



Emergency Housing Handbook

Last Updated August, 1st 2020

Ali Forney Center

Emergency Housing Program

The goal of the AFC Emergency Housing is to assist LGBTQ young people who are homeless/at risk of becoming homeless to achieve housing readiness and increase stability. Depending on the site, the program lasts from 1- 3 months, and we hope residents will ultimately graduate into the more independent TIL or TLP programs, which prepare residents for independent living.

This handbook will serve as a guide for residents and staff of the expectations and requirements within the program. Below you will find a snapshot of the program in the Basic Information section and a comprehensive overview of the following sections: Program Requirements, Resident Services, Discipline, Tier System, and Policies.

BASIC INFORMATION

Length of stay:

16-21 year olds: 1-2 months

21-25 year olds: Up to 3 months

Age Requirements:

16 – 25 (age out at 25)

Goal:

The goal of the AFC Emergency Housing is to assist LGBTQ young people who are homeless/at risk of becoming homeless to achieve housing readiness and increase stability.

Services:

- Home Cooked Meals
- Metro Cards
- Laundry Stipend (or on-site laundry)
- Case Management
- Community Meetings
- Independent Living Skills
- Mental Health Therapy
- Outside Referrals

Program Requirements:

- Identify as LGBTQ.
- Homeless or at risk of becoming homeless
- PPD within the past year
- HIV consultation
- Psychiatric evaluation

- Attend weekly case-management
- Follow house-rule

The Ali Forney Center
Housing Cover Sheet

My Information:
Name: _____
Legal Name (if different): _____
Preferred Gender Pronoun: _____
Race : _____
Date of Birth: _____ Place of Birth: _____
Social Security Number: _____
Referral Source: _____
Contact Information:
My Phone: _____
My Email: _____
<u>Parent Information:</u>
Name: _____
Address: _____
Phone: _____
Resident refuse to provide Parental Information
<u>Emergency Contact Information:</u>
Name: _____
Relation To Client: _____
Phone: _____
Address: _____
Email: _____
Does this person know you are living here? Y / N
What name and pronoun does this person know you as? _____
Medical Information:
Medicaid #: _____
Allergies: _____
Medical Conditions: _____
Current Medication: _____

Staff: _____ Date: _____ Time : _____
Client: _____ Date: _____

The Ali Forney Center

Emergency Housing Intake Checklist

Face Sheet has been filled out and is in the front of chart, NO BLANKS!

Immediate Service / Support Goals identified and documented, signed by staff and resident

Pages 4-9 of Resident Handbook have been reviewed and signed by resident and staff person.

Reasons for immediate discharge were discussed.

Resident was informed that if they are on prescribed psych meds that we must hold them in CAPS box and distribute as prescribed.

House schedule and hours were told to resident.

Extended curfews were explained to resident.

Resident was given Case Manager Assignment and contact information.

Resident was informed this is a confidential site. No friends, lovers, parents, or house visits should be brought to this site. Write up will be given if this happens.

Residents have been informed of the Grievance Policy.

If Residents are unable to read or write, Residents can file a verbal Grievance and staff is required to fill out the Grievance form.

Resident was informed they must launder all of their clothing upon entry. Resident was also informed of assigned laundry day by room placement.

Resident was given linens, toiletries, and 2 locks.

Resident was informed metro cards are given on Thursday AM. Resident provided with 2 single rides per day until Thursday. (If there are no single rides in the house, staff should go purchase single rides with petty cash and bring back the receipt.)

Intake completed by: _____ Time: _____ Date: _____

The Ali Forney Center
Rules of Conduct

1. **I understand I am allowed a maximum of two suitcases worth of property while residing at the Ali Forney Center Crisis Shelter.**
2. I will not engage in a physical altercation with my fellow peers or staff members in or around the facility, **doing so will result in automatic dismissal from the program.**
3. I will not threaten my peers or Staff. **Threats of violence (whether they be verbal threats, physical threats, or possession of weaponry) will result in automatic discharge. (Including Cyber threats or bullying).**
4. **I will treat all staff and my fellow peers with respect. I will only use preferred gender pronouns (PGP) and names and I agree to uphold AFC's trans-affirming environment.**
5. I will not engage in any sexual activity or romantic relationships with fellow clients in or around the facility as it is against AFC policy to be romantically involved with a housemate. **If a romantic relationship develops, I will be transferred to another program site.**
6. **I will not solicit sexual acts or sexually harass my peers or staff.**
7. I will not steal anything from the program, staff, building or any fellow residents.
8. I will not possess, use, or sell drugs, alcohol and/or related paraphernalia in or around the facility.
9. I will not carry or use a weapon while in or around the facility. **Doing so will result in automatic dismissal from the program.**
10. I will complete my chores and clean up after myself daily.
11. I will wear a shirt and shorts/pants/skirt at all times while in the apartment. To respect roommates' privacy, changing of clothes can only take place in a bathroom.
12. I will respect the wake-up policy. This means waking up on time, following the shower list, and leaving the house by closing.
13. I will respect lights out policy. This means that I will be in my bed. Talking with other residents, talking on my phone, or reading after lights out is not allowed. (11pm Sun-Thurs, 2 am Fri-Sat)
14. **I will inform staff at all times when I'm exiting the house.**
15. I will meet with my Case Manager weekly on the assigned days.
16. I understand that if my behavior is disruptive, I may be discharged from AFC.
17. I will not bring any visitors in or around the Facility and I will not give any information about my fellow housemates to anyone. We are a confidential site.
18. I will not video or tape record in the Facility without prior consent, and I understand that public releasing of any video or audio recording at an AFC site without prior consent will lead to an immediate discharge.

