



Assessment Form for Approval of Overnight Visiting in Hotels

Date of Request: _____ Foster Care Agency: _____

Name of Foster Care Agency Staff Person Making:

Request: _____ Email: _____ Phone: _____

Name of Foster Care Agency Program:

Director: _____ Email: _____ Phone: _____

Parents' Names: 1. _____ 2. _____

Case Name / ID: _____ Initial Placement Date: _____

Children / Ages:

1. _____
2. _____
3. _____
4. _____

Primary Reason(s) for Removal:

1. Is the family ready for reunification? Y N Within what timeframe? _____
2. Are overnight visits necessary for the family to achieve reunification? Y N
If so, why? _____
3. Is the use of a hotel court-ordered? Y N (If yes, please attach court order.)
If so, what Borough? _____ Judge? _____
4. When did family start unsupervised day visits? _____
How many visits have occurred? _____ Where do visits take place? _____
5. Please describe housing issues preventing this family from having overnight visits:

6. What alternative resources have been explored to assist this family with having overnight visits?

(Agency should consider **all viable** resources that could facilitate overnight visits, e.g. immediate/extended family members, fictive kin, foster parents, community connections, e.g. church w/ potential visiting space, etc.)



Person/Resource Contact	Relationship to Child	When/how resource explored?	Why is resource unavailable?

7. What is being requested? (e.g., 1 hotel room for 1 adult and 2 children for 8 nights over the next 8 weeks) _____
8. What hotel location has been selected for overnight visits & why? _____
 _____ Hotel Rate? _____
9. What other hotels in the area were considered and why were they not selected? _____

Check this box to confirm that agency staff visited the hotel within the last 180 days to determine that the hotel is suitable.

 Foster Care Director Approval / Print Name

 Signature

 Date

 OSR/SPC Approval / Print Name

 Signature

 Date

Request approved. For what period of time? _____

Request disapproved. For what reason? _____

 Associate Commissioner, Neil Freedman (Signature)

 Date



Business Process to Apply for Reimbursement of Overnight Visit/Hotel Expenses

Reimbursement Options for Overnight Visit/Hotel Expense:

Option 1: Include in your MSAR and charge to “05 Allowances – Parents”;

Option 2: Charge expense to your Discharge Support Program; or

Option 3: Charge expense to the preventive portion of your Strong Families/CSNYC set allocation, if applicable.

Option 1:

The cost of lodging for parents visiting children in care is included in your agency’s MSAR and should be charged to: “05 Allowances – Parents”.

- No invoicing to ACS required

Option 2:

Include expense on Monthly Discharge Support Invoice submission:

Please follow the invoicing process established for the Monthly Discharge Support OTPS expenses

1. Submit Discharge Support Monthly Invoice by the 10th business day of each month.
2. **Email invoices to:**
Family Permanency Services Fiscal Coordinator, Virginia.johnson-conway@acs.nyc.gov
3. Ensure that invoice reflects OTPS line Item for “Client Services/Overnight Visitation/Hotel” expenditures for the service month in which expense was incurred.
 - a. **Attach supporting documentation for OTPS “Overnight Visitation/Hotel” expense:**
 - i. Copy of approved Assessment Form for Approval of Overnight Visiting in Hotels signed by FPS Associate Commissioner;
 - ii. Hotel receipt that reflecting date(s) of stay and cost.
 - iii. The maximum reimbursement is \$150/night. If the cost exceeds this, please provide a justification for this.
4. FPS Fiscal Coordinator will review and approve authorization of invoice within 5 business days.
5. FPS Fiscal Coordinator will certify invoice and submit to DFS Payment Services for processing.
6. Payment Services will process payment within 15 business days of date of FPS certification of invoice

Option 3:

Include expense on Strong Families/CSNYC Preventive Portion of Set Allocation:

1. Submit Strong Families/CSNYC Monthly Invoice by the 10th business day of each month.
2. **Email invoices to: DFS/Senior Advisor, Jane Steinberg, Jane.steinberg@acs.nyc.gov**
3. Ensure that invoice reflects OTPS line Item for “Client Services/Overnight Visitation/Hotel” expenditures for the service month in which expense was incurred.
 - a. **Attach supporting documentation for OTPS “Client Services/Overnight Visitation/Hotel” expense:**
 - i. Copy of approved Assessment Form for Approval of Overnight Visiting in Hotels signed by FPS Associate Commissioner;
 - ii. Hotel receipt that reflecting date(s) of stay and cost.
 - iii. The maximum reimbursement is \$150/night. If the cost exceeds this, please provide a justification for this.
4. DFS Senior Advisor will review and approve authorization of invoice within 5 business days
5. DFS Senior Advisor will certify invoice and submit to DFS Payment Services for processing.
6. Payment Services will process payment within 15 business days of date of FPS certification of invoice.