

Molly Wasow Park
Commissioner

Joslyn Carter
DHS Administrator

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New York, NY 10004

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Authorization for Provider Accompaniment Through Shelter Application and Placement Process

I, _____ (shelter applicant/client name)

authorize _____ (provider organization)

to accompany me through my DHS application and placement process.

I understand that:

- This allows the provider to accompany me through the application process to support me to complete the application, as well as to accompany me to my assigned shelter.
- This does not allow the provider to answer questions or complete any of part of the process on my behalf, or without me. I must complete the interview and assessments independently.
- This does not allow the provider to receive information or documentation which is part of my case record without my consent.

Provider must share official agency ID to accompany client in DHS facilities.

Shelter Applicant/Client Signature

Date: _____