I have read and understand the responsibilities of Ali Forney Center residents. I understand that non-compliance with any of these responsibilities could result in a discharge.

Staff: _____

Date: _____

Client: _____

Date: _____

Day Programming

Policy Statement:

_____ I understand that while residing within the Ali Forney Center housing program all 10:30am groups are mandatory unless a work or school schedule is presented. Afternoon groups are optional - if a resident is on site for the afternoon group, they must attend. If a resident is not on site for the afternoon group, they will not be penalized.

I have read and understand the Day Programming Policy of the Ali Forney Center.

Write Up Policy

_____ The Ali Forney Center is committed to maintaining a safe space for all residents. Therefore, we encourage our residents to follow our Write up Policy.

If a resident receives 7 write ups within ANY 30 day period they will be placed on Contract, three Write Ups while on Contract equals Probation; one Write Ups while on Probation will result in a discharge.

We ask that our residents strive to uphold the rules of the program by abiding with the Emergency Housing Program rules. While in our housing program, if you are struggling with AFC’s policy, staff will work to support you in addressing this issue. Repeated disregard for AFC’s policy will jeopardize one’s stay with us.

I have read and understand the Ali Forney Center Write Up policy. By signing below, I agree to respect this policy while attending Ali Forney Center programs.

Staff: _____

Date: _____

Client: _____

Date: _____

DYCD Policy

_____ The Ali Forney Center is committed to maintaining a safe space for all residents. Therefore, we encourage our residents to follow our DYCD Policy.

If a resident has 3 consecutive no shows it will result in a discharge. This means not coming home at all for 3 nights.

We ask that our residents strive to uphold the rules of the program by abiding with the Emergency Housing Program rules. While in our housing program, if you are struggling with AFC's policy, staff will work to support you in addressing this issue. Repeated disregard for AFC's policy will jeopardize one's stay with us.

I have read and understand the Ali Forney Center DYCD policy. By signing below, I agree to respect this policy while attending Ali Forney Center programs.

Staff: _____

Date: _____

Client: _____

Date: _____

The Ali Forney Center
Declaration of Confidentiality

_____ As an Ali Forney Center resident, you have the right to confidentiality. This means that staff does not have the right to share any information about you verbally or in writing with anyone outside the agency without your written consent. However, in some cases, we must bring outside individuals into the relationship, without your consent, to ensure your safety and well-being and that of others.

Essentially, everything you say/do/express is confidential EXCEPT:

- Intent or plan(s) to harm yourself
- Intent or plan(s) to harm another person
- Knowledge or case(s) of a child being abused/harmed

Also, please note that information about you may be shared with co-workers and supervisors at Ali Forney Center at large only to obtain professional guidance and suggestions regarding treatment planning. Discretion will be used.

My signature below means that I have read the above confidentiality policy and that I fully understand my rights as a participant.

FaceTime Policy

_____ As an Ali Forney Center resident, you have the right to Privacy. This means that you do not have the right to face time within any Emergency Sites, noncompliance in this area will result in a write up.

My signature below means that I have read the above face time policy and that I fully understand my rights as a participant.

Staff: _____

Date: _____

Client: _____

Date: _____

The Ali Forney Center
Medication Policy

Policy Statement:

_____ I understand that while residing within Ali Forney Center housing programs all medications must be turned into staff at time of intake or when a new prescription is filled. All medication will be stored in the CAPS box.

I have read and understand the Medication Policy of the Ali Forney Center.

PPD Test Policy

It is a requirement of our housing program that you have had a recent PPD test. If you have not had a test done in the last 6 months, you will need to get one done in the next 72 hours.

- I have received a PPD test within the last 6 months and will work with my case manager on getting a copy of my results.
- I have not received a PPD test within the last 6 months. I have received a referral of where I can get the test done, and am aware that I need to do this within the next 72 hours or my stay with the Ali Forney Center may be at risk.

HIV Test Referral

Your health is important to us.

Have you seen a **Health Counselor** at the Drop In?

Please do!

**Sign below to acknowledge that you have been informed about our Health Counselors and that you have been referred to them. Below is also a list of other Health Education/HIV testing sites you can visit.

Staff: _____

Date: _____

Client: _____

Date: _____

The Ali Forney Center
Universal Precautions

Policy Statement:

_____ I understand that while residing within the Ali Forney Center housing programs I will follow all Precautions and safety tips. At any time clients can bring any concerns or questions around Safety tips to staff.

I have read and understand the Universal Precautions Policy of the Ali Forney Center.

Child Welfare

Policy Statement:

_____ I understand that while residing within the Ali Forney Center housing programs staff is encouraged to inform clients of all Child Abuse and Neglect Information.

I have read and understand the Child Welfare Policy of the Ali Forney Center.

