



## Frequently Asked Questions CAPS/Supportive Housing Training October 2022

In October 2020, CAPS (Coordinated Assessment and Placement System) replaced PACT (Placement Assessment Client Tracking) as the portal system for submitting supportive housing applications. The HRA unit of housing application reviewers is still known as PACT. The 2010e is now known as the NYC Supportive Housing Application. Data from the PACT system was migrated over to CAPS.

All User ID, Multi-Factor Authentication (MFA), and CAPS access issues should be directed to the Customized Assistance Services (CAS) User Support Help Desk at: [hracassupport@hra.nyc.org](mailto:hracassupport@hra.nyc.org).

The questions and answers included in this document are divided into 5 sections organized by topic:

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### I. CAPS System Questions

**Q1: How do I get to the CAPS website?**

A1: For External Users: <https://a069-ra.nyc.gov/pact>

For Internal Users: <https://capsprod.hra.nycnet/PACT>

**Q2: What is the difference between an internal user and external user?**

A2: Internal users are DSS, DHS, and HRA staff who can access the DSS Intranet. External users are all other users.

**Q3: Is it only housing specialists who have access to CAPS, or can anyone be granted access?**

A3: Any social services worker can request access to CAPS. Please check with your supervisor.

**Q4: How do we gain access to CAPS if we do not work for a government agency?**

A4: You can request access for your agency/program site from CAS User Support at [hracassupport@hra.nyc.gov](mailto:hracassupport@hra.nyc.gov).

***Q5: Will we have access to the DHS system as well?***

A5: CAPS does not grant access to DHS CARES. CARES access is granted through the HELP Desk. For DHS users who use the client's CARES ID to begin the CAPS survey, the survey will pre-populate the client's demographic data, including homeless time, from CARES. For all users, if there is a match on the client, homeless shelter data will prepopulate with data from CARES, HASA, and DYCD.

***Q6: Do I still need a pin number to log into the HRA PACT system?***

A6: In October 2020, CAPS (Coordinated Assessment and Placement System) replaced PACT (Placement Assessment Client Tracking) as the portal system for submitting supportive housing applications, and the 2010e became the NYC Supportive Housing Application. Data from the PACT system was migrated over to CAPS. To log into CAPS, you need the email address used to establish CAPS access (probably your work email) and the associated email password.

***Q7: I am having issues getting into the PACT system. I receive an error message when I go on the site. Who can I contact?***

A7: If you need access to CAPS, please reach out to CAS User Support at [hracassupport@hra.nyc.gov](mailto:hracassupport@hra.nyc.gov). Provide screen shots of any error messages you receive.

***Q8. Can you talk about the 2010e form? Do undocumented clients need it?***

A8: The 2010e is now the NYC Supportive Housing Application. All applicants regardless of immigration status require the NYC Supportive Housing Application submitted via CAPS.

***Q9: Where can I find the CAPS consent forms?***

A9: When you start a new survey or a new application, click the blue box that says "Consent Forms" near the top of the screen. You can select the appropriate language and print them.

***Q10: How do I see the client's past housing application information?***

A10: Once you complete the Coordinated Assessment Survey, you will have access to the last 5 years of housing applications and placement information.

***Q11: I have a client that was approved when they were at another site. How can I see her application?***

A11: Obtain consent to complete a survey, which will give you access to all approvals from the last 5 years.

**Q12: How can I run reports in CAPS?**

A12: Access to reports will depend on site type and user role. Most users do not have the ability to run reports at this time. However, all users can export their pending and transmitted application lists to Excel.

**II. Application Package Questions (including survey and documentation)**

**Q13: Is there any way to make a correction for a name or a social security number in the survey section of the process?**

A13: Once you submit the client's demographics (name, DOB, SSN, gender) to initiate a survey, they are locked in. To correct them, you must complete a new survey with the correct data and start any subsequent application with that survey. If you discover the error before finalizing/submitting the survey, you can delete it from the pending surveys list. Alternately, you can start a new survey with the correct information and leave the incorrect survey as pending. It will be removed from the system in 30 days.

**Q14: Do I have to complete the survey and application within the 30-day grace period? Does the 30-day period reset when I move from the survey to the application?**

A14: Once you begin the survey, you have 30 days to complete/submit before it is removed from the system. Then, once you start the application you have another 30 days to complete the application before it is removed from the system. These are separate timeclocks. Once the survey is submitted, it remains available for 6 months.

