



**Human Resources  
Administration**

Department of  
Social Services

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Customized  
Assistance Services



# Completing a Successful NYC Supportive Housing Application

# WELCOME!

- Please stay muted
- Use the Chat for questions/comments
- We are recording!
- Slides will be shared
- All user access/technical CAPS issues should be directed to:  
*[hracassupport@hra.nyc.gov](mailto:hracassupport@hra.nyc.gov)*

# CAPS Training

**Description:** The training will provide an overview of the Coordinated Assessment Survey and Supportive Housing Application. We will review CAPS navigation and troubleshoot common issues that result in an application being returned without determination.

**Aim:** We will increase participant knowledge about building applications that support the type and level of housing requested, thereby increasing the number of complete applications with the correct determination.

**Tell Us How You REALLY Feel!**

[illegible]


# Agenda

- Welcome/intro
- CAPS Dashboard
- Organizing Your Process
- Coordinated Assessment Survey
- Materials (supporting documents)
- Starting application
- Troubleshooting + Tips
- Resubmissions
- Guidance and resources
- Q&A


# Objectives

- Navigate CAPS to successfully complete the Coordinated Assessment Survey and Supportive Housing Application
- Troubleshoot and avoid common application problems
- Increase the number of approval determinations in the first submission

# CAPS Dashboard




Human Resources  
Administration  
Department of  
Social Services




Coordinated Assessment  
and Placement System


Coordinated Assessment and Placement System




Dashboard


My Dashboard 


UAT Environment


Please report any CAPS related issues to HRA CAS Support by emailing to [hracassupport@hra.nyc.gov](mailto:hracassupport@hra.nyc.gov).  1


Survey / Application

 New Survey

 Pending Surveys

 Submitted Surveys

 Pending Applications

 Transmitted Applications

Stats

Pending Application Aging stats	Select One of the Site: 001 - TRAINING SITE
0-10 Days	1
10-20 Days	1
20-30 Days	0

Announcements

Apr 19 2022

Important: You must update all referrals in your Referral Roster. Please enter interview dates/times, outcome and move in date as soon as they occur. Do not wait to end of month. If you need assistance, contact your HRA TAD liaison.

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# Criteria

- Basic eligibility requirements: Clinical + Homelessness (verification letters)
  - Types of housing: Serious Mental Illness (SMI), Substance Use Disorder (SUD), Young Adult (YA), Families, HIV/AIDS
  - Contracts: SMI, NY/NY I&II, NY/NY III (Pops A - I), NYC 15/15, ESSHI (SMI and SUD), Gen Pop
- ✓ TIP: Use the **Supportive Housing Description and Criteria Guide!**



Human Resources Administration  
Department of Social Services

Coordinated Assessment and Placement System

Coordinated Assessment and Placement System

Dashboard
Information
Announcement
Training

Training

UAT Environment

Click on the links below to view the training tutorial:

- [CAPS March 2021 Enhancements](#)
- [Dashboard PowerPoint](#)
- > [Application](#)
- [CAPS Module 1 - User Security](#)
- [CAPS Module 2 - Intro to CAPS Functionality](#)
- [CAPS Module 3 - Site Request](#)
- [CAPS Module 4 - VCS Rosters](#)
- [CAPS Module 5 - TADS](#)
- [Foster Care Verification Letter](#)
- [Supportive Housing Descriptions and Criteria](#)
- [Coordinated Assessment Survey Guide](#)