Staff: _____ **Date:** _____

Client: _____ **Date:** _____

The Ali Forney Center
Right-to-Search Policy

Policy Statement:

_____ I understand that while residing within Ali Forney Center housing programs that an unannounced house search may be conducted at any time by staff. If paraphernalia, drugs, controlled substances, alcohol, or any weapon is found in my belongings, it will result in immediate discharge.

I have read and understand the Right-to-Search Policy of the Ali Forney Center.

Shade-Free Policy

Policy Statement:

_____ Ali Forney Center is committed to maintaining a safe space for all clients to obtain necessary services throughout our agency. Our doors are open to clients who respect themselves, others, and the space they are in. As a client, we ask that you show this respect by remaining SHADE-FREE during all of our programming.

In the event that you are shady in one of our programs you will be given a verbal warning. If you continue to be shady in any of our daytime programs you will be asked to leave. If you are being disrespectful and shady in our housing program you will receive a write-up after your first warning. Further violation of this policy in any of our programs will result in more serious consequences.

Bullying is a form of Shade and is not tolerated at AFC. Continued bullying could result in disciplinary action.

I have read and understand the Ali Forney Center shade-free policy. By signing below, I agree to respect this policy while attending Ali Forney Center programs.

Staff: _____

Date: _____

Client: _____

Date: _____

The Ali Forney Center
Smoke break Policy

Policy Statement:

_____ I understand that while residing within the Ali Forney Center Emergency Housing Program, all residents are required to ring the buzzer before entering the site, noncompliance in this area will result in a write up.

I have read and understand the Smoke Break Policy of the Ali Forney Center.

Client Grievance Policy

Policy Statement:

_____ Clients have recourse to make formal complaints about the quality of the services provided by AFC staff.

Clients are given notice of the Grievance Policy during the Intake Assessment. At any time thereafter, clients can bring any concerns regarding staff conduct to the attention of the Supervisor by filling out a Grievance Form. If the problem is with the Supervisor, they may bring their concern to the attention of the Program Director by filing out a Grievance Form. If the problem is with the Director, they may bring their concern to the attention of the Executive Director by filing out a Grievance Form.

The Supervisor/Program Director/Executive Director will investigate any allegations brought forth by clients and will respond to the clients as appropriate. Both the client's Grievance Form and the Grievance Response are filed.

I have read and understand the grievance procedure of the Ali Forney Center residents. I agree to follow the above procedures if I need to state a grievance.

Staff: _____

Date: _____

Client: _____

Date: _____

The Ali Forney Center
Belongings / Co-Mingling Contract

1. I understand that I am responsible for all of my belongings. The Ali Forney Center is not responsible for my belongings.
2. I understand that while in housing, my personal property (money and/or belongings) will not be co-mingled with that of the Emergency Housing program.
3. I understand that I will be provided with a locker, which will be locked, in which to keep my belongings. I understand that all of my belongings must be kept in this space, with the exception of one towel, one washcloth, one jacket, one pair of shoes/slippers and a laundry bag in which to keep my dirty clothes.
4. I understand that if I leave any of my belongings outside of the space provided by the Ali Forney Center they may be discarded.
5. I agree that I must take all of my belongings upon my departure from the Ali Forney Center. I understand that my belongings will be discarded if I do not take my belongings 72 hours (approximately 3 days) after my departure.

Personal Belongings Inventory	
Please list all the belongings and money that you brought with you below:	
1.	8.
2.	9.
3.	10.
4.	11.
5.	12.
6.	13.
7.	14.

I have read and understand the responsibilities of the Ali Forney Center residents. I agree to comply with the personal belongings rules of the Ali Forney Center.

Staff: _____ **Date:** _____

Client: _____ **Date:** _____

Ali Forney Center
Substance Use Policy

Policy Statement:

_____The Ali Forney Center is committed to maintaining a safe space for all residents. Therefore, the possession and/or use of drugs, alcohol and/or related paraphernalia in or around the house is prohibited.

We ask that our residents strive to maintain a safe space for one another by not entering the facility under the influence of drugs and/or alcohol. If, while in our housing program, you are struggling with AFC's substance policy, staff will work to support you in addressing this issue, which may include treatment recommendations. Repeated disregard for AFC's substance policy will jeopardize one's stay with us.

I have read and understand the Ali Forney Center substance use policy. By signing below, I agree to respect this policy while attending Ali Forney Center programs.

Staff: _____

Date: _____

Client: _____

Date: _____

Ali Forney Center
Drop In Center Policy

Policy Statement:

_____The Ali Forney Center is committed to maintaining a safe space for all residents. Therefore, housing residents are not allowed to access the Drop in Center after 5:30pm and on the weekends.

Drop In access after 5:30 and on weekends is by appointment only. A resident cannot arrive earlier than 15 minutes before the start time of their scheduled appointment and they must leave immediately after.

We ask that our residents strive to maintain a safe space for one another by abiding with the Drop in Center rules if, while in our housing program, you are struggling with AFC's policy, staff will work to support you in addressing this issue. Repeated disregard for AFC's policy will jeopardize one's stay with us.

I have read and understand the Ali Forney Center Drop In policy. By signing below, I agree to respect this policy while attending Ali Forney Center programs.