**Q15: Do young adult and family applicants need to have a psychiatric evaluation and psychosocial assessment? What if there is no mental illness at all?**

A15: All applications require a psychosocial assessment. Young adults and families can be found eligible for supportive housing without mental illness and do not require a psychiatric evaluation. Please refer to the Supportive Housing Descriptions and Criteria located in the Training section in CAPS.

**Q16: How many times are we required to update the psychosocial?**

A16: The psychosocial must be dated within 6 months of the date of the housing application. However, we recommend it be updated if there have been significant changes to the client's situation since the psychosocial assessment was conducted.

**Q17: How do we add missing shelter time to the survey? For example, DV shelter stays don't appear in the housing grid or shelter history.**

A17: HRA Domestic Violence and privately operated shelter stay information is not included in CAPS at this time. This stay information should be manually entered into the housing grid of the application. In

order to count this homeless time toward housing eligibility, you will need to provide a homeless verification letter including dates of stay from the DV or other shelter. The letter should not reveal program location information, such as the DV shelter's address.

***Q18: What are the two consent forms?***

A18: One consent gives permission to share confidential health information including medical, mental health, HIV/AIDS, and alcohol and substance use records. The second consent allows for the sharing of other applicable HRA records, including Cash Assistance, SNAP, DV shelter stay, and APS.

***Q19: Does the client need original vital records/documents?***

A19: No. The client does not need to provide vital records for the determination process, but they may be required for placement. Please check the Client Documents in the survey or application for vital documents such as copies of birth certificates, Social Security cards, and photo IDs that are pulled from the HRA repository.

***Q20: For the client's gender, do we provide the client's current gender identity, or the sex assigned at birth? Are there gender options beyond "male" and "female"?***

A20: You should select the client's preferred gender. In addition to male and female, the gender drop-down menu includes other, transgender male, transgender female, non-binary/gender non-conforming, another gender, and unknown.

***Q21: What is homeless verification for someone who is unsheltered (street) homeless? What if the client never had any interaction with a homeless outreach team but has attended the Safety Net Clinic? Would a letter from the coordinator or provider suffice?***

A21: A verification letter confirming direct observation of the unsheltered household is the preferred standard: Submit documentation of direct observation of unsheltered homelessness from a shelter casework team, homeless outreach team, drop-in center, soup kitchen, food pantry, or other community- or faith-based service provider. The verification letter must be dated, on agency letterhead, and include the date of initial engagement of the client, location(s) where the client was observed to be homeless, the date(s) and location(s) of engagement, the name and title of staff attesting to the agency's homeless assistance, description of services provided to the client and dates provided, complete timeline of interactions with the client (at least one contact per month), and detailed observations/interactions that speak to client's specific living situation. If known, also include dates that client was institutionalized (corrections, hospital, substance use treatment, nursing home).

As of 10/1/2022, human service professionals who have regular contact with and provide services to unsheltered households can document clients' self-reported occasions of unsheltered homelessness. These human service professionals must first attempt to obtain homeless verification from a direct homeless service provider. If this is not possible, attempts to obtain that verification must be documented and an attestation based on the professional's best judgment that the household is literally

homeless must be included in the verification letter. Additionally, the letter should be dated, on agency letterhead, and include an explanation as to why the human services provider is supplying the verification, the location(s) client reports to be homeless, the name and title of the staff certifying the client's report, the date of initial engagement with client, the location of engagement with client, a complete timeline of interactions with client, detailed observations/interactions that specifically speak to the client's living situation. If known, also include dates that client was institutionalized (corrections, hospital, substance use treatment, nursing home).

*Note:* Shelter programs such as HRA DV, HPD, and privately operated shelters must provide documentation of shelter stay information in a verification letter on agency letter head, dated, with name of shelter program, name and title of staff attesting to stay information, and period of shelter stay. **For HRA DV shelter programs do not include the address of the program.**

The full policy regarding homeless verification, along with sample letters, can be found in the Announcement section of CAPS.

***Q23: Can an LMSW complete the psychiatric evaluation? Does an LCSW need to sign off on an evaluation completed by an LMSW?***

A23: As of 5/31/22, LMSWs can complete psychiatric evaluations without a co-signer.

***Q24: Is an annual physical no longer needed?***

A24: An annual physical is not needed for eligibility determination, unless you are seeking housing based on a client's medical condition. You may need to provide an annual physical and/or PPD test results in the placement process.