Customized Assistance Services

## Supportive Housing Description and Criteria

Mental Health			
Supportive Housing Types	Clinical Criteria	Homeless Criteria	Documentation Requirements
<b>SMI/High Service Needs</b> Supportive housing for single adults with a serious mental illness (SMI) <sup>1</sup> or who have a SMI with a co-occurring substance use disorder.	Adults with a serious mental illness or who have a SMI with a co-occurring substance use disorder.	None	<ul style="list-style-type: none"> <li>NYC Supportive Housing Application</li> <li>Psychiatric Evaluation (dated within last 180 days)</li> <li>Psychosocial Assessment (dated within last 180 days)</li> </ul>
<b>NY/NY I and II</b> Supportive housing for homeless single adults with a SMI or who have a SMI with a co-occurring substance use disorder.	Adults with a serious mental illness or who have a SMI with a co-occurring substance use disorder.	Must be homeless fourteen out of the last sixty days.	<ul style="list-style-type: none"> <li>NYC Supportive Housing Application</li> <li>Psychiatric Evaluation (dated within last 180 days)</li> <li>Psychosocial Assessment (dated within last 180 days)</li> </ul>
<b>NY/NY III – Population A</b> Supportive housing for chronically homeless single adults with a SMI or who have a SMI with a co-occurring substance use disorder.	Adults with a serious mental illness or who have a SMI with a co-occurring substance use disorder.	Chronically homeless under the NY/NY III agreement <sup>2</sup>	<ul style="list-style-type: none"> <li>NYC Supportive Housing Application</li> <li>Psychiatric Evaluation (dated within last 180 days)</li> <li>Psychosocial Assessment (dated within last 180 days)</li> </ul>
<b>NY/NY III – Population B</b> Supportive housing for single adults who are presently living in NYS operated psychiatric centers or a NYS operated transitional residences and who are at risk of street or sheltered	Adults with SMI and presently living in NYS operated psychiatric centers or NYS operated transitional residences. Also, individuals with an inpatient stay at the Central NY psychiatric center within the last year or currently inpatient in the Second Chance program at NY	At risk of street or sheltered homelessness if discharged without supportive housing and are unable to return to their prior placement.	<ul style="list-style-type: none"> <li>NYC Supportive Housing Application</li> <li>Psychiatric Evaluation (dated within last 180 days)</li> <li>Psychosocial Assessment (dated within last 180 days)</li> </ul>

# Organizing Your Process

- Client conversation: **engage, educate, assess**
- Start the Coordinated Assessment Survey (for access to documents)
- Schedule psychiatric evaluation and gather materials
- Revise psychosocial based on psychiatric evaluation and other documentation
- Complete/transmit application

# Talking to Your Client:

## \*Engage, Educate, Assess\*

- Consents
- Manage expectations
- Application process, eligibility basics, and required documentation
- Psychosocial interview
- Obtaining documentation:  
application/eligibility vs. placement/move-in

# Coordinated Assessment Survey

- Consent reminder!
- Survey benefits: access, guidance, prepopulate
- **Triple check** client's name, SSN, DOB, gender and application type (family/individual)



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Coordinated Assessment and Placement System



Dashboard



Information ^



Announcement



Training

## Training

Please report any CAPS related issues to

### Training

Click on the links below to view the training tutorial:

- [CAPS March 2021 Enhancements](#)
- [Dashboard PowerPoint](#)
- > [Application](#)
- [CAPS Module 1 - User Security](#)
- [CAPS Module 2 - Intro to CAPS Functionality](#)
- [CAPS Module 3 - Site Request](#)
- [CAPS Module 4 - VCS Rosters](#)
- [CAPS Module 5 - TADS](#)
- [Foster Care Verification Letter](#)
- [Supportive Housing Descriptions and Criteria](#)
- [Coordinated Assessment Survey Guide](#)
- [CAPS Glossary](#)

# Prep and Gather Materials

- Psychosocial interview helps determine possible categories of eligibility
- Estimate the “Count Toward Homelessness” (CTH) – is it the right time?
- Information on past/present treatment (psych, substance, medical); ADLs; social history/background; housing/homelessness

# Documentation

- Psychiatric evaluation
  - 180 days
  - Share your notes and prior evaluations
  - List of qualified providers (LMSW new as of 5/31/22)
  - Must include prior psych history, onset + course of illness, treatment (inpatient and outpatient), symptoms + behaviors, functional impairments/ADLs
- Treatment verification
- Homeless verification
- Medical documentation
- Update psychosocial
  - Explain inconsistencies and create a cohesive narrative!

# Expanded List of Qualified Professionals

Licensed  
Psychiatrist (MD)

Licensed  
Psychiatric Nurse  
Practitioner (PNP)

Licensed  
Psychologist  
(PhD, PsyD)

Licensed Medical  
Doctor (MD)

Licensed  
Physicians  
Assistant (PA)

Licensed Clinical  
Social Worker  
(LCSW)


**NEW!!**

Licensed Master  
Social Worker  
(LMSW)

Licensed Mental  
Health Counselor  
(LMHC)



# Start Application from Submitted Survey List

 **Human Resources Administration**  
Department of Social Services

## Coordinated Assessment Survey

Welcome, RATRAINTWO RATRAINTWO! (First time login) [Logout!](#)

UAT Environment

Home

New Survey

Pending Surveys

Submitted Surveys

Housing Resources



Survey Tutorial

SUBMITTED SURVEYS (17)


Show  entries

Pressing "Start Supportive Housing Application" begins an application that copies survey data.