Zero Tolerance Policy

_____I understand that while residing within Ali Forney Center housing programs that any act of violence will result in immediate discharge.

This includes but is not limited to: verbal threats of bodily harm to any degree (for examples: "I'm about to smack you", "someone's gonna get hurt if they don't shut up", threatening or menacing behavior or gestures (for examples: cornering someone while in an argument, using any part of your body to intimidate someone), any type of unwanted physical contact (for examples: pushing up against someone, touching someone during an argument) and fighting.

Jokingly making threats of violence and/or play fighting also jeopardize the safety of the space and will not be tolerated. Consequences for engaging in those behaviors are treated the same as other acts of violence.

Heated verbal altercations can also jeopardize the safety of the space, and if staff present is unable to separate and calm the resident in a timely manner, they may also be discharged.

I have read and understand the Zero Tolerance Policy of the Ali Forney Center.

Staff: _____

Date: _____

Client: _____

Date: _____

The Ali Forney Center
Racist Language Policy

_____ Recognizing and appreciating the diverse collection of experiences, skills and perspectives of our staff and residents, AFC is committed to creating an anti-racist space for all. To uphold these values, AFC will take steps and actions towards residents, who engage in racist language- whether it is unintentional or when such language is used as a weapon towards staff and residents. Residents who engage in racist language will be required to complete the Hate Speech Resolution Protocol. If this continues to occur, this could lead to other disciplinary actions, up to discharge.

I have read and understand the Racist Language Policy of the Ali Forney Center.

Restorative Justice Policy

_____ In an attempt to reduce the amount of discharges program wide, we are instituting new policies in regards to discharges. Whereas before you would be discharged for making indirect threats or play fighting, now you would receive a one day suspension, complete a hate speech or conflict Resolution Protocol and Mediation.

I have read and understand the Restorative Justice Policy of the Ali Forney Center.

Staff: _____

Date: _____

Client: _____

Date: _____

The Ali Forney Center
Client Service Plan

Client: _____ Case Manager: _____ CSP Date: _____

Reviews (initial and date):

Week 1: _____ Week 2: _____ Week 3: _____ Week 4: _____ (Week 5: _____)

Status Codes: C – Continued, OM – Objective Met, MO – Modify Objective, N – New Objective, D - Discontinue

Long-Term Goal: HEALTH. (HIV Status: _____)					
Client needs an updated physical, PPD and HIV test. Client reports no other health needs at this time.					
Short-Term Objective				Status Code	Date Met
Client will be encouraged to receive an updated HIV test every 3 months. CM will add client to the med clinic schedule for physical and PPD.				N	
Long-Term Goal: MENTAL HEALTH/SUBSTANCE USE.					
Client reports no psychiatric history and no substance use. Client needs an updated psych evaluation.					
Short-Term Objective				Status Code	Date Met
Client will be scheduled to receive a psych evaluation. Client will update CM if they have any mental health needs.				N	
Long-Term Goal: HOUSING.					
Client wants to live in a TIL until ready to live independently.					
Short-Term Objective				Status Code	Date Met
Client will complete an AFC TIL application. CM will assist client in identifying appropriate beds as they are available at other TILs in NYC.				N	
Long-Term Goal: ENTITLEMENTS.					
Client does not have their Birth Certificate, NYS ID and/or social security card.					
Short-Term Objective				Status Code	Date Met
Client will attend the birth certificate escort. Client will attend the social security escort. Client will attend the DMV escort.				N	
Long-Term Goal: VOCATIONAL/EDUCATIONAL					
Client is interested in obtaining their GED and looking for part time employment.					
Short-Term Objective				Status Code	Date Met
CM will discuss AFC's LEAP program with client. CM will assist client in looking for part time employment. CM will identify GED programs for client to consider.				N	

I have participated in the development of this Service Plan and agree to comply with the terms:

Client Signature _____ Date

Youth Counselor Signature _____ Date

Supervisory Review _____ Date

Transitional Housing Application Cover Sheet

Applicant Name _____

Date _____

Case Manager _____

Supportive Housing track?
Yes / No

Drop In Case Manager: _____

Mental Health Specialist: _____

The following items are suggested for your application for the Ali Forney Center’s Transitional Housing Program to best assess your needs and Service Plan development:

- ___ Completed application form (attached)
- ___ Proof of homelessness (shelter letter from Overnight or Crisis programs)
- ___ Psychosocial Assessment-- within the last 6 months
- ___ Physical examination, including PPD test-- within the last year
- ___ Psychiatric evaluation --within the last 6 months
- ___ Proof of active health insurance OR proof of application for health insurance
- ___ Proof of food-stamps (if eligible)
- ___ Identification or proof of application for as many of the following as possible:
 - Social Security card
 - Birth Certificate
 - State I.D card
 - Green card or working papers, if applicable
- ___ Copy of resume
- ___ Pay stubs and/or proof of attendance in school/GED program
- ___ Copies of schedules (school, internship, work, etc.)

Pending Documents? Include all relevant info including expected submission dates

If you have any questions, contact Dahana Louis, Senior Director of Transitional Housing. Dahana can be reached at or dlouis@aliforneycenter.org.

Thank you!

