


NEW YORK CITY
DEPARTMENT OF HOMELESS SERVICES

PROCEDURE NO. 08-061

SUBJECT: Client Contribution Program	APPLICABLE TO: Fiscal and Procurement Operations ("Fiscal"); Adult Services Division ("Adults")	EFFECTIVE: April 1, 2008
ADMINISTERED BY: Fiscal Adults	APPROVED BY :  _____ Robert V. Hess, Commissioner	

I. BACKGROUND

- A. This procedure provides guidelines for the implementation of the Client Contribution Program ("CCP"). CCP provides an incentive to transition clients with income to permanent housing. DHS expects that clients will move into permanent housing within 120 days of being placed in a CCP unit.

II. PROGRAM

A. Definitions

1. Income: verifiable, net earnings due to employment or benefits. Net earnings is the amount the client receives after deductions, e.g., "take home pay."
2. Sources of income include:
 - a. Employment earnings;
 - b. Social Security;
 - c. SSI;
 - d. SSD;
 - e. Public assistance;
 - f. Unemployment insurance;
 - g. Maintenance (i.e., alimony); and
 - h. Child support.
 - i. Other sources of income, not listed above, but received by a client on a recurring basis, may be subject to this procedure. If a Provider encounters a recurring income source not listed above s/he should contact the DHS Special Projects Coordinator (Finance Office) for guidance.

B. Client Contribution

1. Schedule and Contribution Rates
 - a. Month 1: 0% of net, monthly income
(30 day contribution grace-period)
 - b. Month 2: 10% of net, monthly income
 - c. Month 3: 20% of net, monthly income
 - d. Month 4 and onward: 30% of net, monthly income
2. Clients who can demonstrate significant, out-of-pocket, expenses (medical or otherwise) may request that the income used for these expenses be disregarded when calculating the client contribution. Clients must provide documentation in order to demonstrate the need for this type of an adjustment. The Provider will submit these requests, with the supporting documentation, to the DHS Special Projects Coordinator, who will consult with DHS Program staff, for approval.

III. IMPLEMENTING CCP

A. Identifying CCP Participants

1. Threshold Requirements for CCP
 - b. Adults
 - i. A minimum of \$600 net, monthly income for each client.
2. Exclusionary Criteria
 - a. DHS Program staff may exclude clients from participation in CCP because of special needs, which cannot be met at a CCP facility (e.g. domestic violence borough exclusions, health, education, or other safety needs). DHS Program staff will consult their Assistant Commissioners (as well as DHS' Office of Legal Affairs and the Agency Medical Director), when necessary, to make this determination.

B. Placing Clients in CCP Units

1. Referring Clients to CCP
 - a. Income Reporting and Verification:
 - i. For Adults, case workers are required to meet with clients to determine if they have income within 21 days of entering the shelter system (i.e., during assessment).
 - iii. For all clients currently in shelter, case workers must meet with clients to determine if they have income within 30 days of the effective date of this procedure.
 - b. Once a case worker learns that a client has income, the case worker must verify income using **FORM 07-DHSCCP100: Income Referral and Verification Form**, and the documents listed below:

- i. One month's consecutive pay stubs (two months if the salary fluctuates); or
 - ii. A letter from an employer, on employer's letterhead, indicating the client's start date, number of hours worked per week, and hourly wage; or
 - iii. Award letters, where applicable, indicating the amounts of benefit income received by the client.
 - c. On the first (1st) and fifteenth (15th) of every month, case workers will send DHS Program staff copies of **FORM 07-DHSCCP100: Income Referral and Verification Form** for all clients that meet the minimum income threshold for possible placements in a CCP facility.
- 2. DHS Program staff will maintain an active waiting list of clients selected for placement in CCP units. DHS Program staff will examine all of a client's circumstances when deciding whether to select him/her for placement in a CCP unit. DHS Program staff will prioritize its selection based on such factors as the client's income, length of employment, length of stay in shelter, and type of services received in the current shelter placement.
 - a. Once DHS Program staff identifies a client for CCP, they will contact the client's current case worker to confirm the client still meets the income threshold. At this time the case worker will forward to DHS Program staff any modifications to **FORM 07-DHSCCP100: Income Referral and Verification Form**.
 - b. Clients will be placed in or transferred to a CCP unit in accordance with the applicable DHS transfer procedure:
 - i. Clients in the Adult Services system will be transferred in accordance with the Client Transfer Policy (#00-402).
 - c. DHS Program staff will forward the most recent copy of the client's **FORM 07-XXXX: Income Referral and Verification Form** to the designated CCP facility.

