

Hillcrest House Application Package

This package should contain the following information:

1. Criteria for Admission to Hillcrest House
2. Verification of Homelessness
3. Application for Hillcrest House Transitional Housing
4. Hillcrest House Brochure
5. Consent forms for the release of information

The following information should be submitted with your application. This information must be submitted before you will be scheduled for an interview/screening for residency.

1. Verification of homelessness (see attached)
2. Income verification
 - from the Department of Social Services if receiving Public Assistance
 - from the Social Security Administration
 - from an employer if employed
 - from any other source
3. Results of a TB test which was completed within the last year
4. Treatment programs (psychiatric, chemical dependency, medical, other)
 - intake assessment
 - list of current medications
 - psycho/social assessment
 - current treatment plan
 - psychiatric assessment
 - discharge plan/summary
 - detoxification history
5. Copy of request for Dutchess County services to the Dutchess County Commissioner of Mental Hygiene (for non Dutchess County residents)
6. Signed consent forms for Hudson River Housing and the Dutchess County Department of Mental Hygiene, St. Francis Hospital, Probation/Parole, and other agencies as needed.

The staff at Hillcrest House would like to thank you for submitting your application for residency at Hillcrest House. The Senior Case Manager will be contacting you to review your application with you and/or schedule an interview. The telephone number is (845) 452-5197.

CRITERIA FOR ADMISSION TO HILLCREST HOUSE

Definition of homelessness:

- a) Someone who is sleeping in a shelter or in a place not meant for human habitation, such as a car, park, sidewalk, or abandoned building.
- b) Someone in (a) who is being discharged from a hospital or other institution after staying 30 days or less.
- c) Someone who is being evicted or discharged from a dwelling unit or institution within the week in which they have been a resident for more than 30 consecutive days; and no other residence has been identified; and/or lacks the resources and support networks needed to obtain access to housing.
- d) Someone living in doubled-up or substandard housing and lacks the resources and support networks needed to obtain access to housing.
- e) Someone who is being evicted from their housing and has no subsequent housing identified, and/or lacks the resources and support networks to obtain access to housing (persons are considered evicted when they are being forced out of the dwelling unit by circumstances beyond their control).
- f) Someone who is living in substandard housing that has been condemned as unfit for human habitation.
- g) Someone who is leaving transitional housing designed for homeless persons.

Homeless persons who wish to live at Hillcrest House must be over age 18, and must meet the following criteria:

1. Ability to handle personal care needs.
2. Ability to self-medicate.
3. Have a history of compliance with prescribed medication.
4. Demonstrate a willingness to participate in a goal-oriented service plan.
5. Demonstrate a willingness to abide by house rules and the conditions of the lease.
6. Submit proof of a medical test within past year screening out active tuberculosis.
7. Be free from alcohol/chemical substance use for preceding 30 days.
8. Possess a legal history not indicative of aggressiveness/firesetting. Person's mental state is free from current suicidal and/or homicidal ideations.
9. For admission to an OMH supported housing unit, the applicant must present with a Severe and Persistent Mental Illness (SPMI) diagnosis.

Please note that:

- Persons with a history of high risk behavior, including aggressiveness, firesetting, and recent suicidal and/or homicidal ideations will not be considered.
- Preference will be given to Dutchess County residents over out-of-county residents.
- Preference will be given to Dutchess County Coalition for the Homeless (DCCCH) overnight shelter guests.
- Hudson River Housing reserves the right to admit anyone with a preferential status.

HUDSON RIVER HOUSING, INC. VERIFICATION OF HOMELESSNESS

The U.S. Department of Housing and Urban Development requires that Hudson River Housing, Inc. (HRH) maintains adequate documentation on the eligibility of persons to be served by HUD homeless assistance programs. Currently HRH receives HUD funding for two (2) housing programs: Hillcrest House, and the Shelter Plus Care scattered site apartment program. Without adequate documentation, the Department cannot determine if the programs and limited resources they provide are reaching the homeless persons intended to be served by these programs. Below is specific guidance on what documentation the Department considers as adequate in determining whether someone is eligible to be served by HUD's homeless assistance programs. All referral sources or applicants who wish to enter the program must submit the documentation in order for their application to be processed.

- 1. For persons coming from the streets (i.e. living or sleeping in the streets, or a park, or an abandoned building):**
 - HRH staff will verify the type of living conditions by information obtained during the intake process.
 - Names of organizations or outreach workers who have assisted the individual in the past, and the names and addresses of friends or relatives will be indicated.
 - Staff will indicate whether the individual receives any general assistance checks and the address where the checks are delivered.

If the type of living conditions cannot be verified, staff will prepare a short statement about the client's previous living place, and have the client sign and date the statement.