Transitional Housing Program Application

Today's Date: _____

Applicant Name (preferred): _____

Applicant Full Name (legal): _____

Date of Birth: _____ Age: _____

Contact Info (*email or phone-required*): _____

Do you identify as:

<input type="checkbox"/> Gay	<input type="checkbox"/> Male
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Female
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Transgender
<input type="checkbox"/> Straight	<input type="checkbox"/> Intersex
<input type="checkbox"/> DL	<input type="checkbox"/> GNC/Non-binary
<input type="checkbox"/> MSM	
<input type="checkbox"/> Queer	
<input type="checkbox"/> Not listed (please specify) _____	

What is/are your personal gender pronoun(s)? _____

Please describe your current living situation, including AFC site name if applicable:

Are you currently employed? Where? _____

How many hours do you work per week? _____

What is your hourly wage? _____

Do you have your GED or H.S. Diploma? ___ Y ___ N

Are you currently in school? ___ Y ___ N

If yes, where are you in school? _____

Are you enrolled full time or part time? _____

I have received a copy of the Handbook and know the expectations of the program

Signature _____

Please attach your response to the following essay questions on a separate piece of paper:

- 1) Why are you interested in applying to the Ali Forney Center Transitional Housing program?
- 2) Please describe the past year of your life. Include both challenges and accomplishments.
- 3) What are your goals and hopes for the future? How will your acceptance into Transitional Housing influence these goals?
- 4) What might challenge you in Transitional Housing? What will you *bring* to the program (not including your suitcase, etc.)?

To Whom It May Concern:

This letter is to verify that _____ (name) is currently a client of the Ali Forney Center. The Ali Forney Center (AFC) is an emergency shelter and drop-in center for LGBTQ youth and young adults, 16-24 years old experiencing homelessness. Clients are provided with medical care, mental health care, and case management services through the Ali Forney Center.

_____ (name) completed an intake with the Ali Forney Center on _____ (date.)

Sincerely,

Name
Title
Ali Forney Center
321 West 125th Street
New York, NY 10027
-----@aliforneycenter.org

Ali Forney Center

Carátula de Aplicación para Vivienda Transicional

Nombre del Aplicante: _____

Fecha:

Coordinador de Caso: _____
Apoyo?

Para Vivienda con
Si/ No

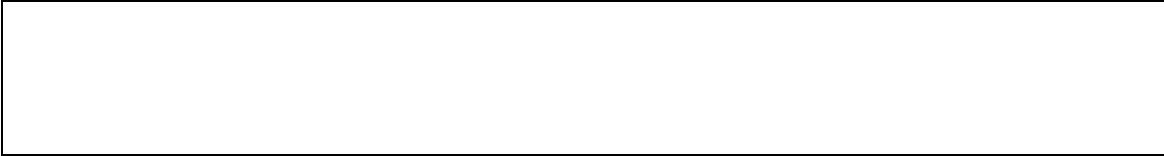
Coordinador de Caso en Centro Social: _____

Especialista de Salud Mental: _____

Se sugiere que presente los siguientes documentos con la aplicación para el Programa de Vivienda Transicional del Centro Ali Forney según sus necesidades y el desarrollo de su Plan de Servicios:

- ___ Formulario de aplicación completa (adjunto)
- ___ Evaluación Psychosocial- dentro de los últimos 6 meses
- ___ Examen físico, incluyendo la prueba de tuberculosis-- dentro de un año
- ___ Evaluación psiquiátrica --dentro de los últimos 6 meses
- ___ Prueba de seguro médico activo O prueba de su aplicación para seguro médico
- ___ Prueba de Estampilla para Alimentos (si es elegible)
 - ___ Identificación o prueba de aplicación para cualquiera de los siguientes documentos:
 - Tarjeta de Seguro Social
 - Partida de Nacimiento
 - Tarjeta de identificación del Estado
 - Tarjeta de Residencia (green card) or documentos de trabajo, si es aplicable
- ___ Copia de su Hoja de Vida
- ___ Prueba de ingresos y/o prueba de asistencia a la escuela o Programa de Competencia de la Escuela Preparatoria (GED)
 - ___ Copias de sus horarios (clases, pasantías, trabajo, etc.)

Documentos pendientes? Incluya información relevante y fechas esperadas para la entrega de documentos



**Applicantes serán entrevistados apenas un a cama se vuelva disponible.
Si tiene alguna pregunta, por favor contacte a Stacey Lewis, Directora Principal de
Vivienda Transicional y Desarrollo Personal. Puede contactar a Stacey al (212)
206-0574 ext. 128 o slewis@aliforneycenter.org.**

Gracias!

Aplicación de Programa de Vivienda Transicional

Fecha de Hoy: _____

Nombre del Apicante (preferido): _____

Nombre Completo del Apicante (legal): _____

Fecha de Nacimiento: _____ Edad: _____

Información de Contacto (email/teléfono): _____

- Te identificas como:
- Gay
 - Lesbiana
 - Bisexual
 - Heterosexual
 - Discreto/a
 - Hombre
 - Mujer
 - Transgenero
 - Intersexual
 - Genero No Conforme/
No Binario
 - Hombre que tiene relaciones con hombres (MSM)
 - Queer
 - No en la lista (por favor especifique)

Cuales son tus pronombres de género personal (PGP)? _____

Por favor describe tu situación de vivienda actual, incluyendo al Centro de Ali Forney si es aplicable:

Tienes empleo? Donde? _____

Cuántas horas trabajas por semana? _____

Cuánto ganas por hora? _____

Tienes un diploma de secundaria or certificado de competencia de la escuela preparatoria (GED)? ___ Y ___ N

Estás en la escuela actualmente? ___ Y ___ N

Si es que si, donde atiendes la escuela?