***Q25: Is documentation required for all members of a household, or just the head of household?***

A25: To confirm eligibility, documentation is needed only from the head of household. Remember that the Coordinated Assessment Survey will return documents already on file with HRA for the head of household that can be downloaded and saved. Placement and move-in documentation requirements vary depending on the housing program, and questions about these should be directed to the placement entity and/or housing program.

***Q26: How do we get hospitalization information if the client is unable to provide it?***

A26: You may be able to obtain this information from collateral sources (other providers, PSYCKES). If not, include in the supporting documents your attempts to gather the information from the client and the reason for the client's inability to provide it (e.g., they are a poor historian).

***Q27: Sometimes the client refuses to complete the evaluation but has an expired one. What can I do?***

A27: We encourage you to consult with your supervisor around issues of client engagement. If the client refuses to participate in the evaluation or other steps of the housing process, they may not be interested in supportive housing, or may need to be engaged at another time.

***Q28: Just for clarification, the psychiatric history does not need to be reflected in the psych eval and psychosocial?***

A28: It would be ideal to provide client's psychiatric history in both documents, but a detailed psychiatric history in one or the other document will suffice. An exception would be if an extensive psychiatric history is provided in the psychosocial and the psychiatric evaluation does not make the expected diagnosis.

***Q29: If no evaluations have been completed but the psychiatric assessment is comprehensive, can that be used in place of an evaluation if there is obvious mental illness noted?***

A29: If the psychiatric assessment was completed by a qualified provider and includes all the elements of a psychiatric evaluation, it is a psychiatric evaluation. The expanded list of qualified licensed professionals who can complete psychiatric evaluations for supportive housing applications includes NYS licensed psychiatrists, medical doctors, nurse practitioners, physicians assistants, social workers, and mental health counselors.

***Q30: If we are absolutely unable to obtain a psychiatric evaluation, will the Mental Health Report (MHR) allow us to complete application?***

A30: The MHR must be supported by an underlying psychiatric evaluation completed by a qualified professional within the last 6 months. Remember to confirm whether the type of housing the client is seeking requires a psychiatric evaluation.

***Q31: If the client tells contradicting stories, do we tell them that they have to match?***

A31: Construct the package so that it presents the most cohesive, consistent picture of the client that you can obtain. Where the client is inconsistent, please provide an explanation. You can report both what the client states and what you observe. For example, there can be discrepancies between client statements and staff observation around substance use or medication adherence. We suggest seeking supervision around issues of client engagement.

***Q32: If a medical provider conducts the evaluations, should we discuss with the client the inconsistencies that are flagged by the reviewer?***

A32: How you approach inconsistencies with the client will depend on your role and relationship with the client, as well as program policies and operations. Please seek supervision. If you are able, explain any application inconsistencies in the psychosocial or in an addendum document.

**Q33: Can you provide samples of a strong psychiatric evaluation and psychosocial assessment?**

A33: Templates for both are in the Information -> Announcement section of CAPS.

**Q34: What supporting document is needed for housing history if the client was in between family and friends, and is about to complete residential treatment program?**

A34: You can document the moves between family and friends in the application housing history and the psychosocial, but this time is not counted toward days of homelessness for individual applicants. For clients completing residential treatment, you will provide a treatment verification letter from the program. Clients who are releasing from residential treatment programs are typically eligible for NY/NY III Population F and ESSHI, without documented homeless time.

**Q35: I work in a rapid-stabilization crisis diversion shelter. It's the only one in NYC. What would I select in the drop down?**

A35: You can select transitional setting or voluntary shelter and provide a shelter verification letter.

**Q36: Is it necessary to obtain supporting documents for the whole family?**

A36: You do not need to provide supporting documents for the family when completing the application. They may be needed in the placement process, and you should check with the placement entity and/or housing provider.

**Q37: What happens when a client obtains a legal name change? Will we need to make an individualized request to have the individual's social security number reflect their current legal name?**

A37: This would have to be addressed on a case-by-case basis. At a minimum, you would want to provide the name change documents with the package. If the name change occurs after an approval determination has been made, you can upload the name change documents into CAPS as post-approval documents.

### III. Eligibility Questions

**Q38: What if the client has a physical disability, not a mental illness?**

A38: Individual homeless adults residing in DHS-contracted shelters, Safe Havens, or who are known to DHS-contracted outreach teams may be eligible for DHS general population housing with a physical disability or medical illness and marginal functional impairments. Families can be found eligible for NY/NY III Population G if the head of household has a physical disability or medical illness, with related functional impairments **and** meets the criteria for chronic homelessness or is at risk of chronic homelessness.