- 2. For persons coming from an emergency shelter:**
 - The shelter staff must submit written verification that the individual lives there.
- 3. For persons referred by a referral agency (e.g. social services agency):**
 - The referring organization's staff must submit written verification (e.g. intake forms) as to where the persons have most recently been living.
- 4. Persons coming from transitional housing for homeless persons:**
 - The facility's staff must submit written verification that the person lived on the streets or in an emergency shelter prior to living in the transitional facility.
- 5. For persons at risk of becoming homeless because they face immediate eviction and do not have sufficient resources to find replacement housing:**
 - Evidence of eviction proceedings, and
 - Information regarding the income of the persons must be submitted.
- 6. For persons at risk of homelessness because they are about to be released from an institution (e.g. psychiatric, criminal justice, hospitals, substance abuse rehabilitation) with no subsequent residence identified, and no resources or support network necessary to obtain housing:**
 - Submit evidence regarding income, and
 - Documentation of attempts made by the individual and/or institution to identify other housing and/or support network such as family, friends, religious and social groups, and similar organizations.

If there are questions or you are having difficulty submitting the documentation, please contact a staff person as soon as possible. Thank you.

Linda Malave, Project Director

Hudson River Housing Hillcrest House Transitional Housing Program Application for Housing

Q. What is Hillcrest House?

A. It is a big, beautiful, old building that has been completely renovated. It is located on Lakeview Terrace (off Cottage Road behind Dutchess Community College), in a wooded, quiet setting.

At Hillcrest House are 39 single rooms, 11 doubles, and five small apartments. The single rooms share eight community bathrooms (much like college dorm living). All rooms are furnished with bed, night-stand, lamp, chair, wardrobe or closet or dresser, overhead lighting, large window(s) with mini-blinds, and individually controlled heating.

Q. How do I get my Meals?

A. Hillcrest House provides a food service program in which residents may purchase meals. There are several meal plan options available to meet everyone's needs. There is also a community kitchen for residents to cook their own meals.

Q. What else is available at Hillcrest House?

A. There are two laundry rooms, each with two washers and two dryers. There are also two attractively furnished day rooms where residents may read, play cards, watch TV, or just visit.

Q. What makes Hillcrest House different from other living arrangements?

A. Hillcrest House is more than just housing. It is adult housing with meals, a friendly community and supportive services. There are case managers to help residents with living and self-sufficiency skills, advocacy and referral. A resident is asked to access that help at whatever level services are needed. Hillcrest House provides an atmosphere conducive to helping a resident get through school, job training, finding employment, or simply getting one's life "back on track." There is a residents' council and meetings in which daily living issues are discussed and decided by consensus. Hillcrest House employs a philosophy of transition within the building. Residents grow and "move up" from a single room, to a double room, to an apartment as they progress toward independent living.

Q. What else can you tell me about Hillcrest House?

A. It promotes a positive, healthy environment for those recovering from alcohol/substance abuse.

There is parking if one owns a car, or public transportation nearby if that is needed.

There is 24-hour front-desk coverage.

It is transitional housing (up to two years), not permanent housing.

It is for single adults, or two-adult families, 18 years or older.

It contains a satellite office for the Dutchess County Department of Mental Hygiene for individuals with a Severe and Persistent Mental Illness (SPMI) diagnosis. Rehabilitation Support Services (RSS) provides the services for the Department of Mental Hygiene.

Q. How much does it cost to live at Hillcrest House?

A. First, a security deposit of \$250 is required. The rents range from \$200 to \$350 per month depending on the level of one's income. People on public assistance, Supplemental Security Income (SSI), Social Security Disability (SSD), and wage earners making up to \$19,200 are eligible to live at Hillcrest House.

Q. Who operates Hillcrest House?

A. Hillcrest House is a project of Hudson River Housing, a not-for-profit agency dedicated to providing supportive housing for low-income people of Dutchess County. In addition to Hillcrest House, Hudson River Housing operates Gannett House, the Dutchess County Coalition for the Homeless overnight shelter, Maximize, and a homeownership program for first time homebuyers.

Hillcrest House is a project of Hudson River Housing, Inc., 313 Mill Street, Poughkeepsie, NY 12601 (845) 454-5176.

HUDSON RIVER HOUSING Hillcrest House Transitional Housing Program Application for Housing

Date _____ Name of Person Filling Out Application _____

Applicant Data

Name _____ D.O.B. _____ Sex _____

Place of Birth _____ S.S. # _____

Current Address _____

Phone Number Where Applicant Can Be Reached _____

Name of Landlord _____ Marital Status _____

Referral Source _____

Contact Name _____ Tele _____

Address _____

Eligibility Data

1. Is the applicant coming from the street (i.e. living or sleeping in the streets, in a park or an abandoned building)? Yes _____ No _____

If yes:
describe type of living condition _____

• list names of other organizations or outreach workers who have assisted the applicant in the past _____

• list names and addresses of friends/relatives _____

• indicate whether the applicant receives any general assistance checks _____

• give address where checks are delivered _____

If type of living condition cannot be verified: give a short statement about the client's previous living place.

