

Supportive Housing Training 2 - Documenting Homelessness

July 2025

What We'll Cover

- Review supportive housing
- Reading and understanding Determination Letters
- How to complete the Housing and Homelessness section of the 2010E
- Completing Homeless Verification Letters

Supportive Housing Pathway at H+H

The NYC Coordinated Assessment and Placement System (CAPS) is the system used to apply for most supportive housing in NYC. CAPS is overseen by the Human Resources Administration (HRA).



Blue: Completed by H+H clinical or non-clinical staff (CHW, CLW, LMSW, HLPS, Respite Operators, CM)

Green: Completed by H+H clinical staff (Facility BH providers, VEC BH providers)

Orange: Completed by HRA

Pink: Completed by H+H Housing for Health, HLPS, HRA, or CUCS

- HRA oversees the supportive housing application process
- H+H staff submit supportive housing applications to HRA with a psych eval/psychosocial or Mental Health Report
- Once Determination Letter is received, supportive housing referrals are made by Housing for Health, HRA/Shelter, or CUCS

Supportive Housing Overview

- Supportive Housing is affordable housing with supportive services
- NYC has a complex landscape of over 15 supportive housing programs funded by city, state and federal sources and privately operated
- Settings:
 - Congregate: Tenants live together in the same building and “services” are provided onsite by service providers
 - Scattered Site: Tenants live in different buildings that may or may not be operated by the service provider and service providers visit tenants in their homes
- Types:
 - Licensed OMH Housing: Level II approval on 2010E Determination Letter
 - Unlicensed Supportive Housing: Community Care approval on 2010E Determination Letter
- Target population and services differ by supportive housing type, housing provider, and tenant’s service needs, but commonly include:
 - Case management, orientation and linkage to community-based resources, and referral to medical services including mental health care and substance use treatment

Unlicensed vs. Licensed Supportive Housing - What's the difference?


Unlicensed Supportive Housing	OMH Licensed Housing
Approval Level: Community Care	Approval Level: Level II
Cost: 30% of income to rent and utilities	Cost: Resident pays a program fee for housing and services
Tenant Supervision: More independent/less structured	Tenant Supervision: More structured/supervised
Primary Services: Case management, housing/tenancy support, linkage to community resources	Primary Services: Behavioral health rehabilitation, medication management, care coordination, mental health treatment
<p>Models:</p> <ul style="list-style-type: none"> • Congregate - units in the same building, services offered onsite • Scattered Site - units in different buildings, services brought to the client • Units include SROs, studios, 1-bds, and family units 	<p>Models:</p> <ul style="list-style-type: none"> • Community Residence (Congregate) - 24/7 onsite supervision, shared rooms, meals provided • CR-SRO (Congregate) - 24/7 onsite supervision, own room, tenants prepare meals • Apartment Treatment (Scattered Site) - staff on-call 24/7, shared apartments (1-3 people), services delivered weekly
<p>Signs a program is unlicensed:</p> <ul style="list-style-type: none"> • NYC 15/15 • ESSHI • NY/NY III 	<p>Signs a program is licensed:</p> <ul style="list-style-type: none"> • SMI • Shared rooms or units • Community Residence or Apartment Treatment in the name

2010E Determination Letter

- Within 24-48 hours of submitting the 2010E Supportive Housing Application in CAPS, a reviewer with HRA's Placement Assistance and Client Tracking (PACT) Team will issue a Determination Letter
- There are three determinations you can receive:
 1. Approval - will include the specific supportive housing programs the patient has been approved for
 2. Denial - the reviewer determined the patient is not eligible for any supportive housing
 3. Unable to Complete Review (UCR) - the reviewer needs more information before making a determination
- If you receive an Unable to Complete Review, you have 30 days to make the necessary updates to the application in CAPS and resubmit
- After 30 days have passed, you will need to start the entire application over
- If you have any questions about the Determination Letter or believe that the reviewer made an error, you can call or email the reviewer at the contact information included at the bottom of the letter.
- Determination Letters are active for one year, after which a new 2010E will need to be submitted for the patient.