Search:

Name (LN, FN)	Survey #	Survey Date	Entered By	Agency/Site	Client Documents	HRA Supportive Housing Application	Housing Programs
SMITH, JOHN	133699	04/07/2022	RATRAINTHREE, RATRAINTHREE	9999/001		<a href="#">Start Supportive Housing Application</a>	CITY/State Housing Programs HPD Housing Connect
CM TRAINING, CLIENT A	133695	02/28/2022	RATRAINTHREE, RATRAINTHREE	9999/001		372395	Supportive Housing Programs SMI/ High Service Needs , NY/NY I and II, NY/NY III - Population A: SMI Community, NYC 15/15 - Adult, ESSHI - Adult Mental Health

# Or, Start the Application from the Survey



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Coordinated Assessment Survey

Welcome, RATRAINTWO RATRAINTWO! (First time login) [Logout!](#)

UAT Environment

First Name: FNTRAI TWO Last Name: LNTRAI TWO Client #: 101772 Survey #: 133720 [Client Documents](#) 100% Complete

Home

New Survey

Consent/Search (Completed)

Household/Veteran Status (Completed)

Housing/Homeless Status (Completed)

DV/Health (Completed)

Employment/Income (Completed)

Legal (Completed)

Resources/Housing Approvals (Completed)

Housing Programs

Pending Surveys

Submitted Surveys

Housing Resources

Survey Tutorial

## Housing Programs

Based on the information submitted in this survey, your client may be eligible for the housing programs listed below.

Note: U.S. Citizenship or Permanent Resident or Asylee or Refugee status is a requirement for federally-funded housing programs.

To learn more and apply click on the associated link:

Program Description	Application and Supporting Documents Requirements	What to Do	Contact Information
<b>Supportive Housing Programs</b>	<ul style="list-style-type: none"><li>NYC Supportive Housing Application</li><li>Psychiatric Evaluation (within 180 days)</li><li>Psychosocial Assessment (within 180 days)</li></ul>	Complete an electronic NYC Supportive Housing Application using the CAPS system.	For inquiries on Supportive Housing programs and training contact CUCS at 212-801-3300 or email <a href="mailto:housinginfo@cucs.org">housinginfo@cucs.org</a> . Also, visit their website at <a href="https://www.cucs.org/housing/housing-resource-center">https://www.cucs.org/housing/housing-resource-center</a>
<b>SMI/ High Service Needs</b>		For External Users: <a href="https://a069-ra.nyc.gov/pact">https://a069-ra.nyc.gov/pact</a>	
Supportive housing for single adults with a serious mental illness (SMI) or who have a SMI with a co-occurring substance use		For Internal Users:	For technical support in completing the NYC

[View Survey](#) [START SUPPORTIVE HOUSING APPLICATION](#) [Home](#)

<< Previous

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Back in  
10 minutes

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# Tips and Troubleshooting



Application  
data



Documentation




Demographics

**Most Common Application Returns**


# Documentation

- Psych eval and psychosocial = 180 days
  - Is there a current or recent hospitalization?
  - Full psychiatric history
- Treatment and homeless verification = 30 days
- Incomplete
- Inconsistent
- Consider using Mental Health Report (MHR)
- ✓ TIP: Collaborate and review along the way!

# Accessing the MHR



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Coordinated Assessment  
and Placement System

Coordinated Assessment and Placement System

Dashboard

Pending Application

Consent / Search

Demographics

Housing / Homeless

Clinical Assessment

ADLs

Medications, Providers and Hospitalization

Trauma and Child Welfare

Symptoms and Substance Use

Housing Preferences

Psychiatric / Psychosocial / MHR

Documents

Application Review and Transmit

Psychiatric / Psychosocial / MHR


UAT Environment

Please report any CAPS related issues to HRA CAS Support by email

Application# : 372401

Last Name : BROWN

First Name : JOE

 Client Documents

10% Complete :

Supporting Documents

Mental Health Report

### Supporting Documents

Note: Switching response on these questions might remove the Documents or Comprehensive Evaluation data from Psychiatric, Psychosocial or MHR tabs.