2. Is the applicant coming from an emergency shelter or referral agency?

Yes _____ No _____

3. Is the applicant coming from transitional housing for homeless persons?

Yes _____ No _____

4. Is the applicant at risk of becoming homeless because he/she faces immediate eviction?

Yes _____ No _____

5. Is the applicant at risk of homelessness because he/she is about to be released from an institution with no subsequent residence identified, and no resources or support network necessary to obtain housing? Yes _____ No _____

If yes, indicate receipt of:

- _____ evidence regarding income
- _____ documentation of attempts made by the individual and/or institution to identify other housing and/or support network such as family, friends, religious and social groups, and similar organizations

6. For the past five years, check ALL that apply to the applicant's prior living arrangements:

- | | |
|-----------------------------------|------------------------|
| _____ homeless shelter | _____ motel/hotel |
| _____ psychiatric hospital | _____ rented apartment |
| _____ streets/parks/public places | _____ own home |
| _____ community residence | _____ friends/family |
| _____ adult home | _____ other |

Family Data

Does the applicant have children? Yes _____ No _____ Don't know _____

If yes,

Name(s)	Age
_____	_____
_____	_____
_____	_____
_____	_____

Emergency contact:

Name _____
 Address _____
 Telephone _____

Financial Information

Employment status: Employed _____ Unemployed _____

List all monthly income from these sources:

- 1. Public assistance \$ _____
- 2. Food stamps \$ _____
- 3. SSI \$ _____
- 4. SSD \$ _____
- 5. Alimony \$ _____
- 6. Child support \$ _____
- 7. Unemployment \$ _____
- 8. Worker's compensation \$ _____
- 9. Retirement fund \$ _____
- 10. No income _____

Check all that apply:

- Medicaid
- Medicare
- Other insurance
- No insurance

How well does the applicant manage his/her money? Is the applicant on a budget? _____

Is the applicant his/her own payee? Yes _____ No _____

If no, indicate Representative payee (name, address & phone number): _____

Is anyone else legally or financially responsible for the applicant? Yes _____ No _____

If yes, explain _____

Name & address _____

Employment Information

If employed:

Name of employer _____

Address _____

Telephone _____

Rate Of Pay _____ Monthly Income _____

Previous employers:

Company _____

Address _____

Telephone _____

Supervisor _____

Company _____

Address _____

Telephone _____

Supervisor _____

Education Information

High school graduate? Yes _____ (year _____) No _____

G.E.D.? Yes _____ (year _____) No _____

College Education? Yes _____ (major _____) No _____ Graduate? _____ Year _____

Vocational Training? Yes _____ No _____

Skills/Trades _____

Is the applicant currently enrolled in any educational program? (describe) _____

Psychiatric Information

List applicant's mental health provider(s), including therapist and/or psychiatrist

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Is applicant open at the Department of Mental Hygiene? Yes _____ No _____

List psychiatric diagnoses

Diagnosis

DSM IV Code

List any hospitals visited in the past five years

Hospital

Date

Reason for admission

Hospital	Date	Reason for admission
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Information

Does the applicant have any physical problems which need follow-up care? (describe) _____

Is the applicant receiving any medical treatment at the present time? (explain) _____

Does the applicant have any allergies or other risk factors? _____

Has the applicant received a TB screen? Yes _____ No _____

If yes, results _____

Has the applicant received a Hepatitis screen? Yes _____ No _____

If yes, results _____

List all medications currently prescribed (including psychotropic)

Does applicant require any supervision with medication? _____

Chemical Dependency/Substance Abuse History

Drug(s) of choice _____

History of substance abuse _____

In-patient treatment history (dates, location) _____

Out-patient treatment history (dates, location) _____

Most recent rehabilitation _____

Reason for admission _____

Length of time free from substance abuse _____

Current recovery program involvement _____

Legal History

Does applicant have a history of?

- arson
- criminal offenses
- suicidal ideations
- physical aggression
- homicidal ideations

If yes, explain _____

For criminal offenses, list involvement with parole, probation departments _____

Contact person _____

Hudson River Housing, Inc.

CONSENT FOR RELEASE OF INFORMATION	Client's Name:
See Following Page for Instructions	Program Name: Hillcrest House

Part I - Consent to Release Information

Extent or Nature of Information to be Disclosed (check all that apply):

- Psychiatric assessments, treatment history, medication history, current treatment plan.
- Discharge plan.
- Copies of physicals, physical assessment, other pertinent information related to medical condition.
- Other: Information pertinent to processing application.