**Q39: What is the age of a “Young Adult” for housing applications?**

A39: For NY/NY III Populations C and I, “young adult” is up to age 25 (age 24 and younger). For NYC 15/15 and ESSHI, “young adult” is up to age 26 (age 25 and younger).

**Q40: Can young adults with serious medical conditions qualify for supportive housing?**

A40: There is no clinical criteria for youth exiting foster care. Youth with medical conditions may be eligible for general population (gen pop) housing if they are homeless, or if they are the head of household on a family application and meet the homeless/at risk criteria.

**Q41: Are young adults in single adult shelters who are over age 21 eligible?**

A41: Young adults can be found eligible for adult and young adult (YA) categories if they meet the clinical and homelessness criteria. In some categories, the homelessness criteria may be different for young adults than adults. For specific details, refer to the Supportive Housing Description and Criteria Guide.

**Q42: Is supportive housing available for seniors or older adults with chronic disabilities?**

A42: The PACT unit does not determine eligibility for senior-specific housing categories/programs at this time, but single seniors with chronic disabilities or medical illness may be eligible for DHS general population housing if they are in a DHS-contracted facility.

**Q43: Is supportive housing available for people that speak different languages?**

A43: Please visit this page: <https://www1.nyc.gov/site/immigrants/about/language-and-disability-access.page> for information about NYC Local Law 30, regarding language access.

**Q44: Can families qualify for supportive housing when the child has a disability?**

A44: At this time, the head of household must have the disabling condition – whether mental illness, substance use disorder, or medical condition – in order to qualify for family supportive housing. Significant emotional, behavioral, developmental, or health issues of the child(ren) are a factor in determining the Standardized Vulnerability Assessment (SVA).



**Q45: Can you review NY/NY III Populations A through I?**

A45: Please review the [Supportive Housing Description and Criteria Guide](#) and see below.

<b>NY/NY III Population</b>	<b>Clinical Criteria</b>	<b>Homeless Criteria</b>
A	Single adults with SMI (serious mental illness)	Homeless for 1 year out of the last 2 years or 2 years out of the last 4 years
B	Single adults with SMI who are being discharged from a State Psychiatric Center (PC) inpatient unit or transitional living residence (TLR), or from NYP Westchester Second Chance Program, or releasing from NYS DOCCS Sing Sing CORP program	Unable to return to prior placement and at risk of homelessness if discharged without supportive housing
C	Young adults (18-24) with SMI or serious emotional disturbance (SED)	Discharging from foster care, NYS residential treatment, or state PC; or having been discharged from any of the above in the last 24 months; or having been in foster care for one year after their 16 <sup>th</sup> birthday
D	Families where head of household has an SMI	Homeless for 1 out of 2 years, or 2 out of 4 years, or at serious risk of chronic homelessness
E	Single adults with active substance use	Homeless for 6 months out of the last year
F	Single adults with substance use in early remission	Homeless or at risk of becoming homeless upon discharge from a residential substance use treatment facility
G	Families where head of household has a chronic disabling condition, such as a mental health condition (not SMI), substance use disorder, or medical illness/physical disability	Homeless for 1 out of 2 years, or 2 out of 4 years, or at serious risk of chronic homelessness
H	Single adults with HIV/AIDS and a co-occurring SMI or substance use disorder (SUD)	HASA-connected and homeless
I	Young adults (18-24) leaving or having recently left foster care (no diagnosis or clinical condition required)	Leaving or having left foster care within the last 24 months, or a history of being in foster care for 1 year after their 16 <sup>th</sup> birthday

***Q46: What is the homelessness requirement for ESSHI?***

A46: Clients are ESSHI eligible if they are currently homeless for any length of time, or at risk of becoming homeless upon discharge from an institutional setting (hospital, rehabilitation, correctional setting, OMH licensed housing program, children's community residence, residential treatment center, skilled nursing facility).

***Q47: Can a client qualify for supportive housing if they do not have an SMI, SUD (substance use disorder), or health problems, but do have functional impairment?***

A47: The functional impairment must be due to a clinical condition, except for some Young Adult categories. Please review the Supportive Housing Description and Criteria Guide for more details.

***Q48: Does applying for supportive housing affect other housing options such as EHV or CityFHEPS?***

A48: Clients can pursue multiple housing options, both supportive and affordable.