Are you going to attach/data-enter the psychiatric evaluation?

☐ Yes ☒ No

Are you going to attach/data-enter the psychosocial assessment?

☐ Yes ☒ No

Note: You must complete the mental health report since the required psychiatric evaluation and/or psychosocial assessment wasn't attached/data-entered. You may change your responses to attach or data-enter the required supporting documents.

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# Housing + Homelessness


- CARES, HASA, DYCD auto-population
- Undocumented applicants
- Who can write the homeless verification letter?
- Homeless vs. “at risk”
- Discrepancies (HVL, PE/PS, application)
- Entering housing types and episodes correctly (transitional, state PC TLR, unknown)

## NYC Supportive Housing Application

### Housing/ Homeless History

**Housing/Homeless History** contains a video which provides instructions to complete this section of the application. Additionally, there is a link to the reference sheet for the definition of HUD Chronically Homeless, and a sample of a homeless verification letter.

Housing / Homeless History 

Housing Documents 

**Please Note:** Housing/Homeless History information is an important component in the applicant's eligibility, referral and placement.


Provide Housing History for the last four years including the applicant's current housing location. Please include all episodes of homelessness (if applicable) and attach supporting documentation for each episode of homelessness when prompted. Also, see [reference sheet](#) for definition of HUD chronically homeless and examples of appropriate supporting documentation for this application. For training on the Housing/Homeless page click the Tutorial Help icon.


Housing History as of 09/17/2020

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016												
2017												
2018												
2019												
2020												

 Shelter

 2010e

 User Entered

 Missing Information

From Date:



To Date:





## Housing/ Homeless History

To view **Housing Episodes** that were pulled in from the system click on the plus sign or the bar labeled *Housing Episodes* to expand the list. Clicking on the minus sign will collapse the list. The housing history displayed is as of the date that the application was created.



Housing Type: 

Select One

Facility Name:

Street Address:  City:  State: 



+

Housing Episodes







^

Actions	From Date	To Date	Housing Type	Facility Name	Street Address
	03/30/2020	10/16/2020	HASA EMERGENCY PLACEMENT	J <div></div>	89 <div></div>
<div>✖</div>	01/24/2020	03/28/2020	CORRECTIONAL FACILITY	UTO	UTO
	01/08/2020	01/23/2020	HASA EMERGENCY PLACEMENT	11 <div></div>	11 <div></div>

## Housing/ Homeless History

If your client previously submitted a supportive housing application which contained housing documents, it would be listed on the bottom of this screen. Clicking  in the action column allows users to view the documentation. Clicking  allows them to add the documentation to the application. Once added, the information may be edited or deleted.

### Housing Documents from Prior Applications

Actions	Type	Name	Description	Attached Date	Attached Time
 	Housing	TB homeless.pdf	Homelessness Verification	06/15/2020	12:12
 	Housing	Tb residency 620.pdf	Residency Letter	06/15/2020	12:12
 	Housing	TB Address.msg	housing ad	09/27/2019	14:36

## TIP

Housing documentation added to the application should be reviewed and compared to the collected housing history. The homeless verification letter reference sheet should be used as a guidance to ensure comprehensiveness.

# Symptoms and Behaviors

- Application and psych eval/psychosocial should align
- Expected symptoms and behaviors based on diagnosis
- Current vs. history
- Homicidality and arson issues
- Common areas of confusion:
  - Hallucinations: individual sensory experience (visual image, sound, touch, smell) that occurs in the absence of actual external stimuli
  - Delusions: abnormal thought content; false belief despite proof to the contrary (often paranoid, grandiose, or religious)
  - Thought disorder: disturbance in the organization and expression of thoughts exhibited by disorganized speech and/or writing (illogical, incoherent, tangential, circumstantial, loose associations)

# ADLs/Functional Impairments

- How do the client's symptoms impact their ability to function day-to-day?
- Social, occupational, educational domains
- Concentration, focus, task completion
- If higher functioning, is it due to medication and/or consistent treatment and supports?
- Review OMH SMI definition (vs. mental health conditions)

# NYS OMH SMI/SPMI\*

In order to be considered an adult with a **serious mental illness** the following criteria must be met:

Have a designated mental illness diagnosis (other than alcohol/substance use disorders, organic brain syndromes, developmental disabilities, or social conditions)

**AND**

SSI or SSDI enrollment due to mental illness

**OR**

Extended functional impairment due to mental illness over the past 12 months

**OR**

Reliance on psychiatric treatment, rehabilitation, and supports

*\*[https://omh.ny.gov/omhweb/guidance/serious\\_persistent\\_mental\\_illness.html](https://omh.ny.gov/omhweb/guidance/serious_persistent_mental_illness.html)*

## Activities of Daily Living

**Activities of Daily Living (ADL)** provides a list of daily activities that are essential to independent living. Some activities refer to the more basic tasks such as *Personal Hygiene* (bathing, grooming) while others refer to more complex tasks, Instrumental Activities of Daily Living (IADLS), such as managing finances and shopping.

