

# **Guide to Completing the HRA 2010e New York City Supportive Housing Referral Application**

Below is a section by section outline of the HRA 2010e electronic housing application, highlighting key issues to keep in mind when completing the HRA 2010e online:

## **Demographic Data**

- Name including alias, Address, Borough, Family Composition (if application is for a family) SSN, DOB, Gender, Income/Entitlements, Education, Marital Status, Ethnicity, Primary Language, Citizenship, Important Contacts
- Verification that the HIPAA Compliant Authorization is signed by applicant and the agency has a record of the original form

## **Housing/Homeless History**

- Current Housing Location; Housing/Homeless history including dates; Housing type, Facility name: Street Address. If applicant was homeless on the streets or non-municipal shelters, documentation must be attached to the application providing more specific information including dates of homelessness and description of homelessness (places stayed, the more specific the better)

## **Clinical Assessment**

- Multi-axial format outlined by the DSM-IV-TR
  - Axis I & II: psychiatric diagnoses. This information is obtained from the psychiatric evaluation
  - Axis III: Medical conditions. This information is obtained from the applicant's medical records, charts or self reports
- Assistive Outpatient Treatment (AOT) or Assertive Community Treatment (ACT) status

## **Activities of Daily Living**

- Checking any ADLs the applicant may require assistance with due to a medical or mental health conditions previously indicated. Provide explanation for any items checked. List includes: Feeding and Meal Preparation; Housekeeping; Managing Finances; Personal Hygiene; Traveling; Hearing; Sight; Cognitive Functions

## **Medications**

- List names of psychotropic and non-psychotropic medication in appropriate category
- Indicate level of support applicant will need to maintain medication compliance once he/she is housed

## **Current Treatment/Service Providers**

- List of applicant's current treatment and service providers, including, but not limited to, medical, mental health and case management services providers/programs

## **Domestic Violence**

- If applicant was a victim of DV, information about the services received and how long ago the DV occurred

### **Hospitalization History**

- Age of first psychiatric hospitalization; # of psychiatric hospitalizations in the past 3 years; Name of hospital, dates of admission/discharge and service (psychiatric or medical)

### **Tuberculosis Testing**

- Tuberculosis test results (PPD or chest X-Ray) require the signature of a physician, physician assistant or nurse practitioner; test results must be within the past year

### **Symptoms/Behaviors**

- Select either “Current”, “History”, “Never” or “Unknown” for each Symptom/Behavior: Homicidal Ideation/Attempts; Suicidal Ideation/Attempts; Violent Behavior; Disruptive Behavior; Criminal Activity/Arrests; Arson/Firesetting; Cognitive Impairment; Hallucinations; Delusions; Thought Disorder; Clinical Depression
- Provide an explanation for all current and past symptoms/behaviors in the psychosocial summary and psychiatric evaluation

### **Symptoms/Substance Abuse**

- Select any/all substances applicant is currently abusing: Alcohol; Amphetamines; Cocaine; Crack; Hallucinogens; Opiates; Marijuana/Cannabis/THC; PCP; Sedatives/Hypnotics; if other, specify
- Describe pattern of abuse (daily, several times/week, binge etc.)
- Select the substances applicant used in the past (same list as above) and the pattern of abuse
- Indicate period of sobriety for Alcohol and for Drugs
- If applicant is currently in a substance abuse treatment program, provide information
- If applicant completed or participated in SA treatment, provide information
- Provide detailed information in the psychosocial summary

### **Referring Agency Recommendations**

- Select the model or models of housing that is most appropriate for the applicant from the list of Housing Categories:
  - Community Care: Supported Housing & Supported SRO's
  - Level I: Family Type Home for Adults
  - Level II: various models of congregate care and congregate support housing
- Indicate services that applicant will need once he/she is housed. List includes: Ongoing Psychiatric Treatment; Substance Abuse Treatment; Self-Help Group; 24 hour Staff Supervision; Medication Management; Case Management/ACT Services; Assisted Out-Patient Treatment; Money Management; Day Treatment/Psychiatric Rehabilitation; Psychosocial/Clubhouse Program; Ongoing Medical Treatment; Special Medical Equipment/Services; Nursing/Home Health Services; Therapeutic Diet; Wheelchair/Handicap Access; Assistance with Housekeeping/Home Care Services; Education, Training, Job Readiness and Employment; Child Care; Domestic Violence Services; Meals Provided; Parenting Skills Training

**Applicant's Housing Preferences**

- This section is for applicant's input regarding his/her preferences for housing. List includes preferences on the following (Y/N): Borough and neighborhood preference(s); sharing a room or apartment; sharing a bathroom with other people; preparing one's own food or having meals prepared; willingness to live in a residence where money was managed; willingness to live in housing which requires participation in a community based treatment program; willingness to live in a place where someone would help manage medications; whether assistance is needed with personal hygiene, traveling, keeping room clean or laundry; preference for overnight visitors; willing to live in a residence with a curfew; interested in educational/vocational opportunities; interested in residential sponsored social/recreational activities; and level of staff support the applicant wants
- Applicant's signature in this section indicates that applicant understands that his/her preferences are considered along with the recommendations of the referring worker as well as housing availability
- Applicant preferences should be clarified, when needed, in the psychosocial summary

**Referring Agency Information**

- Referring Worker's Name, Title and Contact Information; Agency Name; Site Name; Address; Type of Site
- Affirmation that information provided is accurate and complete