Estás matriculado a medio tiempo o a tiempo completo?

He recibido una copia del Manual para Clientes y comprendo las expectativas del programa.

Firma _____

Por favor adjunte sus respuestas a las siguientes preguntas en forma de un ensayo en un pedazo de papel separado:

- 1) Porque estas interesado en el Programa de Vivienda Transicional del Centro de Ali Forney?
- 2) Por favor describa el último año de tu vida. Incluye los retos y también los logros.
- 3) Cuales son tus metas y aspiraciones para el futuro? Cómo influenciará tu metas el ser aceptado a la Vivienda Transicional?
- 4) Cuáles son algunas cosas que serian en un desafío en Vivienda Transicional? Qué cosas vas a traer al programa (aparte de tu maleta, etc.) ?

The Ali Forney Center
Transgender Housing Application

Applicant Name (preferred): _____ Date: _____
Case Manager: _____ Applying to: _____
Transmasculine/Transfeminine
Date of Birth: _____ Turn 21 on: _____
PGP: _____

How can we contact you?

How do you make money / support yourself?

Do you have your GED or high school diploma? Yes No
Are you currently in school? Where? What hours do you attend?

Do you consider yourself to be transgender?

What does transition mean to you? Where do you see yourself in this process?

What is your current living situation?

What do you hope to accomplish while in this program?

Do you have any worries about staying in housing specifically for transgender people?

What are some of your long term goals or dreams?

Harlem Drop-In:

Harlem provides services for all AFC clients, from vocational and educational services, supportive groups, and independent living skills development. Lunch and snacks are also provided. Please see your Case Manager for more information. Housed residents are not allowed to access services after 5:30PM unless you have a scheduled appointment.

Case Management:

Residents must attend weekly meetings with their Case Manager. These meetings should happen consistently at the same time each week. The purpose of these meetings is either to create the monthly treatment plan or to visit the treatment plan and track progress. In addition, this is a time and space for residents to discuss other goals they may have with their Case Manager (family relationships, queer issues, career goals, substance abuse issue, etc.) to go above and beyond the program requirements. It is also a time to discuss one-on-one issues regarding the house and other residents. Weekly participation of Case Management will result in a 2 hour curfew extension.

you cannot make it to CM, please let your Case Manager know ahead of time.

Resident Advisory Board:

The Resident Advisory Board (RAB) is a space for AFC clients to discuss community living. They will work together with staff members on projects such as quality improvement efforts, peer leadership, mutual-aid and community involvement. Other outcomes include building leadership and positive social networks.

Community Meetings:

All residents must be present for the weekly community meeting. Meetings are co-facilitated by staff and residents, who are responsible for taking & distributing minutes. Community Meeting happens at the following times: **Mondays at 4:00pm.**

Independent Living Skills:

These skills include budgeting, housekeeping, hygiene, cooking, banking, time management, etc. Residents may either request assistance with these skills or they may be presented by the Youth Counselor.

Mental Health Therapy:

Residents can request this service at any time through their Case Manager, who can set up an appointment with an AFC therapist.

Outside Referrals:

This includes referrals to agencies outside of AFC for educational and/or vocational opportunities, medical/dental care, legal services, mental health services, permanent housing placements, etc. Please see your Case Manager for more information.

HARLEM SERVICES:

Schedule of Services
 Ali Forney Drop-In Center
 Monday-Friday, 8am-8pm

Tel: 212-206-0574
 321 West 125th Street
 New York, NY 10027

Monday:

<u>Activity</u>	<u>Location</u>	<u>Time(s)</u>
HIV Testing	Harlem Center	Monday - Friday: 8am - 11am, 2pm - 8pm Saturday & Sunday: 11am - 5pm
Dr, Medical Assistant	Harlem Center	9am to 5pm

Tuesday:

<u>Activity</u>	<u>Location</u>	<u>Time(s)</u>
Psychiatrist	Harlem Center	10am to 4pm* (referral required)
Doctor	Harlem Center	9am to 12pm
Medical Assistant	Harlem Center	9am to 4pm

Wednesday:

<u>Activity</u>	<u>Location</u>	<u>Time(s)</u>
UJC Legal Clinic	Harlem Center	10am to 12pm

Thursday:

<u>Activity</u>	<u>Location</u>	<u>Time(s)</u>
Dr, Nurse, Medical Assistant	Harlem Center	9am to 5pm
Psychiatrist	Harlem Center	12:30 to 4pm* (referral required)

Friday:

<u>Activity</u>	<u>Location</u>	<u>Time(s)</u>

Saturday:

<u>Activity</u>	<u>Location</u>	<u>Time(s)</u>
Nurse	Harlem Center	2pm to 5pm

Insurance Enrollment Hours

Monday: 9am - 12pm [Katherine-IFH]
 Tuesday: 9am - 5pm [Mike-Callen-Lorde, Katherine- IFH]
 Thursday: 9am - 5pm [Oscar- IFH]
 Friday: 9am - 5pm [Katherine- IFH]*

