

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

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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			<input type="checkbox"/>	<input type="checkbox"/>
Individual controls for heating and AC			<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair accessible (including consumer units)			<input type="checkbox"/>	<input type="checkbox"/>
Food available			<input type="checkbox"/>	<input type="checkbox"/>

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

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					

Name and Position of Provider Direct Demonstrator	
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”.	

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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					