C. Documenting and Monitoring Client Compliance with CCP Requirements

- 1. Individual/Group Orientation will occur within 48 hours of entrance into the CCP facility. The orientation will review CCP program requirements and available services.
- 2. Recording CCP Requirements in an Independent Living Plan ("ILP")
 - a. Within two (2) business days of orientation, case workers in CCP facilities must verify the accuracy of the client's income information, and obtain updated income information if necessary. Case workers in CCP facilities must collect additional payment information such as the frequency and dates for which the client collects his or her income, and circumstances that may warrant a contribution rate adjustment.
 - b. Case workers will record this information using **FORM 07-DHSCCP200: Client Payment Instruction Form** and forward this information to the Shelter Bookkeeper ("SB"). The SB will calculate the client contribution and develop a payment schedule. The SB will then send the completed form to the client and the Director of Social Services. **FORM 07-DHSCCP200: Client Payment Instruction Form** will become part of the client's new ILP and case record at the next bi-weekly meeting

- c. In addition to standard ILP requirements, the client's new ILP must outline CCP requirements, including the client's plan to move into permanent housing within 120 days of being placed in a CCP unit, milestones that will assist the client's move, and changes in income, such as job loss, or an increase/decrease in salary or benefit amounts that may justify changes to the payment schedule. These items will be reviewed in all subsequent bi-weekly meetings.
 - d. Any change in the client's income or employment must be noted in a modified **FORM 07- DHSCCP200: Client Payment Instruction Form** and will become part of the client's new ILP and case record at the following ILP meeting after the change occurs.
 - i. If a client increases his/her income or obtains a new source of income, the client will remain at the same contribution percentage, at the time the income increase occurred.
 - ii. If a client loses his/her job or source of income, the client will remain at the same contribution percentage, at the time the job/source of income loss occurred, so long as the client regains his or her job or secures another source of similar income within 30 days.
 - iii. If the client remains without the minimum required income as defined in this procedure for more than 30 days, DHS Program staff will take appropriate action, which may include transferring the client to a Next Step unit or the most appropriate facility in accordance with the applicable transfer procedure.
3. Monitoring Client Compliance with CCP
- a. The SB will establish a fee payment schedule based on the client's pay/benefits cycle. The SB will then send **FORM 07- DHSCCP200: Client Payment Instruction Form** to the client and the Director of Social Services at the CCP site. The Director of Social Services will then send **FORM 07- DHSCCP200: Client Payment Instruction Form** to the client's case worker who will include in the client's ILP and case record.
 - b. Failure to pay the client contribution:
 - i. The SB will notify the client and the client's case worker within two (2) business days of a client's failure to pay in full, on time, using **FORM 07- DHSCCP300: Notice of Client Non-Payment**. Shelter Bookkeepers will accept partial pre-payments and partial payments. However, failure to pay balance due will result in **FORM 07- DHSCCP300: Notice of Client Non-Payment**.
 - ii. The case worker must place this form in the client's case record and conference/send a notice to the client within one (1) business day of receipt of **FORM 07- DHSCCP300: Notice of Client Non-Payment**, about resolving the outstanding payment within three (3) business days
 - ii. If a client fails to resolve the outstanding payment within three (3) business days, that client's case worker must notify his/her Director of Social Services. The Director of Social Services and the case worker will conference with the client within five (5) business days of the missed payment.
 - iii. On a bi-weekly basis, the SB will notify the DHS Special Projects Coordinator of all clients who have failed to pay their contribution using DHS reporting mechanisms as established in the Client Contribution database. The DHS Special Projects Coordinator will provide DHS Program staff with this list.