Monthly Escorts:	Daily Intake Hours:	Daily Food Activities:
1 st Wednesday: Social Security 2 nd Wednesday: Birth Certificate 3 rd Wednesday: State Identification	Monday: 10am to 3pm Tuesday: 10am to 4pm Wednesday: 10am to 3pm Thursday: 10am to 4pm Friday: 10am to 4pm <i>First come, first served basis.</i>	Breakfast: 9am to 10:00am Lunch: 12:00pm to 1:00pm Dinner: 6:00pm to 7:00pm

* = Escort will happen from AFC Harlem Center to All Angels Health Clinic located at:
 251 West 80th Street, New York, NY

If you want more information, please feel free to contact AFC Harlem Center at 212-206-0574.

POINT SYSTEM

Using Points

Residents can use ONLY one extended each day Sun- Thurs (12am). They may use only 2 extended per night on Friday and/or Saturday provided that the resident has enough points to redeem.

Sunday to Thursday: Redeeming Points: 2 points = 2 hrs curfew extension until 12am

Friday and Saturday Redeeming Points: 2 points = 2 hrs curfew extension until 2am

Any resident that redeems points for an extended curfew and does not return to the site by their prescribed time will lose -8 points.

YC's will add points for completing chores, extra **ASSIGNED** chores and attending Case Management.

YC's will be deducting points for not completing chores, missing curfew, no shows and not attending Case Management.

Residents should no longer be receiving write ups for missing curfew, case management or not completing their chores unless they have no points to redeem.

Once a resident has no points to redeem, the regular write system resumes.

DISCIPLINE

If resident behaves in a way that violates Housing policy (including but not limited to breaking curfew, not completing chore, having a "no show", disrespecting another resident or Youth Counselor, or a verbal argument) they will be given a **write up**. After a number of accumulated write-ups, they may be placed on **contract** or **probation** (see below). The Youth Counselor on duty will inform the resident of their consequence and document it. The **Write Up/Contract/Probation Form** will be signed by residents and filed in their chart. If the resident refuses to sign the form, the Youth Counselor will document this on the form. Signing the form is not an acknowledgement of breaking policy by the resident, but simply acknowledgment that they have received a consequence from the Youth Counselor.

Contracts:

If a resident receives 7 write ups within ANY 30 day period, they will be placed on a two-week contract. Additionally, a resident can be placed on a contract if the case manager or supervisor has determined that additional structure is needed around a specific area, such as employment, roommate relations, or self-care. The details of the contract would be determined by either the case manager and resident, or the treatment team if necessary.

Probation:

resident receives 3 write-ups while on contract, they will be put on a week probation.. If a resident successfully finished their probationary period, their write-ups will reset.

Discharge:

resident receives 1 write-up while on probation, they will be discharged. The Emergency Housing Supervisor or Director must approve an involuntary discharge. Any physical altercation or threat will result in immediate discharge on the spot.

PROGRAM REQUIREMENTS

Psychotropic medication:

To insure the safety of all of our residents we require our residents to turn-in all prescribed psychotropic medication. It will be kept locked-up and only accessible by staff. Staff is not responsible for medication compliance, but will provide reminders if requested.

Chores:

Each site has a list of chores that must be completed by residents daily. In addition, residents are also responsible for keeping their bedrooms clean, passing daily room inspections, and participating in weekly deep cleaning (see below). Staff will check when chores are completed and check off the chore list. Residents are required to inform staff when chores are completed. If a chore is not done on time or does not meet the standards of the Youth Counselor, a **write-up** will be issued. Please see a Youth Counselor for more information including the timeframe for completion.

Community Meetings:

The community meeting is a weekly house meeting where residents can bring up apartment issues, concerns, needs, and program suggestions. It is mandatory that all residents attend the weekly community meeting.

Curfew times:

Emergency residents need to be in the house by the time specified and are responsible for taking all possible train delays into consideration when returning to the site. Consequences for not adhering to policies are stated in the discipline section of this document.

Deep Cleaning:

Deep cleaning is done **EVERY WEDNESDAY AND SUNDAY**. **Deep Cleaning must be completed by 3pm on SUNDAYS**. Youth counselors will work with the residents to ensure a clean and safe environment. **This needs to be completed by 10PM**. Residents who don't complete deep cleaning will receive a **write up**.

Laundry:

All residents can complete laundry daily. Residents must make sure to wash bedding as well. All residents should wash all dirty items every week during their stay in

emergency housing. Residents should have no more than two loads which should include linens. Laundry should start at 6pm, and should not extend past light's out, unless approved by the YC due to work or school schedule.

Roommate Agreements:

Residents are encouraged to complete a roommate agreement upon first arrival to a site, and any time there is a bedroom/roommate change thereafter. Staff may help facilitate the process if residents' request assistance. All forms will be kept in residents' folders for reference.