**Please Note: Activities of Daily Living information is an important component in the applicant's eligibility, referral and placement.**

Complete the checklist for each of the activities of daily living skill as a result of any medical and/or mental health conditions to determine the level of support the applicant may need in a supportive housing program

Activity	Description	Type of Support
Personal Hygiene	Bathing, toileting or incontinence, washing clothes, appropriate dress for the weather, purchasing and using personal care products	Select One
Travel / Mobility	Able to follow directions and comfortable using public transport, able to climb stairs, walk, get around; any vision, hearing or physical challenges	Direct Assistance Mostly Independent Some Support
Shopping and Meals Preparation	Able to plan meals by buying or cooking food and store food properly	Select One
Managing Finances	Ability to pay bills and plan for the month	Select One
Apartment/Room Upkeep	Regular cleaning of space; take out garbage; no excess clutter or hoarding; notify maintenance of plumbing problems; understands fire safety evacuation	Select One
Social Skills/ Supports	Interacts regularly with family/other supports; does not isolate; assertive; respects the rights of others/neighbors	Select One
Manage Health and Behavioral Health	Recognize health and mental health symptoms/problems; communicate health concerns to care providers; make and keep appointments; take medications as prescribed; relapse preventive awareness	Select One
If Other ADL Impairments, describe:		Select One

Select one of  
the 3 types  
of support to  
indicate level  
of  
functioning

## Activities of Daily Living

**Activities of Daily Living (ADL)** provides a list of daily activities that are essential to independent living. Some activities refer to the more basic tasks such as *Personal Hygiene* (bathing, grooming) while others refer to more complex tasks, Instrumental Activities of Daily Living (IADLS), such as managing finances and shopping.

**Direct assistance:** Client requires significant assistance in order to complete the ADL, this typically includes frequent reliance on another person, intensive supportive services and/or the use of supportive devices.

Travel / Mobility	Able to follow directions and comfortable using public transport, able to climb stairs, walk, get around; any vision, hearing or physical challenges	Direct Assistance ▼
Details:	Client has a difficult time navigating public transportation, becomes extremely overwhelmed by crowds and has significant difficulty with directions/map as result will miss appointments. Must be escorted to ensure attendance. 225/250	

**Mostly Independent:** Client is able to independently attend to ADL.

*Example:*

Psychosocial assessment and/or psychiatric evaluation states that client's living area is observed to be neat and orderly. Client doesn't require prompting to maintain living space.

Apartment/Room Upkeep	Regular cleaning of space; take out garbage; no excess clutter or hoarding; notify maintenance of plumbing problems; understands fire safety evacuation	Mostly Independent ▼
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# Substance Use Issues

- NY/NY III Population E active use (within 3m)
  - Functional impairment
- NY/NY III Population F early recovery (3-12m)
  - Treatment verification letter
- NYC 15/15 (HUD chronic)
- ESSHI
- Gen pop?



# Medical / Gen Pop Issues

- **Chronic disabling condition**
  - Medical/physical: documentation with diagnosis and functional impairment(s)
  - Substance Use Disorder recovery within 5 years: strong psychosocial
  - Mental health conditions (not SMI): psych eval
- **Application option tied to site type**  
(eg, mental health program w/in DHS)



**time for a break**

# Now What?!

Receive email from CAPS with determination outcome:

**NYC** Human Resources Administration  
Department of Social Services

**CAPS**  
Coordinated Assessment and Placement System

Coordinated Assessment and Placement System

Transmitted Application List (8)

Agency Name/No : TRAINING AGENCY/9999

Show [10] Entries


Application Number	Client Name (L,F)	HRA Client ID
<a href="#">372398</a>	TEST, TEST	
<a href="#">372383</a>	CLIENT, SAMPLE	
<a href="#">372389</a>	PC TRAINING, CLIENT A	
<a href="#">372386</a>	LAST, FIRST	
<a href="#">372382</a>	LNTRAI... TWO, FNTRAI...	
<a href="#">372380</a>	LNTRAI... TWO, FNTRAI...	237247
<a href="#">133653</a>	SMITH, GUY	252232
<a href="#">81724</a>	LAST, FIRST	


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# Determination Discontent?