4. Consequences for Client Non-Compliance

- a. DHS Program staff will use all rights and remedies available to it under applicable law (including, but not limited to, Client Responsibility and transfer to a Next Step Facility), to obtain compliance with CCP requirements. Clients transferred for non-compliance will not receive a CCP stipend.

D. Documenting and Monitoring Provider Compliance with CCP Requirements

DHS will monitor CCP Providers to ensure that they comply with the guidelines provided below.

1. Collecting and Documenting CCP Funds

a. Collection process:

- i. The SB will be responsible for reporting on, collecting, recording, and depositing all client payment activity or non-activity.
- ii. The case worker records client income in the client's ILP and case record.
- iii. The SB provides the client with **FORM 07- DHSCCP200: Client Payment Instruction Form** indicating income, payment responsibility (amounts and dates) and instructions for making payments. A copy of this form will also be sent to the Director of Social Services and included in the client's ILP and case record.
- iv. The SB will establish a new record for that client in the Client Contribution database.
- v. The SB will use a weekly expected payment report from the Client Contribution database to monitor the timeliness of client payments.
- vi. When receiving a payment, the SB will provide the client with a signed and dated receipt.
- vii. The SB will manually record the receipt in the payment receipt register, which will be immediately initialed by the client. The payment receipt register is a paper ledger used to record the client's name, the expected date of payment, the actual date of payment, the expected payment and the actual payment.
- viii. The SB will record the receipt on the client's record in the Client Contribution database. All entries in the Client Contribution database should be completed within two (2) business days of the transaction.

b. Collecting Client Payments:

- i. The SB or his designee must be available during designated hours to collect client payments.
- ii. Clients must make their payments during the hours that the SB or his designee is available.
- iii. Client payments must be recorded on each client record in the Client Contribution database and the payment receipt register.
- iv. All collections must be made with a personal check or a money order. No cash will be accepted.

- c. Separate Bank Account:
 - i. The CCP Provider must open a separate bank account for the CCP Program. Any interest earned becomes part of the CCP Fund and must be used, in accordance with this procedure, for CCP purposes only.
 - ii. CCP funds must be totally segregated from other accounts used for shelter operations.
 - iii. CCP funds are held for specific client Exit Disbursements in accordance with this procedure and shall not be used for any other purpose.

- d. Securing Funds:
 - i. The shelter director and the SB are responsible for keeping funds secure at all times. Each shelter will also designate a Shelter Bank Custodian ("Custodian"). This function cannot be performed by the SB.
 - ii. While small amounts of cash may be kept on hand to provide change, deposits into the CCP account must be made within five business days of receiving payment or when the provider has obtained \$500 in CCP contributions, whichever occurs earlier.

- e. Daily Cash Reconciliation:
 - i. The SB must complete **FORM 07- DHSCCP400: Daily Cash Reconciliation Form**, daily.
 - ii. The ending balance must equal the cash on hand, at the start of the day, plus the total of the day's client payments as recorded in the payment receipt register, less any funds deposited during the day.
 - iii. The contents of the safe and **FORM 07- DHSCCP400: Daily Cash Reconciliation Form** must be reconciled daily.
 - iv. In instances where a drop safe may be used to collect client payments during off hours, the SB and the Custodian will open the safe at the start of the next business day together. Both individuals will reconcile the safe's contents with the balance as recorded at the close of the business the previous day and any entries in the payment receipt register as entered by the designee.
 - v. Unreconciled differences must be reported immediately to the shelter director and the DHS Special Projects Coordinator.

- f. Monthly and Bi-weekly Reporting:
 - i. Monthly, the SB must provide the shelter director and the DHS Special Projects Coordinator with a record of client tracking which shows clients' names, their expected payments, actual payments, and outstanding payments.
 - ii. Bi-weekly, The SB must provide a separate schedule of aged outstanding payments to the clients' case-workers, the shelter director and the DHS Special Projects Coordinator. The DHS Special Projects Coordinator will forward this information to the DHS Program Administrators ("PA") who will monitor provider compliance.

- g. Monthly Bank Reconciliation:
 - i. The Custodian shall reconcile the CCP bank account.

