

DYCD TO DHS SHELTER REFERRAL WORKSHEET

asterisk (*) are required fields. If fields don't apply, select N/A

*Last Name	*First	MI	*Date

Client Registration			
*Head of Household SSN. If Applicable	*Date of Birth	*Age	PA#
*Is Client Pregnant?	*Language	Family Composition	
*What is your primary race?		*What is your gender?	
*Client must provide a copy of identification from drop list			
Emergency Contact Name/Relationship		Emergency Contact Telephone #	
Other Adults (Name, DOB, SSN, Relationship)			
Children (Name, DOB, SSN, Borough of School)			
*Prior Residence Type		*What was your approximate length of stay at prior address	
Reason for Homelessness			
Primary Reason for Homelessness:		Eviction Type	
City (from where client moved)	State (from where client moved)	Country (from where client moved)	
Additional Homelessness Comments			
Substance Abuse			
Do you have a history of alcohol or drug abuse?		Are you currently receiving, or have ever, been to alcohol or drug treatment before?	
~			
Do you think your alcohol or drug abuse has contributed to your current difficulties?			

DYCD TO DHS SHELTER REFERRAL WORKSHEET

asterisk (*) are required fields. If fields don't apply, select N/A

*Last Name	*First	MI	*Date

VETERANS INFORMATION (if applicable)

Are you a military veteran (If YES, proceed to the following veteran questions?)		
Which Military Branch did serve in		Which service era did you serve in
Date entered service		Date exited service
Do you currently receive veteran's benefits		If so, are they service connected

HEALTH SCREENING (If psycho social completed, skip this section)

Are you feeling sick right now?	Have you been discharged from a hospital or had surgery within the last month?
Have you ever had chicken pox or shingles	
Do you have a contagious condition right now, such as chicken pox, pink eye, or symptoms such as fever or severe sore Throat?	
Have you been released from a NYC jail within the last month?	

***PLACEMENT DETAILS**

*Do you use any assistive devices		Do you have a visual or hearing impairment?	
*Do you require portable oxygen?		*Do you require medical equipment?	
*Do you need to refrigerate medication?		*Do you need help taking medication?	

***SPECIAL CONDITIONS**

*Do you have a current diagnosis of a serious mental illness, such as schizophrenia or bipolar disorder?	
*Do you have a serious developmental disability or autism?	*Do you have a current substance use problem?

DYCD TO DHS SHELTER REFERRAL WORKSHEET

asterisk (*) are required fields. If fields don't apply, select N/A

*Last Name	*First	MI	*Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DOMESTIC VIOLENCE (if applicable)

Does anyone in your current household or an earlier household, or your family, or your partner or ex-partner isolate you from friends and family and control what you can do and who you can see

Has anyone in your current household or an earlier household, or your family, or your partner or ex-partner ever physically hurt you or your children by, for example, pushing, kicking, hitting, slapping, choking, punching or sexually assaulting you?

Is anyone currently stalking you or your children by following you, checking up on you, harassing you, or making unwanted phone calls or text messages

Does anyone in your current household or an earlier household, or your family, or your partner or ex-partner threaten you or make you or your children feel scared or unsafe at home

Has domestic violence contributed to your current housing crisis

Have you ever entered a domestic violence shelter?

Have you ever been involved in a domestic violence situation?

DIVERSION ADDRESS DETAILS

Street # <input type="text"/>	City <input type="text"/>	Zip <input type="text"/>
-------------------------------	---------------------------	--------------------------

ADDITIONAL DIVERSION DETAILS

Have you lost any public assistance, housing subsidies, or benefits in the last year?

Have you ever had an apartment lease or mortgage in your name?

Have you ever had to appear in housing court within the last year?

Have you ever had section 8, but lost it for any reason?

Have you ever been evicted from a NYCHA apartment?

DYCD TO DHS SHELTER REFERRAL WORKSHEET

asterisk (*) are required fields. If fields don't apply, select N/A

*Last Name	*First	MI	*Date
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Employment

Employment From <input style="width: 80%;" type="text"/>	Employer Name/Address <input style="width: 95%;" type="text"/>
If you are currently employed, what is your Employment Type/Occupation? <input style="width: 95%;" type="text"/>	
Frequency (of pay): <input style="width: 80%;" type="text"/>	Wages: <input style="width: 95%;" type="text"/>

Income/Wages/Benefits

What income type(s) are you currently receiving? <input style="width: 95%;" type="text"/>	Start Date/Amount? <input style="width: 95%;" type="text"/>
--	--

Psychosocial Assessment

Paragraph 1: Appearance

Include information on: usual appearance including physical build, dress, neatness, distinctive points

Paragraph 2: Brief Social History

Include information on: background information on applicant, including birthplace, structure of family at birth, and who raised application

Paragraph 3: Education and Work History

Include information on: highest grade completed, vocational training, brief employment history with dates and location, if not employed what are areas of interest and barriers:

Paragraph 4: Psychiatric, Medical, and Substance History

Include information on in-patient/out-patient psychiatric hospitalizations, including where, length of stay. History of homicidal or suicidal ideation or behavior. History of alcohol or substance abuse. List of current medication(s). Outstanding medical problems and treatment/illness or condition that may limit client's ability to live independently or work?

DYCD TO DHS SHELTER REFERRAL WORKSHEET

asterisk (*) are required fields. If fields don't apply, select N/A

*Last Name		*First		MI		*Date	
Have you been tested for TB in the last year?:			Do you have documentation of the results?:				
If TB results were positive, was a chest X-Ray performed?:				If yes, when?:			
If yes, where was the X-Ray performed?:							
Have you ever been treated for active TB?:							
Have you ever been treated for a positive skin test (only)?:							

Paragraph 5: Current Situation

Include information on: current level of functioning at shelter

Paragraph 6: Summary and Recommendations

Include information on: outstanding features. Summary of recommendation for supportive housing:

Staff Signature

Date