***Q49: Can undocumented clients apply for supportive housing? What if the family head of household is undocumented but their child is a citizen? Are undocumented applicants less likely to receive housing? How is the application different for them?***

A49: Undocumented clients can apply for supportive housing. Immigration status is not a factor in determining eligibility for supportive housing. It may be exclusionary in the placement process depending on the funding streams/contracts for certain housing programs. The application is the same, except you will not enter a social security number (SSN) and you will not have access to any data matches from other City agencies.

When you do not enter a SSN, you attest that to the best of your knowledge the client does not have a SSN or CIN/Medicaid Number. By not providing a SSN or CIN/Medicaid Number in the search function, there will be NO matches for the client in the CAPS system. No client documents, prior surveys, prior supportive housing applications or homeless data will be returned. To be eligible for federal rental subsidies at least one person in a household must have a Social Security Number.

Do NOT make up a number or use the SSN of any other member of the household.

***Q50: I tried completing a screening for an undocumented client, but it would not allow me to pass the assessment without a social security number.***

A50: Check the box that says, "I attest to the best of my knowledge this client does not have a Social Security Number or CIN/Medicaid Number." This will allow you to proceed with the survey.

***Q51: For an undocumented client where the mother has diagnosed mental health issues and the child has developmental delays, what information do we provide?***

A51: You will provide a psychiatric evaluation and psychosocial assessment for the mother. The application will ask whether any children in the household have significant emotional, behavioral, developmental, or health issues. You can provide details directly in the application.

***Q52: Must a client have 90 days of clean time to qualify for supportive housing if they are residing in a substance abuse treatment facility?***

A52: Yes for NY/NY III Population F (which is for individuals in recovery), but not for NYC 15/15 and ESSHI SUD categories (which is for active users and those in early recovery).

***Q53: What documentation is needed to prove that the client has 90 days of clean time?***

A53: A treatment verification letter from the substance use treatment program, dated within 30 days of the application, that contains the applicant's date of admission, attendance requirements, treatment compliance, and the toxicology results (including dates of testing) demonstrating at least 90 days of sobriety. If the client has already completed substance use treatment, submit a letter from the provider indicating date of completion and the above information. You do not need to provide the actual lab reports. A summary of the testing dates and results in the letter is sufficient.

***Q54: For single shelters, does the client have to be in the system for 90 days before we can submit the housing application?***

A54: Clients are eligible for SMI and ESSHI without any minimum homeless time, and for NY/NY I&II after 14 days. Please see the Supportive Housing Description and Criteria Guide for more details.

***Q55: What documentation is needed to prove that the client is homeless? My clients are in a substance abuse facility. Is a residency letter acceptable?***

A55: The time spent in the residential substance use facility is not considered homeless time. Homeless time before or after treatment can be documented directly by CARES, HASA Web, or DYCD, or by a homeless verification letter from a homeless services provider (e.g., outreach, drop-in center, soup kitchen). You need to provide a letter from the treatment provider to establish clinical eligibility.

***Q56: Are mentally ill clients who are at risk of homelessness eligible for supportive housing?***

A56: Single adults with serious mental illness are eligible for SMI housing, without any homeless time or at-risk criteria. Families with a mentally ill head of household may qualify based on risk of homelessness. Please check the Supportive Housing Description and Criteria Guide for the specific definition of "at risk" in this context.

***Q57: Is PTSD considered a clinical condition?***

A57: Depending on the functional impairments, PTSD can be considered a serious mental illness or a mental health condition.

***Q58: Is bipolar disorder considered a serious mental illness?***

A58: We consider both the diagnosis and the related functional impairments to make a determination. Please review the NYS OMH definition of SMI.

***Q59: Is marijuana considered a primary substance?***

A59: We consider both the substance use disorder diagnosis and the extent of any related functional impairments to make a determination. Please review the DSM-5-TR or ICD criteria for substance-related disorders.

***Q60. What would be the proof for marijuana causing impairment and a barrier to housing?***

A60: An assessment that marijuana (or any other substance use) affects the client's ability to obtain and maintain employment, make and keep appointments, engage in social or family relationships, impacts finances or the ability to complete day-to-day tasks. Remember that the client's report about use and impact may not agree with your observations and experience with the client. Please follow up with your supervisor or the PACT reviewer for more specific questions and about substance-induced impairments.

***Q61: My client does not have SMI but does have mobility/hearing/vision disabilities. Are they eligible?***

A61: We would need to review the psychosocial assessment and application to make a determination. They may be eligible for general population (gen pop) if they are currently homeless in a DHS-contracted shelter, or for family housing if they are a homeless head of household.