- a. This function, which cannot be performed by the SB, will guarantee the separation of duties and account integrity at the CCP shelter.
- ii. A copy of the reconciled bank statement should be sent to the shelter director and the DHS Special Projects Coordinator together with the monthly client tracking report.

2. Provider Compliance

- a. DHS expects Providers to adhere to all elements of this program as defined by this procedure and relevant training materials.
- b. Providers must grant DHS staff access to ledgers, electronic data, bank account information, client communications and other pertinent information as it relates to this Program.
- c. Providers must submit required monthly reconciliations and reports in a timely and accurate manner, received by the DHS Special Projects Coordinator no later than the 10th of the following month. Weekly reports must be transmitted no later than the 2nd business day of the following week.

E. Making Exit Disbursements to Clients

1. Once a client has secured an alternative housing option, signs a lease for an apartment or other rental unit, the Director of Social Services, in collaboration with the client, will identify an Exit Disbursement to be made to the client. Exit Disbursements will be no less in value than the individual client's actual contribution during their participation in CCP. Once the Director of Social Services has approved an Exit Disbursement, s/he will forward the request to the PA, for his/her approval, using **FORM 07- DHSCCP500: Exit Disbursement Form**. Examples of preferred Exit Disbursements are deposits on utilities or phone accounts.
2. The PA must approve or deny the request within two business days of the date that s/he received the Exit Disbursement request.
3. If approved, the Director of Social Services will arrange for the purchase of the item, request payment, using the above **FORM 07- DHSCCP500: Exit Disbursement Form** and present an invoice to the SB.
4. The SB will complete Section 2 of the above **FORM 07- DHSCCP500: Exit Disbursement Form**, indicating the payment, vendor and forward the disbursed check to the Director of Social services within two business days.
5. The Director of Social Services will forward the completed **FORM 07- DHSCCP500: Exit Disbursement Form** to the client's case worker for inclusion in the client's case record.
6. The SB will record the expenditure on the client record in the Client Contribution database.
7. Copies of **FORM 07- DHSCCP500: Exit Disbursement Form** will be sent to the shelter director and the DHS Special Projects Coordinator along with monthly reconciliation documentation.

APPENDIX A: FORMS



NYC Department of Homeless Services

Check if Modification

Date _____

CLIENT CONTRIBUTION PROGRAM INCOME REFERRAL AND VERIFICATION FORM

Shelter: _____ Address: _____

Client's Name: _____

HA#/CASE #: _____ Shelter Start Date: _____

Case worker's Name _____

I. This Section to be Completed by Caseworker

List all sources of client's income (if additional pages are needed, please attach):

Sources of Income	Frequency (i.e., weekly, bi-weekly, monthly)	Date(s) Income Received	Net Monthly Income Amount
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$

Total Net Monthly Income: \$ _____

NOTE: CASEWORKER MUST ATTACH ALL DOCUMENTATION VERIFYING SOURCES OF INCOME AND/OR CIRCUMSTANCES WARRANTING A SPECIAL NEEDS CONSIDERATION.

ADULT SERVICE PROVIDERS MUST ATTACH CURRENT SCIMS INFORMATION

Length of Employment/Benefit: _____

Family Composition (if applicable): _____

	YES	NO
Documentation attached	<input type="checkbox"/>	<input type="checkbox"/>
SCIMS attached (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
ADA needs	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence case	<input type="checkbox"/>	<input type="checkbox"/>
Borough of Exclusion:		
Manhattan <input type="checkbox"/>	Bronx <input type="checkbox"/>	Brooklyn <input type="checkbox"/>
Queens <input type="checkbox"/>	Staten Island <input type="checkbox"/>	

Describe circumstances that warrant a special needs consideration:

Caseworker (print name): _____

Signature: _____

Date: _____ Time: _____

Director of Social Services (print name): _____

Signature: _____

Date: _____ Time: _____



NYC Department of Homeless Services

Check if Modification

Date _____

CLIENT CONTRIBUTION PROGRAM CLIENT PAYMENT INSTRUCTION FORM

Shelter: _____ Address: _____

Client's Name: _____

HA#/CASE #: _____ CCP/Shelter Start Date: _____

Case worker's Name: _____

I. This Section to be Completed by Caseworker

List all sources of client's income (if additional pages are needed, please attach):

Sources of Income	Frequency (i.e., weekly, bi-weekly, monthly)	Date(s) Income Received	Net Period Income Amount	Income Source Start Date
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	
6.			\$	
7.			\$	
8.			\$	

Describe circumstances that warrant a contribution rate adjustment:

NOTE: CASEWORKER MUST ATTACH ALL DOCUMENTATION VERIFYING SOURCES OF INCOME AND/OR CIRCUMSTANCES WARRANTING A CONTRIBUTION RATE ADJUSTMENT.