2010E Determination Letter - Approval Summary

- The Determination Letter starts by summarizing the housing categories that the patient is eligible for:
 - **Application Type:** Individual or Family
 - **Approval Period:** The time frame that the approval is good for
 - **Approvals:** The broad supportive housing funding programs that the patient has been approved for
 - **Standard Vulnerability Assessment:** How vulnerable the patient is determined to be (higher vulnerability can lead to quicker placement if units are available in the categories approved)
 - **Housing Level:** Community Care and/or Level II (Unlicensed and/or Licensed); can also include 24-hour supervision approval
 - **Housing Type:** Congregate or Scattered Site
 - **Medicaid Redesign Team:** If they have Medicaid, this is an additional supportive housing funding stream that they are eligible to participate in



150 Greenwich Street, 30th Floor
New York, NY 10007
(929) 221-4500

Date: 10/23/2024

NYC Supportive Housing Application Determination Letter

To: EVA LERNER
NYC HEALTH & HOSPITAL CORP
NYC HEALTH AND HOSP PILOT PROGRAM
55 WATER STREET
NEW YORK, NY 10038
(646) 574-5535

Applicant: ██████████
Preferred or AKA: ██████████
SSN: ██████████
HRA Client ID#: ██████████
Ref Date: 10/22/2024

All applications are reviewed for Supportive Housing developed under the NY/NY I, II, and III agreements, NYC 15/15, ESSHI and other types of housing with services for individuals at risk of homelessness and/or history of homelessness.

Below are the housing categories the applicant was reviewed for and the resulting outcome:

Application Type: Individual	Housing Level: Community Care; Level II
Approval Period: 10/23/2024 - 10/22/2025	Housing Type: Scatter; Congregate*
Approvals: SMI; NY/NY I & II; NYC 15/15; ESSHI	Medicaid Redesign Team: Yes
Standard Vulnerability Assessment: High	

* The housing type determination is applicable only for NY/NY III and/or NYC 15/15 supportive housing.

Housing Category	Eligibility Determination	Contact for Housing Referral
Serious Mental Illness (SMI) Supportive housing for single adults with SMI or an SMI with a co-occurring substance use disorder.	✓ Eligible	Center for Urban Community Services (CUCS) (212) 801-3333 or (212) 801-3300 housinginfo@cucs.org

2010E Determination Letter - Specific Housing Approvals

- The Determination Letter then lists each supportive housing category, the eligibility determination and reason, and the contact for housing referral if approved

NYC Supportive Housing Application Determination Letter


Applicant: [REDACTED]
HRA Client ID#: [REDACTED]
Date: 10/23/2024


Housing Category	Eligibility Determination	Contact for Housing Referral
NY/NY III (Population H) Chronically homeless single adults, including those at serious risk of becoming chronically homeless, with HIV/AIDS and HASA service connection, who have a co-occurring serious mental illness and/or substance use disorder.	✘ Ineligible Not an active HASA client	
NYC 15/15 Adult Single adults with an SMI and/or substance use disorder who are HUD chronically homeless.	✔ Eligible	Office of Supportive/Affordable Housing & Services Referral and Placement placementinquiries@hra.nyc.gov
ESSHI Mental Health Adult Single adults who are homeless or at risk of homelessness with a SMI or a SMI with a co-occurring substance use disorder.	✔ Eligible ✔ Medicaid Redesign Team (MRT)	Center for Urban Community Services (CUCS) (212) 801-3333 or (212) 801-3300 housinginfo@cucs.org
ESSHI Substance Use Disorder (Adult) Single adults who are homeless or at risk of homelessness with substance use disorder as primary barrier to independent living.	✘ Ineligible No significant functional impairments due to recent substance use or successful participation/completion in substance use treatment	

Most Common Supportive Housing Categories (Single Adults)