***Q62: Is gen pop (general population) the same as NY/NY III Population G?***

A62: No. Gen pop is for homeless single adults, and Population G is for families.

***Q63: Can supportive housing be offered to a client with functional impairments but without an SMI?***

A63: There must be some disabling clinical condition (mental health condition, substance use disorder, or medical illness/physical disability in some categories), unless the client is a young adult who is homeless or exiting foster care.

***Q64: Can a client be approved for more than one type of housing?***

A64: Yes, but not individual and family simultaneously.

***Q65: If a client does not have history of inpatient hospitalization, will that negatively affect their supportive housing application?***

A65: Clients do not need to have a history of hospitalizations to be found eligible for supportive housing. Please provide a comprehensive psychiatric history.

***Q66: Can you apply for clients who are in a shelter but whose status is still “conditional” instead of “eligible”?***

A66: Yes.

***Q67: Why do clients have to wait one year before we apply for supportive housing?***

A67: While there is no wait time for clients to *apply* for supportive housing, there are some categories of housing with eligibility criteria for homelessness based on length of time the client has been homeless. Please review the Supportive Housing Description and Criteria Guide for eligibility details for all categories.

#### **IV. Determination Questions**

***Q68: What if the applicant and/or I do not agree with the determination outcome?***

A68: Reach out to the PACT reviewer to discuss the determination and next steps. If you are still not satisfied, request a supervisory review.

***Q69: How do I make changes to the application after it has been reviewed?***

A69: Open your Transmitted Applications list, then click on the Actions Menu (three dots) on the left side of client’s name and select “ReSubmit.” Once you click “ReSubmit,” you have generated a new application (pre-filled with the prior application’s information), which can be found in your Pending Applications list. You will be able to upload documents and/or make any changes to the previous application. You may have to reenter or update the client’s housing history. You have 30 days from the date of the determination letter to use the resubmit function – after 30 days you must start again with a new application, including entering the application data. More detailed instructions about completing a resubmission can be found in CAPS.

***Q70: When a package needs an amendment, what does the PACT reviewer expect to be amended?***

A70: Please review the determination letter for specific details about your returned application package, and the information being requested. You can reach out to the reviewer with any additional questions. In general, we will accept a revised document or separate addendum.

***Q71: If the application is returned, should we advise the client to get another psychiatric evaluation?***

A71: Generally, this is not advised. Read the determination letter completely and compare it to the application package. If you are still unsure, contact the PACT reviewer for clarification. The reviewer's contact information is included in the determination letter.

***Q72: Does a supported housing application/determination affect any other applications for vouchers or affordable housing?***

A72: No. Clients can pursue every housing option available to them.

***Q73: Can we resubmit after the one-year approval period, or do we have to submit a new application?***

A73: You can resubmit only within 30 days of the determination. A new application will be required at any time after that. A new application after an expired approval period will need updated documentation. You can also submit a new application before the approval period expiration date if you believe the client has become eligible for additional categories of housing.

***Q74: What happens if an approved application expires before the client has been linked to housing?***

A74: If the approval period expires before the client obtains housing, you will need to submit a new application with updated documents.

## **V. Placement Questions**

***Q75: Are supportive housing units for families big enough to accommodate the family depending on the number of members?***

A75: The placement entities consider family size when selecting clients for potential units.

***Q76: What type of voucher is given to an individual/family if they qualify for Supportive Housing?***

A76: Supportive housing is not a voucher. Individuals and families can simultaneously apply for supportive housing and vouchers/affordable housing.

***Q77: Are the applicants required to pay 30% of their income for supportive housing?***

A77: Residents in supportive housing generally pay 30% of their income toward rent. Specific questions regarding rent responsibility should be addressed with the housing program.

***Q78: How will the SVA affect placement for clients?***

A78: The Standardized Vulnerability Assessment (SVA) is a system of prioritization for approved clients. Please see the Information -> Announcement section in CAPS for SVA resources: 'Understanding the NYC Vulnerability Training' and 'SVA Criteria Fact Sheet.'

***Q79: Once a client gets an approval determination, does the PACT unit provide any resources to help them get placed?***

A79: The PACT unit does not participate in the placement process. The determination letter includes contact information for the relevant placement agency.

***Q80: If one spouse has a mental health condition that requires supportive housing, can the other spouse be on the application with the children even though that spouse has good income?***

A80: Household income has no impact on determining eligibility for supportive housing. Rental assistance programs may have income requirements or other rules. The household's rental contribution is typically based on the entire household's income (not just the head of household on the application).