ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT
Emergency Shelter

I. GENERAL POLICIES AND PROCEDURES

A. Describe your capability to provide temporary overnight shelter for elders, and as needed, other household members.

B. Describe your intake procedure to provide emergency shelter during the day, evening, overnight, and weekend hours.

C. Describe your procedure for complying with local building codes and Board of Health regulations. Attach copies of any current certifications.

D. Describe your handicap accessibility capacity.

E. Describe your capacity/procedure to respond to the following emergencies:
Fire

Loss of utilities (power/heat)

Hurricanes and snowstorms

Floods

Medical crisis

Child or Adult Protective Services

F. What is your proposed rate for Emergency Shelter?
$
Describe any additional charges.

G. For the units which will be utilized by ASAP consumers, check all which apply:

	Yes	No
Elevator access	☐	☐
Individual controls for heating and AC	☐	☐
Wheelchair accessible (including consumer units)	☐	☐
Food available	☐	☐

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H. What supplies, if any, (e.g. soap, towels, etc.) are provided to ASAP consumers?

Provider employee who completed this form
Name: Date:

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Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On Site Evaluation.

EMPLOYEE Records Review					
Provider Date Monitor					
Start Date & Termination Date, if applicable					
Number of reference checks					
CORI Check					
Job Description(s)					
Annual Performance Appraisal: Date					
Comments					

ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT
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Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On Site Evaluation

CONSUMER Record Review					
Provider Date Monitor					
ASAP Authorization					
ID Info – name; address; phone; DOB					
Emergency Contact(s) name and phone					
Name of current CM					
Start Date & Termination Date, if applicable					
Comments					
NOTE: Shaded data elements are only required in the Consumer File if provider is not on Provider Direct. Otherwise the PD Demonstrator will be asked to illustrate “on screen”.					

Name and Position of Provider Direct Demonstrator	