	Serious Mental Illness	Substance Use Disorder		55 and older Chronic or Disabling Condition	Living with HIV/AIDS
		Actively Using (within last 3 months)	In treatment or completed within last 12 months		
At Risk of Homelessness (No Homeless History)	<ul style="list-style-type: none"> • SMI • ESSHI Mental Health 	<ul style="list-style-type: none"> • ESSHI SUD 	<ul style="list-style-type: none"> • NY/NY III (Pop F) • ESSHI SUD 	<ul style="list-style-type: none"> • ESSHI Seniors 	<ul style="list-style-type: none"> • ESSHI HIV/AIDS
Homeless for 14 out of the last 60 days	<ul style="list-style-type: none"> • NY/NY I & II • ESSHI Mental Health • SMI 	<ul style="list-style-type: none"> • ESSHI SUD 	<ul style="list-style-type: none"> • NY/NY III (Pop F) • ESSHI SUD 	<ul style="list-style-type: none"> • ESSHI Seniors 	<ul style="list-style-type: none"> • ESSHI HIV/AIDS
Homeless for 6 out of the last 12 months	<ul style="list-style-type: none"> • NY/NY I & II • ESSHI Mental Health • SMI 	<ul style="list-style-type: none"> • NY/NY III (Pop E) • ESSHI SUD 	<ul style="list-style-type: none"> • NY/NY III (Pop F) • ESSHI SUD 	<ul style="list-style-type: none"> • ESSHI Seniors 	<ul style="list-style-type: none"> • ESSHI HIV/AIDS
Homeless for 1 out of the last 2 years or 2 out of the last 4 years	<ul style="list-style-type: none"> • NY/NY I & II • NY/NY III (Pop A) • ESSHI Mental Health • SMI 	<ul style="list-style-type: none"> • NY/NY III (Pop E) • ESSHI SUD 	<ul style="list-style-type: none"> • NY/NY III (Pop F) • ESSHI SUD 	<ul style="list-style-type: none"> • ESSHI Seniors 	<ul style="list-style-type: none"> • NY/NY III (Pop H) – if residing in HASA EPU, does not require homeless chronicity • ESSHI HIV/AIDS
HUD Chronic Homeless (Homeless for the last 365 consecutive days or 4 separate periods of homelessness in the last 3 years that total 365 days) OR 2+ episodes of incarceration and/or hospitalization in the last 4 years and 180 days homeless in the last 4 years	<ul style="list-style-type: none"> • NY/NY I & II • NYC 15/15 • ESSHI Mental Health • SMI • NY/NY III (Pop A) – If homeless for last 365 consecutive days 	<ul style="list-style-type: none"> • NYC 15/15 • NY/NY III (Pop E) • ESSHI SUD 	<ul style="list-style-type: none"> • NYC 15/15 • NY/NY III (Pop F) • ESSHI SUD 	<ul style="list-style-type: none"> • ESSHI Seniors 	<ul style="list-style-type: none"> • ESSHI HIV/AIDS

Completing the Housing / Homeless History Section of the 2010E

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 11/22/2024

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020												
2021												
2022												
2023												
2024												

 Shelter

 2010e

 User Entered

 Missing Information

From Date:



To Date:

Housing Type:

Is your client currently in an OMH licensed housing program (Community Residence, CR/SRO, or Apartment Treatment)?

Every box must be blue, green, or purple before you can move on to the next section.

Red means that you are missing required information.

Why Is It Important to Accurately Capture Homeless History?

- **To determine eligibility for supportive housing, two primary factors are considered: (1) clinical presentation, and (2) amount of time homeless**
- As shown in the chart on slide 9, each supportive housing category requires different lengths of time homeless to meet eligibility
- It is **critically important** to accurately capture as much homeless time as possible to maximize the number of supportive housing approvals your patient can receive
- When completing the supportive housing application, keep a copy of the eligibility criteria with you as a reminder of how many days of homelessness are required for the different categories you're applying for