NYC Department of Homeless Services

Check if Modification

Date _____

CLIENT CONTRIBUTION PROGRAM NOTICE OF CLIENT NON-PAYMENT

Shelter: _____ Address: _____

Client's Name: _____

HA#/CASE #: _____ Shelter Start Date: _____

Case worker's Name _____

I. This Section to be Completed by Shelter Bookkeeper

Record of Non-Payment

Outstanding Payment \$ _____ Due Date: _____ Days Outstanding _____

Outstanding Payment \$ _____ Due Date: _____ Days Outstanding _____

Outstanding Payment \$ _____ Due Date: _____ Days Outstanding _____

Outstanding Payment \$ _____ Due Date: _____ Days Outstanding _____

TOTAL NON-PAYMENT \$ _____

Forward a copy of this form to the Client and Caseworker within **2 business days** of non-payment.

II. This Section to be Completed at Case Conference

Acknowledgement of Receipt of the Notice of Non-Payment

I have been given a copy of the Notice of Non-Payment Form.

Client (print name): _____

Signature: _____

Date: _____ Time: _____

Caseworker (print name): _____

Signature: _____

Date: _____ Time: _____

Director of Social Services (print name): _____

Signature: _____

Date: _____ Time: _____

Check here if client refused to sign acknowledgement.



NYC Department of Homeless Services

Date _____

CLIENT CONTRIBUTION PROGRAM EXIT DISBURSEMENT FORM

Shelter: _____ Address: _____

Client's Name: _____

HA#/CASE #: _____ Shelter Start Date: _____

Case worker's Name _____

I. This Section to be Completed by Director of Social Services

NOTE: DIRECTOR OF SOCIAL SERVICES MUST ATTACH DOCUMENTATION VERIFYING NEEDS-BASED, HOUSING RELATED EXIT DISBURSEMENT.

Description of and Justification for Exit Disbursement: _____

Move-out date: _____

Resident's New Address: _____

Vendor Information:

Name of Vendor: _____

Address of Vendor: _____

Vendor Contact Person and Telephone Number: _____

Proposed Exit Disbursement:

Proposed Exit Disbursement Amount: \$ _____

Director of Social Services: _____

Signature: _____ Date: _____

II. This Section to be Completed by Program Administrator

The Program Administrator must review the Exit Disbursement Form within two (2) business days of receipt.

Disbursement approved

Disbursement denied

If Exit Disbursement is approved, the Director of Social Services must request payment by sending the Exit Disbursement Form and invoice to the Shelter Bookkeeper.

If Exit Disbursement is denied, provide details (i.e., describe additional information or documentation needed):

Program Administrator: _____
Signature: _____ Date: _____

III. This Section to be Completed by Shelter Bookkeeper

Final Exit Disbursement:

Final Exit Disbursement Amount: \$ _____
Date of CCP Benefit Disbursement: _____
Check Number: _____

Shelter Bookkeeper: _____
Signature: _____ Date: _____



NYC Department of Homeless Services

CLIENT CONTRIBUTION PROGRAM PAYMENT RECEIPT

Client Name _____

Date _____ Time: _____

Room Number _____

Amount \$ _____

Received by _____

Print Name

Initial

Provide copy to client

EXPRESS PAYMENT RECEIPT

Client Name _____

Date _____ Time: _____

Room Number _____

Amount \$ _____

Received by _____

The deposit envelop will be opened in the presence of two shelter staff who have verified the amount below.

Verified by _____

Verified by _____

This form must be included with deposits placed into the Business Office Lock Box. A copy will be returned to the client.