ARETHA (Always Respect Everyone's Talent, Humanity, and Achievement)

AFC strives to maintain a safe space and an inclusive community for all of our residents. It is our philosophy that we **all** deserve a safe and respectful living environment. The community at AFC will remain shade-free and judgment-free, in the hopes that our residents will accept each other's differences and support one another in achieving their goals during their stay with us. Inability to adhere to AFC's respect policy may result in dismissal from our programs.

Computer/Phone Policy:

AFC respects the confidentiality and safety of every resident. Staff will never disclose that a resident lives in our housing. If there is a phone call for a resident the staff will tell the caller "I cannot confirm or deny that that person lives here, if you would like to leave a message and s/he does live here they will get the message". Residents should not tell others the address/phone numbers of AFC housing sites as confidential sites.

Residents are allowed to use program phones for employment/educational purposes only. Residents are allowed to use program computers for employment/educational, and checking email, staff will monitor computer usage.

Dating/Relationships:

In order to maintain a safe space and inclusive community for everyone present, dating among residents living in the same AFC facility is prohibited, in order to maintain a safe space and inclusive community for everyone present. If a relationship starts to develop, residents are required to notify a Supervisor or Director so that they can make any appropriate changes. Withholding this information may result in disciplinary action, including dismissal from our program.

Destruction of Property:

We ask that our residents respect the space in which they are living. Anyone caught in the act of destroying program property, including but not limited to slamming doors, throwing or ripping objects from the wall, or vandalizing the building will jeopardize their stay at AFC and may be held responsible for the repair of such destroyed property.

Good Neighbor Policy:

Disturbing the peace in or around any AFC site is a serious matter that will result in disciplinary action.

Loitering:

AFC clients who loiter at or around AFC residential sites are subject to immediate discharge.

Immigration Policy:

The Ali Forney Center will not discriminate based on one's citizenship status. In the Emergency Program, residents who are undocumented must agree to pursue such matters with the appropriate legal assistance.

Kitchen Policy:

Emergency Housing residents are not allowed to cook while residing with us; they can, however, use the microwave on their own or help Youth Counselors prepare meals. **The kitchen closes to residents at 10:30pm nightly Sunday-Thursday and 11:30pm on Friday and Saturday.**

Non-Discrimination Policy:

The Ali Forney Center takes discrimination very seriously and therefore violations, even those made in jest, may result in serious consequences. Residents cannot discriminate based on one's citizenship status, sexual orientation, race, culture, sex, gender identity, religion, language, disability, or HIV status. Violation of this policy will result in disciplinary action, up to and including termination from our program.

No-Shows:

A "no-show" is when residents enter the residence after 2:00AM, OR when residents do not return to the residence at all. Residents are expected to be present at the residence every night with the exception of planned and approved absences and failure to comply will result in a write-up.

Personal Belongings:

The Ali Forney Center is not responsible for lost or stolen property. Any personal belongings must be able to fit in designated storage areas only - additional storage will not be provided. Residents will be expected to remove any belongings that do not fit in the designated storage areas. When discharged, a resident has 72 hours to collect their belongings; items will be bagged and handed to the resident at the door; items will be discarded after 72 hours if arrangements to retrieve belongings have not been made.

Physical fighting:

Physical fighting is not permitted in or around AFC facilities. Engaging in a physical fight in an AFC facility will result in dismissal from our program.

Recording Policy:

Due to the confidential nature of our program, video or tape recording in any AFC site is forbidden without the prior consent of each person who is being recorded. Violation of this will result in a write-up and repeated disregard may result in a discharge. Publicly releasing any video or audio recording of an AFC site without prior consent will lead to an immediate discharge. Threats of video or tape recording may result in disciplinary action.

Sex Work Policy:

The Ali Forney Center does not judge those who presently engage in sex work, or who have engaged in sex work in the past. The Ali Forney Center promotes stable employment and encourages those who are capable of obtaining legal employment to do so. With this in mind, we will not consider illegal sex work as an acceptable form of employment to meet any employment requirements.

Sexual Contact:

Sexual contact is prohibited in and around all of AFC's facilities. Residents found engaging in sexual conduct may be dismissed from our programs.

Smoking Policy:

Smoking is prohibited inside all of AFC's facilities. This includes smoking out of windows and from balconies and/or verandas that may be found in our residences.

Theft:

Theft will not be tolerated in AFC facilities. Please respect your fellow residents' belongings and the belongings of the program. Anyone caught in the act of stealing from a program member or from the program will jeopardize his/her stay at AFC.

Travel Policy:

Residents requesting to travel during their stay may do so if they follow the guidelines stated by the Case Manager. These guidelines include but are not limited to: proof of travel (copy of bus/plane ticket); contact information at destination; set arrival and departure dates; and resident must exhaust all overnights before a pass will be granted.

Verbal threats:

Verbal threats are not permitted in or around AFC facilities. Threatening the safety of another program member will result in dismissal from our program.

Violence:

Violence is not permitted in or around AFC facilities. The term violence refers to any form of physical violence, verbal harassment, threats of violence, and/or destruction of property. Taking part in any violent activity while in or around AFC facilities will result in dismissal from our program.

Weapons:

Weapons are not permitted in or around AFC facilities. Possession of a weapon in an AFC facility will result in dismissal from our program. If upon intake you have a weapon, please hand it to a Youth Counselor so it can be confiscated and this will not affect your housing.