Purpose or Need for Information (check all that apply):

- Information required as part of application process to determine appropriateness for admission.
- In the event of medical emergency resulting in incapacitation.
- Coordination of care and services with other named agency or individual.
- Follow-up contact post discharge.
- Other: _____

FROM: Name & Address of Person/Organization Disclosing Information

TO: Name & Address of Person/Organization to which Disclosure is to be made

Hillcrest House
313 Mill Street, Poughkeepsie, NY 12601

Signature of Person completing form:	Print Name Signed:	Title:	Date Signed:
--------------------------------------	--------------------	--------	--------------

A. For Periodic Release:

I hereby authorize the periodic release of the above information to the person/organization/facility/program identified above as often as necessary to plan for, provide care, services and treatment. I understand that the information to be released is confidential and protected from further disclosure. I also understand that I have the right to cancel my permission to release information at any time. My consent to release information to the person/organization/facility/program identified above will expire when I am no longer receiving services from such person/organization/facility/program, or one year from the date signed, whichever occurs first.

Signature of Client/Person acting for Client	Print Name Signed:	Relationship:	Date Signed:
Signature of Witness:	Print Name Signed:	Title:	Date Signed:

B. For One-Time Release:

I hereby authorize the one-time release of the above information to the person/organization/facility/program identified above. I understand that the information to be released is confidential and protected from further disclosure. I also understand that I have the right to cancel my permission to release information at any time. My consent to release information will expire when acted upon or 90 days from the date signed, whichever occurs first.

Signature of Client/Person acting for Client	Print Name Signed:	Relationship:	Date Signed:
Signature of Witness:	Print Name Signed:	Title:	Date Signed:

Record of Information Released

Signature of Staff Member releasing	Print Name Signed:	Title:	Date Signed:
-------------------------------------	--------------------	--------	--------------

Use Part II, below, to record cancellation of existing Consent to Release Information or Refusal to allow Release of Information.

Part II - Cancellation/Refusal to Release Information

⊖ I hereby cancel my permission to release information from my case record to the person/organization whose name and address is:

⊖ I hereby refuse to authorize the release of information from my case record to the person/organization whose name and address is:

Signature of Person completing form:	Print Name Signed:	Title:	Date Signed:
Signature of Client/Person acting for Client:	Print Name Signed:	Relationship:	Date Signed:
Signature of Witness:	Print Name Signed:	Title:	Date Signed:

Instructions

1. When Sending Information to an Agency/Individual - Complete a separate form for each request. Affix date and signature when information is released. File in case record.
2. When Requesting Information from an Agency/Individual - Complete a separate form in duplicate for each request. Send original to agency/individual. File copy in case record.
3. If the client is under 18 years of age, only the responsible parent, relative or guardian must sign.
4. "Signature of person completing the form" box - Person soliciting client's consent (i.e. staff person or other individual responsible for explaining this form to the client) must also sign, print name, title and date. Note: This person is different from the witness.

DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE

INFORMED CONSENT TO RELEASE/RECEIVE INFORMATION

PATIENT'S NAME: _____	REGISTER # _____	(to be completed by _____)
DMH) _____		
UNIT: _____	D.O.B.: _____	

I hereby give permission to the Dutchess County Department of Mental Hygiene to release information to: receive information from:

Person: Linda Malave Title: Project Director

Agency: Hudson River Housing, Inc. / Hillcrest House / DCCH

Address: 313 Mill Street
Poughkeepsie, NY 12601

Information to be released/received: DMH patient status (flagging information), treatment history, current treatment plan, progress, recommendations, information relevant to past and current medical, psychiatric, psychosocial, residential, vocational and legal history.

This information is needed for: Housing/housing referrals and/or coordination of treatment services.

My consent is subject to revocation at any time (except to the extent that action has been taken in reliance on my consent) and expires: **Sixty days** _____, **Ninety days** _____, **Six months** _____, **One year** _____, unless earlier date is specified. Date of revocation if earlier than sixty (60) days: _____.

I UNDERSTAND THAT THE RELEASE OF INFORMATION MAY AFFECT MY STATUS WITH:

PROBATION _____, PAROLE _____, SOCIAL SERVICES _____, OTHER (specify) _____

Date: _____, Patient or Guardian Signature: _____

Date: _____, Witness: _____

NOTE: FOR PERSONS RECEIVING TREATMENT FOR ALCOHOL OR DRUG ABUSE, ANY INFORMATION DISCLOSED AS PER THIS RELEASE IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS (42CFT Part 2) PROHIBIT ANY RE-RELEASE OR FURTHER DISCLOSURE OF INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE.

208MH 7/92
CONRRINF
REV 8/93