Housing / Homeless History

- Include all housing and homelessness information for the last **four years** in this section
- Any periods where the patient was in a DHS Shelter will auto-populate in the application
- All other periods **must** be filled in, including periods where the patient was institutionalized (corrections, hospital, substance use treatment, nursing home)
 - If a stay is less than 90 days, it counts toward HUD chronic homeless time **ONLY** if the patient was homeless prior to the stay **AND** after discharge from the stay
- You **MUST** verify any periods of homelessness that you manually enter by including a Homeless Verification Letter
- You should try to record all time as accurately as possible - only use "Unknown" if you cannot verify a period of homelessness

Homeless Verification Letters

- Every period of homelessness that is manually entered into the Housing / Homelessness section of the 2010E must be accompanied by a Homeless Verification Letter – if you cannot verify the period of homelessness, you must put Unknown
- You can either request a Homeless Verification Letter from the shelter, day program, or street outreach team that the patient has worked with, OR:
- As healthcare providers, we can submit Homeless Verification Letters on behalf of our patients
- **How to submit a Homeless Verification Letter:**
 - One healthcare encounter = one full month of homelessness
 - For every period of manually-entered homelessness, look in Epic to see if there is an encounter during that month
 - You do not need to have personally known or worked with the patient during the encounters that you are including in the Homeless Verification Letter

Homeless Verification Letter - Example

One healthcare encounter while the patient was homeless = one month of homelessness. For example:

- John Doe was street homeless from January 15, 2020 through April 20, 2020: this equals 3 months and 5 days that you need to verify (Jan 15 - Feb 14, Feb 15 - Mar 14, Mar 15 - Apr 14, Apr 15 - Apr 20)
- In Epic, you see that John Doe has the following encounters:
 - January 17, 2020: Met Outpatient Primary Care
 - February 2, 2020: Woodhull ED visit
 - March 12, 2020: Queens ACT Team visit
 - March 17, 2020: Queens ACT Team visit
 - April 25, 2020: Met Outpatient primary care visit
- Each visit equates to one month homeless, so the HVL would include the January, February, and March encounters. **The April encounter falls outside the date range and therefore should not be included.**
- For any homeless period that you are able to verify in the HVL, **list those periods as homeless in the 2010E. Do not list them as hospital stays.** Any dates that cannot be verified should be listed as Unknown

Aligning the HVL with the 2010E

- In this example, the 2010E would list John Doe's history as the following:
 - January 15 - February 14: Homeless (verified by the January 17th and February 2nd encounters)
 - February 15 - March 14: Homeless (verified by the March 12th encounter)
 - March 15 - April 14: Homeless (verified by the March 17th encounter)
 - April 15 - April 20: Unknown (unable to be verified)
- The Homeless Verification Letter would state that John Doe was homeless from January 15, 2020 - April 14, 2020 and include the following visits:
 - January 17, 2020 (covers the period of January 15 - February 14)
 - February 2, 2020 (covers the period of January 15 - February 14)
 - March 12, 2020 (covers the period of February 15 - March 14)
 - March 17, 2020 (covers the period of March 15 - April 14)
- You **do not** need to have known or worked with the patient during every encounter you include. If the patient experienced periods of homelessness before you knew them, and there are visits documented in Epic during those dates, you can include them.
- If there are dates of homelessness that you cannot verify, you must mark those dates as Unknown.

Housing & Homelessness Training Tool

Training Components:

- ✓ Training Tool
- ✓ Case Study
- ✓ Eligibility Criteria
- ✓ Homeless Verification Letter

Housing & Homelessness Training Tool for Supportive Housing Applications

This tool replicates the Housing & Homelessness section in the CAPS 2010E Supportive Housing Application and is intended for training purposes. Please read these instructions carefully before completing.

Instructions:
Every date within the last 4 years must be accounted for. The goal is to document as many homeless days as possible to increase the likelihood for supportive housing eligibility. Different supportive housing programs require different lengths of time homeless in order to be eligible.

Blue boxes are dates that were automatically populated by the CARES system. **Green boxes** are dates that are automatically populated from a previous 2010E. **Red boxes** indicate that there is missing information that needs to be completed by you. **Purple boxes** are dates that you manually entered.

