

Street Homeless Solutions Statement of Client Rights and DHS Code of Conduct

Facility Name:			_Date:/	/
Last Name:		First Name:		Middle Initial:
Preferred Name:	·······································			
Date of Birth:	CARES ID Number:			

The *Statement of Client Rights and Department of Homeless Services (DHS) Code of Conduct* explains your rights and what you are required to do if you stay in short-term emergency housing ("shelter" or "the facility"). These requirements ensure that each facility is a safe and respectful place

("shelter" or "the facility"). These requirements ensure that each facility is a safe and respectful place for you and other DHS clients to reside temporarily and that you work with staff to exit your facility for housing in the community as quickly as possible. If it is hard for you to understand this form, you can ask for help.

While staying in shelter, your rights include:

- 1. The right to exercise your civil rights and religion.
- 2. The right to a safe, clean living environment.
- 3. The right to be treated fairly and not be discriminated against because of your race/ethnicity, color, age, citizenship status, religious beliefs, disability, family status, partnership status, marital status, status as a survivor of domestic violence, gender, gender identity, sexual orientation, veteran status, source of income, or lawful occupation.
- 4. The right to receive courteous, fair, dignified, and respectful treatment.
- 5. The right to be referred to and addressed by your preferred name, pronouns, and title regardless of what your documentation says or where you are placed.
- 6. The right to communicate, and access information, in your preferred language and the right to interpretation services.
- 7. The right to present grievances on behalf of yourself and others to your site director or DHS without fear of retaliation and receive a timely response. This also includes the right to join with others to work for improvements in care.
- 8. The right to ask for a reasonable accommodation if you have a disability, medical or mental health condition and need help accessing or participating in DHS programs and services.

While staying in shelter, your rights include (continued):

- 9. The right to request that a facility operator or social services district make reasonable accommodations for any physical or mental disability that substantially limits any major life activities.
- 10. The right to privacy and to have your information (personal, medical, financial, social, sexual orientation, transgender status, etc.) kept confidential by DHS and facility staff.
- 11. The right to privacy in caring for your personal needs.
- 12. The right to communicate privately verbally and in writing (for example, with your attorney or other legal representative).
- 13. The right to manage your own finances.
- 14. The right to stay at the facility without being transferred or discharged except in keeping with State regulations and the DHS procedures applying those regulations.
- 15. The right to shelter at no cost to you.
- 16. The right to bring two bags of personal belongings to the facility.
- 17. The right to come and go from the facility in keeping with facility rules.
- 18. The right to send and receive mail without interference except that incoming mail may be scanned and x-rayed to ensure it does not contain items that could threaten the security of the facility or the health and safety of others.
- 19. The right to move about freely in authorized areas in and around the facility.
- 20. The right to be free from physical restraint or confinement.
- 21. The right to report complaints to your facility director or to DHS (using your name or anonymously) and to receive a timely response without having to worry about retaliation.
- 22. The right to have your version of the events leading to an accident or incident in which you are involved included on all accident or incident reports.
- 23. The right to not be obliged to perform work by coercion or threat.
- 24. The right to not give any operator or agent of the operator any gratuity in any form for services provided or arranged for in accord with law or regulation.
- 25. The right to receive visitors in designated areas of the facility, where feasible, during reasonable hours as specified in the facility rules.
- 26. The right to have your image and likeness kept private/confidential while receiving DHS services.
- 27. The right to end your facility stay at any time.

Single acts of the following misconduct may lead to sanction, transfer, and/or suspension:

- 1. Intentionally setting a fire or vandalizing property or equipment in or around the facility.
- 2. Possessing, selling, or using illegal drugs or alcohol in or around the facility.
- 3. Assaulting or physically attacking another person or causing immediate danger to another person or having a weapon.
- 4. Being arrested for criminal activity including, but not limited to, trespassing, theft, harassment, extortion, loan sharking, intimidation or victimization of other facility clients, local residents or staff in or around the facility premises.
- 5. Smoking or vaping in indoors or other unauthorized areas.
- 6. Behaving in a way that puts your health and safety or the health and safety of others in danger or that substantially interferes with the orderly operation of the facility.

