

SYSTEMWIDE PLACEMENT REPORTING FORM

Contract Agency: _____

Contact Person _____

Program Analyst: _____

Program Name: _____

Telephone # _____

Fax# _____

REPORTING MONTH: _____

	Name (Last, First, MI)	L T	HA#	Social Security #	DOB (MM/DD/YY)	Date of Placement	Type of Placement	Name & Address (include zip code) of Facility/Placement	DCA use
1									
2									
3									
4									
5									
6									
7									
8									

Signed: Program Director: _____ Date: _____

Program Analyst: _____ Date: _____

TYPES OF PLACEMENTS

Long Term Placements
 23 = Reunited with Family in Housing
 25 = Private Housing
 26 = Military Service
 30 = Adult Home, Nursing Home, Res. For Adults
 32 = Long-term Residential Rehab
 34 = Division of AIDS Services (DAS) Housing
 38 = Supportive SRO Residence
 40 = Other HPD-Funded Housing
 41 = Homeward Bound
 43 = Kelly Hotel
 COM = Commercial SRO Residence Hotel
 CR = OMH Community Residence
 CR/SRO = OMH Hybrid Housing Model
 NYCHA = Housing Authority Public Housing
 RAP = Rental Assistance Program
 RCCA = OMH Residential Care Center for Adults
 S/H = OMH Supported Housing
 SEC 8 = Section 8 Housing

Short Term Placements Outside DHS System
 14 = Medical Hospitalization
 15 = Psychiatric Hospitalization
 16 = Short-Term Detox
 42 = Domestic Violence Shelter
 HOTEL = Upstate Hotel Employment
 OTH = Other Categories Not Applicable
 VOL = Voluntary Shelter Bed (Non-Partnership)

Short Term Placements Within DHS System
 35 = Job Corps
 36 = DHS Youth Facility
 37 = DHS Family Shelter
 AS = DHS Assessment Shelter
 CSS = DHS Mental Health Program
 DI = Drop-in Center
 EMP = DHS Employment Program
 GEN = DHS General Shelter
 INT = Interim Housing for Drop-in Centers
 REC = Reception Center
 SMED = DHS Medical Program
 SP = DHS Special Population
 SSA = DHS Substance Abuse Program

- IMPORTANT!**
- * Placements without HA #s will not be credited.
 - Individuals w/o HA #s placed by Outreach Teams & Drop-in Centers will be counted only if Social Security #s are reported. If client does not have HA# or SS#, report BID#.
 - Make sure Date of Placement matches information entered into SCIMS.
 - Use the List of Placements when completing Type of Placement and Name of Facility columns.
 - Indicate Name of Family Member or Primary Tenant when reporting code 23 and 25 placements.
 - All Long Term Placements must include the correct zip code.
 - Make sure that your name, your program's name and phone number are on top of page.
 - Make sure that all pages are numbered and signed.
 - Have a problem or a question? Call your Program Analyst.