1. Look for the first **red box** in the calendar to determine where in the calendar to start.
2. Reference the case study to learn about your patient's housing and homelessness history and complete each section until all months have been accounted for.
3. There should be no red boxes when you have finished - every box should be blue, green, or purple.

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020												
2021												
2022												
2023												
2024												

Shelter
 2010E
 User Entered
 Missing Information

From Date: To Date:
 Housing Type:
 Facility Name:
 Street Address: City: State:

Click here for supportive housing eligibility criteria

Housing & Homelessness Training Tool

This tool replicates the Housing & Homelessness section in the CAPS 2010E Supportive Housing Application and is intended for training purposes. Please read these instructions carefully before completing.

Instructions:

1. Every date within the last 4 years must be accounted for. The goal is to document as many homeless days as possible to increase the likelihood for supportive housing eligibility. Different supportive housing programs require different lengths of time homeless in order to be eligible.
2. **Blue boxes** are dates that were automatically populated by the CARES system. **Green boxes** are dates that are automatically populated from a previous 2010E. **Red boxes** indicate that there is missing information that needs to be completed by you. **Purple boxes** are dates that you manually entered.
3. Look for the first **red box** in the calendar to determine where in the calendar to start.
4. Reference the case study to learn about your patient's housing and homelessness history and complete each section until all months have been accounted for.
5. There should be no red boxes when you have finished - every box should be blue, green, or purple.
6. Avoid using "Unknown" - attempt to gather as much homeless history as possible. For any manually entered period of homelessness, you must include a Homeless Verification Letter.

Case Study - Amber Babel

Amber Babel (DOB 3/4/1997) is a 27-year-old female patient of Woodhull OBGYN who is currently homeless. She has been in and out of shelter and street homeless for the last 6 years, including time spent in DHS shelters and in domestic violence shelters. Her DHS shelter history automatically populates in her 2010E supportive housing application for the following dates:

June 1, 2021 - February 28, 2022: CAMBA Broadway Women's Shelter

May 1, 2022 - December 31, 2022: Tillary Women's Shelter

March 1, 2023 - June 30, 2023: Tillary Women's Shelter

October 1, 2023 - February 28, 2024: Tillary Women's Shelter

You are responsible for working with her to complete the remainder of her housing and homelessness history for the last four years (December 1, 2020 - December 1, 2024).

Amber states that she spent **December 1, 2020 through May 31, 2021 in a Safe Horizon Domestic Violence Shelter** before moving to a DHS shelter on June 1, 2021. She eventually left the DHS shelter on March 1, 2022 to stay temporarily with her friend. She states that she crashed on her friend's couch from March 1, 2022 until April 30, 2022, but then when her friend kicked her out she moved back to the DHS shelter. She stayed in the DHS shelter from May 1, 2022 until December 31, 2022 when she went into a residential substance use treatment program in upstate New York. She resided at the residential treatment program from January 1, 2023 until February 28, 2023 and then moved back to the DHS shelter from March 1, 2023 until June 30, 2023. **Between July 1, 2023 and September 30, 2023, she was sleeping in different places - sometimes on the subway, sometimes on the street, sometimes crashing on people's couches.** She entered the DHS shelter again on October 1, 2023 and stayed there until February 28, 2024. **From March 1, 2024 until August 31, 2024 she continued to sleep outside or crash on different people's couches. She was hospitalized on September 1, 2024 and discharged to Medical Respite on October 1, 2024, and has been staying in Medical Respite until present (December 1, 2024).**

Verifying Housing/Homelessness from the Case Study

Dates Requiring Verification:

- 12/1/20 - 5/31/21: Verification from Safe Horizon
- 1/1/23 - 9/30/23: Homeless Verification Letter (Epic)
- 3/1/24 - 8/31/24: Homeless Verification Letter (Epic)
- 10/1/24 - 12/31/24: Residency letter from Respite

Every date within the last 4 years must be accounted for. The goal is to document as many homeless days as possible to increase the likelihood for supportive housing. Housing programs require different lengths of time homeless in order to be eligible.

