

REQUEST FOR PAYMENT FOR EMERGENCY HOUSING

To: _____ Re-entry Operations, _____ Region

From: _____, Bureau Chief, _____ Bureau

RE: _____, (Case Name) _____ NYSID #

Date: _____

The above referenced parolee is undomiciled. This Bureau has been unable to locate any appropriate or approvable housing and the case meets at least one of the following criteria (check one):

- Code 1 Public safety jeopardized by lack of residence at this time
- Code 2 Housing not immediately available due to emergency nature of the housing need
- Code 3 Not eligible for housing services/resources through local social services
- Code 4 Existing housing resources not available until future date/time and interim temporary housing is required

Please also note the following applies to this case (check and add requested detail as applicable):

Sex Offender: Sex Offender Registry Level: SARA case:
 Mental Health Issues: OMH Level:

This request is a (check one):

First request:
 Extension request:

Funds are requested for emergency housing as follows:

Provider Name and Address: _____

Dates of Service (must not exceed 15 days): From: _____ To: _____

Total Costs: _____

Additional Information: _____

Bureau Chief Signature: _____ **Date:** _____

FOR REGIONAL OFFICE USE ONLY:

Regional Director Action: Approved Not approved

Regional Director Signature: _____ **Date:** _____

Cc: case file