- Carefully read the determination letter and compare it to the application package
- Reach out to Reviewer with any questions – contact information is in the determination letter
- Seek supervision around clinical documentation that is not comprehensive
- Request PACT supervisory review

# Determination Letter Training Video

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Coordinated Assessment and Placement System

 Dashboard Information ^ Announcement Training

Training

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Training

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- [CAPS March 2021 Enhancements](#)
- [Dashboard PowerPoint](#)
- ▼ [Application](#)
  - [Application PowerPoint](#)
  - [Survey](#)
  - [Pending Applications](#)
  - [Transmitted Applications](#)
  - [Determination Letter](#)
- [CAPS Module 1 - User Security](#)
- [CAPS Module 2 - Intro to CAPS Functionality](#)
- [CAPS Module 3 - Site Request](#)
- [CAPS Module 4 - VCS Rosters](#)

# Resubmissions within 30 Days

- From your Transmitted Applications list, click the 3 red dots to the left of client's name and select "ReSubmit"
- You have generated a new application now found in your Pending Applications list
- Data is pre-filled from the prior application and editable, though you may have to reenter housing history
- Upload all documents


# Resubmissions within 30 Days

NYC CAPS Coordinated Assessment and Placement System

Transmitted Application List (5) UAT Environment Read the TAD Requirement Announcement for required placement data reporting deadline in CAPS and training opport

Agency Name/No : TRAINING AGENCY/9999

Show 10 Entries

Actions	Survey Number	Application Number	Client Name (L,F)	HRA Client ID	Transmit Date	Agency	Site
	<a href="#">133653</a>	<a href="#">372378</a>	SMITH, GUY	252232	11/15/2021 03:43 PM	9999-TRAINING AGENCY	001-TRAINING SITE
		<a href="#">372376</a>	LAST, FIRST	252231	10/20/2021 11:09 AM	9999-TRAINING AGENCY	001-TRAINING SITE
		<a href="#">372375</a>	LAST, FIRST		10/07/2021 10:32 AM	9999-TRAINING AGENCY	001-TRAINING SITE
		<a href="#">372365</a>	LNTRAINFIVE, FNTRAIN...	157553	07/13/2021 03:39 PM	9999-TRAINING AGENCY	001-TRAINING SITE
		<a href="#">372364</a>	LNTRAIN TWO, FNTRAIN...	237247	07/13/2021 03:02 PM	9999-TRAINING AGENCY	001-TRAINING SITE

1 to 5 of 5 Page 1 of 1

ReSubmit

Attach Documents

Application Package

Referral History

Determination Documents

# Guidance and Resources

## **CAPS Information -> Announcement and Training**

- Supportive Housing Descriptions and Criteria Guide
- Suggested Outline for Psychiatric Summary (CUCS)
- Creating a Comprehensive Psychosocial (CUCS)
- Introduction to Mental Health Report (MHR)
- HUD Chronic guidelines
- Sample letters for substance use treatment verification, homeless verification, child welfare
- CAPS training modules



# Recap

- Clinical: review clinical conditions and functional impairments
- Information: what materials do you need and who should you talk to?
- Time: review the homeless criteria and count client's time. Do you need a verification letter?
- Read and Reassess: address discrepancies, revise where needed
- Application: check survey recommendations and start application in CAPS
- Consult: with a coworker, supervisor, or PACT reviewer
- Transmit: an approvable application!



## Contact PACT

**Kelly Roten**  
[rotenk@hra.nyc.gov](mailto:rotenk@hra.nyc.gov)

**CAS/PACT Main Number:**  
**CAPS User Support Helpdesk:**

**Michelle Ortiz-Alvarez**  
[ortiz-alvarezm@hra.nyc.gov](mailto:ortiz-alvarezm@hra.nyc.gov)

**(929) 221-4500**  
[hracassupport@hra.nyc.gov](mailto:hracassupport@hra.nyc.gov)