Single violations of the following may lead to the loss of shelter:

- 1. Since this is temporary housing, you must actively look for permanent housing and not refuse or turn down any suitable housing that is found.
- 2. You must cooperate with and complete an assessment by DHS or facility staff.
- 3. You must work with staff to develop an Independent Living Plan (ILP).

Multiple violations of the following conduct standards may lead to the loss of shelter. However, in some cases, a single violation of a serious nature may also lead to the loss of shelter:

- 1. You may not have other clients in your room without permission from the facility director.
- 2. You must cooperate with staff to complete your ILP tasks in order to get permanent housing. You must agree to and meet with facility staff as required to discuss your progress in following your ILP.
- 3. You are required to keep your unit and the common areas of your unit/area clean and orderly. Staff may do unannounced health and safety inspections or repairs of your unit weekly or more frequently. You must provide access to staff for these inspections.
- 4. Because space is limited, you may only bring two (2) bags of personal belongings into the facility.
- 5. You may not bring in animals (unless you need a service animal or approved emotional support animal).
- 6. Only approved electronic devices are allowed in the facility (ask facility staff for a list of approved devices).
- 7. You are not allowed to smoke, vape or possess or drink alcohol, recreational marijuana, or illegal substances anywhere in the facility.
- 8. You may not cause excessive noise and act disrespectfully towards facility staff or fellow clients.

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<u>Multiple violations of the following conduct standards may lead to the loss of shelter. However,</u> in some cases, a single violation of a serious nature may also lead to the loss of shelter (continued):

- 9. You must be properly dressed and fully clothed on facility premises and grounds, including outside your unit or area.
- 10. When directed, you must leave your unit/area and/or the building during fire drills, emergencies, evacuations, cleaning, maintenance, and any other safety exercises.
- 11. Facility staff has the right to check your unit/locker/area daily.
- 12. You may not stay overnight outside of the facility unless pre-approved by facility staff.
- 13. You may be required to leave the unit keys with facility security when leaving the facility. All clients and their personal property are subject to search upon entering the facility.
- 14. You may not change or add locks without permission.
- 15. You must notify facility staff within a timely manner whenever you are sick.
- 16. You may not steal from other clients or facility staff.
- 17. You may only access the facility's authorized areas.
- 18. You will comply with your site's "Good Neighbor" policy
- 19. You will not take pictures, video, or record others unless allowed by DHS. Everyone at DHS locations, including clients, staff, and visitors **must follow this policy.**

<u>Compliance with Public Assistance is a Requirement for Staying in a Facility:</u>

- 1. You must apply for, and if eligible, maintain any benefits and resources applicable to you, including but not limited to an open and active Public Assistance (PA) case with the Human Resources Administration (HRA).
- 2. You must cooperate with HRA and DHS in determining your available resources and apply for and use any benefits and resources to reduce or eliminate your need for shelter.
- 3. If you have earned or unearned income, you must save the amount you and your case worker have agreed upon in your ILP.
- 4. With the help of your caseworker, you are expected to participate in activities to help you find and move to housing in the community, such as applying for public assistance ("PA") and other benefits for which you may be eligible, keeping your PA or other benefits case open, working or looking for a job, participating in HRA and other job-training and employment programs, and looking for housing.

I am seeking shelter from the Department of Homeless Services. I have reviewed and understand the above "Statement of Client Rights and DHS Code of Conduct" and had it explained to me. These rights and responsibilities will help me find a permanent place to live independently.

IF I <u>DO NOT</u> FOLLOW THE STATEMENT OF CLIENT RIGHTS AND CODE OF CONDUCT:

- 1. I may be required to leave the facility and have my facility stay ended if I do not follow this "Statement of Client Rights and DHS Code of Conduct" even if I do not sign this document.
- 2. I will not have my facility stay ended if I cannot obey the "Statement of Client Rights and DHS Code of Conduct" due to a disability, medical condition, or mental health condition.
- 3. I have the right to challenge DHS' decision to discontinue my facility stay by requesting a New York State Fair Hearing.

Print Name (Head of Household)	Signature	Date
Print Name	Signature	Date
I have explained this form to the client.	STAFF:	
Print Name	Signature	
	Date	