Blue boxes are dates that were automatically populated by the CARES system. **Green boxes** are dates that are automatically populated from a previous 2010E. **Red boxes** are dates that need to be completed by you. **Purple boxes** are dates that you manually entered.

1. Look for the first **red box** in the calendar to determine where in the calendar to start.
2. Reference the case study to learn about your patient's housing and homelessness history and complete each section until all months have been accounted for.
3. There should be no red boxes when you have finished - every box should be blue, green, or purple.

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020												
2021												
2022												
2023												
2024												

Shelter
 2010E
 User Entered
 Missing Information

From Date: To Date:

Housing Type:

Facility Name:

Street Address: City: State:

Case Study - Amber Babel Homeless Verification Letter

Dates requiring HVL:

- July 1, 2023 - September 30, 2023 (Street Homeless)
- March 1, 2024 - August 31, 2024 (Street Homeless)
- September 1, 2024 - September 30, 2024 (Homeless in Hospital)
- October 1, 2024 - December 1, 2024 (Homeless in Medical Respite)

Recent Visits						
		12/17/2024		WO V-OB GYN	Mountain, Francis, MD	Obstetrics and Gynec... Office Visit
		12/12/2024		WO V-OB GYN	Mountain, Francis, MD	Obstetrics and Gynec... Office Visit
		11/15/2024		WO V-OB GYN	Mountain, Francis, MD	Obstetrics and Gynec... Office Visit
		09/20/2024		WO OBGYN	Island, Stacy, RN	Obstetrics Documentation
		09/20/2024		WO OBGYN	Island, Stacy, RN	Obstetrics Nurse Triage
		09/20/2024		WO V-OB GYN	Mountain, Francis, MD	Obstetrics and Gynec... Office Visit
		08/19/2024		WO V-OB GYN	Mountain, Francis, MD	Obstetrics and Gynec... Office Visit
		07/25/2024		WO V-OB GYN	Mountain, Francis, MD	Obstetrics and Gynec... Office Visit
		06/25/2024		WO V-OB GYN	Mountain, Francis, MD	Obstetrics and Gynec... Office Visit
6 Months Ago						
		06/02/2024				Travel
		06/02/2024		WO V-OB GYN	Mountain, Francis, MD	Obstetrics and Gynec... Office Visit
		03/06/2024		WO OBGYN	Mountain, Francis, MD	Obstetrics and Gynec... Office Visit
		03/06/2024				Registration
10 Years Ago						
		10/23/2001		BE ONCOLOGY ...	Go Oncology, Physician,...	Office Visit

To Whom It May Concern:

Amber Babel (DOB 3/4/1997) is a patient of NYC Health + Hospitals. During the below visits to H+H, she has reported that she was street homeless. Documentation of street homelessness is included in patient notes for appointments.

Below is a complete record of the dates that Amber Babel received care at H+H during her reported street homeless period:

- 03/06/2024 - Woodhull OBGYN
- 06/02/2024 - Woodhull OBGYN
- 07/25/2024 - Woodhull OBGYN
- 08/19/2024 - Woodhull OBGYN
- 09/20/2024 - Woodhull OBGYN

Since October 1, 2024, Amber Babel has been residing in ICL Medical Respite to recover from surgery. Medical Respite is an alternative to shelter that is provided via contract with H+H.

I attest to the best of my knowledge the information and observations on this individual's homeless situation in this letter is accurate.

Sincerely,

Name
Credentials

Completing the Housing & Homelessness Training Tool

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020												DV Shelter
2021	DV Shelter	DV Shelter	DV Shelter	DV Shelter	DV Shelter							
2022			Friend	Friend								
2023	Treatment	Treatment					Unknown	Unknown	Unknown			
2024			Street	Unknown	Unknown	Street	Street	Street	Hospital	Respite	Respite	Respite

Shelter
 2010E
 User Entered
 Missing Information