0	0	0	A	Contact Eunice Dowling at (917) 563-3348. Please mail packets to:142-02 20th Avenue, 3rd Floor, Flushing, NY 11351.
WellLife - NY/NY III Category B (2007)	MH	0	2	0	A	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.
WellLife - Queens S/H	MH	0	0	0	A	Contact Eunice Dowling at (917) 563-3348. Please mail packets to:142-02 20th Avenue, Flushing, NY 11351.
WellLife - Supported Housing '05	MH	0	0	0	A	Contact Eunice Dowling at (917) 563-3348. Please mail packets to:142-02 20th Avenue, Flushing, NY 11351.
WellLife - Supported Housing '09	MH	0	0	0	A	Contact Eunice Dowling at (917) 563-3348. Please mail packets to:142-02 20th Avenue, Flushing, NY 11351.
WellLife - Welllife Network MRT Supported Housing	MH	*	*	*		Contact Eunice Dowling at (917) 563-3348. Info NA
Supported Housing - Single Site-Community Car	Eligibility	F	M	U	W	Intake Contact/Comments
ACMH - NY/NY III Cat B @ Markus Gardens	MH	0	0	0	A	Contact Katherine Durkin at (212) 274-8558, ext. 215. NYNY III Pop B Community Care approval. OMH priority population-State PC referrals only
TSI - NY/NY Supported Housing	NY/NY	0	0	1	A	Contact Melinda Tejera at (718) 425-4990. Long wait list.
TSI - The Delson	MH	0	0	0	A	Contact Melinda Tejera at (718) 425-4990.

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Vacancy Information for Staten Island
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Apartment Treatment-Level II	Eligibility	F	M	U	W	A	Intake Contact/Comments
Beacon of Hope - Apt. Tx Prog.	MH	1	3	0	1	A	Contact Jillian Maye at (718) 979-6241. Shared apartments only. Requires Level II approval
St. Vincent's Hospital Westchester - Apt. Tx Prog.	MH	0	0	4	1	A	Contact Brenessa DeJesus at (718) 982-4741.
Congregate Support (CR/SRO)-Level II	Eligibility	F	M	U	W	A	Intake Contact/Comments
St. Vincent's Hospital Westchester - Sr. Jane Manor	MH	0	0	1	1	A	Contact Brenessa DeJesus at (718) 982-4741.
Congregate Treatment (Super CR)-Level II	Eligibility	F	M	U	W	A	Intake Contact/Comments
Beacon of Hope - Staten Island Beacon I	MH	0	0	4	1	A	Contact Tiah Balcer at (718) 980-0041. Only accept from So. Beach Psych Ctr.
Beacon of Hope - Staten Island Beacon II	MH	0	0	3	1	A	Contact Sandy Mormile at (718) 980-1072. Only accept from So. Beach Psych Ctr.
Project Hospitality - O'Callaghan House	NY/NY	1	1	1	1	A	Contact Elaine Edelman at (917) 769-8211. NY/NY I, II Must have approval for level 2 housing for MICA clients w/ a history of homelessness.
St. Vincent's Hospital Westchester - Austin House	MH	0	0	1	1	A	Contact Brenessa DeJesus at (718) 982-4741.
St. Vincent's Hospital Westchester - Chait House	MH	0	0	1	1	A	Contact Brenessa DeJesus at (718) 982-4741.
St. Vincent's Hospital Westchester - Chait Residence	MH	0	0	1	1	A	Contact Brenessa DeJesus at (718) 982-4741.
St. Vincent's Hospital Westchester - Sister Mary Assisium	MH	0	0	1	1	A	Contact Brenessa DeJesus at (718) 982-4741.
St. Vincent's Hospital Westchester - Tompkins Res (40+)	MH	0	0	1	1	A	Contact Brenessa DeJesus at (718) 982-4741.
Supported Housing - Scattered Site-Community	Eligibility	F	M	U	W	A	Intake Contact/Comments
Beacon of Hope - Staten Island S/H	MH	0	0	19	1	A	Contact Jacqueline Rosario-Perez at (718) 367-6990. Please mail packets. Community Care only.
Project Hospitality - S/H	NY/NY	0	0	0	1	A	Contact Elaine Edelman at (917) 769-8211. Shared apartments only NYNY approved. (waitlist)
Project Hospitality - S/H	MH	1	2	4	1	A	Contact Elaine Edelman at (917) 769-8211. waitlist
Skylight Center - Supported Housing	MH	2	1	3	1	A	Contact Chris Frayler at (718) 720-2585, ext. 216. WAITING LIST ONLY - please submit HRA packets via email to cfrayler@skylightcenter.org or ssigneavsky@skylightcenter.org
Skylight Center - Supported Housing '05	MH	0	0	0	1	*	Contact Chris Frayler at (718) 720-2585, ext. 216. Full to capacity.
St. Vincent's Hospital Westchester - NY/NY III Cat B (2007)	MH	0	0	4	1	A	Contact Brenessa DeJesus at (718) 982-4741. Info NA
St. Vincent's Hospital Westchester - NY/NY III Category A	NY/NY	0	0	1	1	A	Contact Brenessa DeJesus at (718) 982-4741. (Referrals must be backfilled by NY/NY III designated PC referrals. State PC & DHS only).
St. Vincent's Hospital Westchester - Staten Island S/H	MH	0	0	2	1	A	Contact Brenessa DeJesus at (718) 982-4741.
St. Vincent's Hospital Westchester - Supported Housing '05	MH	0	0	0	1	A	Contact Brenessa DeJesus at (718) 982-4741.
Staten Island Behavioral Network - Medicaid High Needs SH	MH	*	*	*	1	A	Contact Beatrice Cordero at (718) 351-5530, ext. 63128. Candidates must have active Medicaid and be willing to be enrolled in Health Home.
Staten Island Behavioral Network - NY/NY III - Cat B '12	MH	*	*	*	1	A	Contact Beatrice Cordero at (718) 351-5530, ext. 63128.
Staten Island Behavioral Network - Supported Housing '09	MH	*	*	*	1	A	Contact Beatrice Cordero at (718) 351-5530, ext. 63128. Info NA
Supported Housing - Single Site-Community Car	Eligibility	F	M	U	W	A	Intake Contact/Comments
St. Vincent's Hospital Westchester - Independence Manor	NY/NY	0	0	0	1	A	Contact Michael Coscia at (718) 982-4751.

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