Form 9222BCS (8/16)

Reproduce Locally as Needed

New York State Department of Corrections and Community Supervision

Monthly Emergency Housing Fund Tracking Form

Region _____

Month/Year _____

Entry Reason Codes:
1 - Public Safety Jeopardized
2 - Housing not immediately accessible
3 - Not eligible for other local housing services
4 - Awaiting placement

Area Office Name	SO Y/N	SO Registry Level	Mental Health Y/N	OMH Level	New Request or Extension	Entry Reason Code	Parolee Last Name	Parolee First Name	NYSID	Emergency Housing Entry Date mm/dd/yy	Program Discharge Date mm/dd/yy	Provider Name	Provider Address	Provider Tax ID Number	# of Days per Voucher	Total # of Days Stay	Parole Officer	$ Amount	Mailed Voucher Date