



Worker Connect

**MODULE VI:**  
**Agency Systems**

# HRA BENEFIT INFORMATION

Q Search

← Results

- MYRA FILION
- ASIA JAMES
- Client Detail
  - Address & Phone
  - Documents
  - Household Members
  - Income
- Agency Systems
  - DHS CARES
  - HRA WMS
  - NYCHA TDS

HRA WMS Folder FS - 011901205C

Human Resources Administration (HRA) - Food Stamps Print Help

## ASIA JAMES

Gender: Female  
Address:  
Birthdate:

### General Case Information Help

Case Number:	Source System: WMS
Program: Food Stamps	Status: Active
Date Opened: 11/10/2015	Last Closed Date:
Last Certification Date:	Next Recertification Date:
Open Reason: A32	Language: English
Street Address: IG	
City, State, ZIP: BRONX, NY 10451	
Home Telephone:	

### Household Information Help

Name	Relationship	Birthdate	Gender	CIN	Status	Highest Education
ASIA JAMES	Applicant/Payee	09/10/1985	F	YR26450Q	Active	Not Applicable
LAMEL LUCA	Son	12/17/2009	M	PQ08599A	Active	Not Applicable

### Benefit Information Help

Name	Amount	Frequency
Food Stamps	\$279.00	MONTHLY

### Income Information Help

Name	Source	Amount	Frequency
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### Employment Information Help

Name	Status	Job Title	Employer Name & Address	Start Date	End Date
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# WHAT SHOULD YOU KNOW ABOUT HRA?

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## About the Program(s)

*Client information is available for the following HRA programs:*

### ❖ **SNAP/Food Stamps**

Provides food support to low-income New Yorkers—including working families, the elderly, and the disabled—to increase their ability to purchase food.

### ❖ **Medicaid**

Provides free health insurance coverage to adults (ages 19+) through managed care or fee-for-service providers.

### ❖ **Public Assistance (also known as Cash Assistance)**

Provides federally funded cash assistance to eligible individuals and families. A cash grant can include a shelter portion, energy assistance grants, and additional money to assist with other expenses.

## Available Client Data

The Human Resources Administration Folder allows you to access the following client information:

- General Case Information
- Household Information
- Benefits Information
- Income Information
- Employment Information

### Things to Note

In order to receive Public Assistance, clients must be enrolled in Medicaid.

# NYCHA BENEFIT INFORMATION

Search

Results

MYRA FILION

ASIA JAMES

Client Detail

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NYCHA TDS

New York City Housing Authority (NYCHA) - Public Housing Resident

Print Help

ASIA JAMES

Gender: Female  
Address:  
Birthdate: 09/10/1985

General Account Information

Help

Account Number:	12000309G
Last Recertification:	11/01/2016
Next Recertification:	05/01/2017

Source System:	TDS
Disability Code:	N
Admission Date:	05/16/1951

Tenant and Member Information

Help

First Name	Last Name	Birthdate	Gender	Address	Relationship to HOH	Tenant ID
LzzzL	LxCx	04/20/2010	M	785 COURTLANDT AVENUE Unit09G BRONX, NY 10451	Other Youth Under 18	120000303
zSzz	JxMxS	01/12/1986	F	785 COURTLANDT AVENUE Unit09G BRONX, NY 10451	Other Adult	120000303
zVz	JxHNSxN	06/28/1956	F	785 COURTLANDT AVENUE Unit09G BRONX, NY 10451	Head	120000303
zVz	JxHNSxN	06/28/1956	F	785 COURTLANDT AVENUE Unit09G BRONX, NY 10451	Head	120000303

Income

Help

First Name	Last Name	Source	Amount	Frequency
LzzzL	LxCx	SSI	\$7,290.00	Annual
zSzz	JxMxS			Annual
zVz	JxHNSxN	Other Nonwage Sources	\$14,562.00	Annual
zVz	JxHNSxN	Social Security	\$4,845.00	Annual

Lease Information

Help

Rent Amount: \$611.00

Dwelling

Help

Number of Rooms: 3

Development Name:

# WHAT SHOULD YOU KNOW ABOUT NYCHA?

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## About the Program

The New York City Housing Authority (NYCHA) provides decent and affordable housing in a safe and secure living environment for low and moderate income residents throughout the five boroughs. Certified applications of individuals and families are selected from an electronic waiting list for the rental of vacant apartments in designated NYCHA Housing Developments.

Once an applicant is admitted to tenancy in NYCHA, the tenant must annually report both their household composition and family income to NYCHA. Tenant monthly rent is adjusted at least annually, based on the income of all household members.

## Available Client Data

The NYCHA Folder allows you to access the following client information:

- General Case Information
- Household Information
- Housing/Apartment Information
- Income Information
- Recertification Information

## Things to Note

This folder does not contain information about NYCHA Public Housing applicants or Section 8 voucher holders living in private housing.

# DHS SHELTER INFORMATION

Search

Results

MAJAR JONES

ANTHONY HARRIS

## Client Detail

Address & Phone

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Household Members

Income

## Agency Systems

DHS CARES

HRA WMS

NYCHA TDS

DHS CARES Folder

DHS CARES - 8053294

## Department of Homeless Services (DHS) - CARES

Print Help

### ANTHONY HARRIS

Gender: Male

Address: 1760 LEXINGTON AVENUE NEW YORK, NY 10029-0000

Birthdate: 02/06/1971

## General Application Information

Help

Application ID: 8053294

Original Date: 06/30/2012

Status: CLOSED

Number of Adults: 2

Source System: CARES

Currently Placed: No

Status Reason:

Number of Children: 1

## Household Information

Help

Name	SSN	Race	Veteran Indicator	Relationship	Gender	Birthdate	Exit Date
ANTHONY HARRIS	123-52-0020	Black or African American	No	Head of Case/Self	Male	02/06/1971	
ASHLEY HARRIS	066-86-5627	Black or African American	No	Child	Female	09/08/1996	
JANICE RIVERA	121-56-4891	Don't Know	No	Domestic Partner	Female	09/02/1974	

## Prior Residence Information

Help

Prior Length Stay: More than three months, but less than one year

Residence Type: Shared living with family member

Address: 1124 EAST 165 STREET

City, State, ZIP: BRONX, 10459

# DHS SHELTER INFORMATION CONT'

## Facility and Placement Information

[Help](#)

Facility Code:	FM37
Facility Location:	30 HAMILTON PLACE
Facility Type:	Shelter
Special Attribute:	Gender Age Range: SX1 No. of Elevators: 1 Later Arrival Shelter: NO
Contact 1:	MONIQUE QUINONES
Contact 2:	DANIELLE ANIELLE
Placement Start Date:	04/12/2013

Name:	HAMILTON FAMILY RESIDENCE
City, State, Zip:	NEW YORK, NY 10031
Unit/Bed #:	315
Contact 1 Phone:	347-226-4170
Contact 2 Phone:	

## Diversion Information

[Help](#)

Service:	
Outcome:	
Destination:	
Financial Diversion Type:	

Outcome Date:	
Destination Date:	06/30/2012
Financial Diversion Amount:	\$0.00

## Exit Information

[Help](#)

Exit Address:	
Date of Exit:	04/15/2013

Exit Reason:	48 Hour Curfew Violation
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# WHAT SHOULD YOU KNOW ABOUT DHS?

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## About the Agency

The goal of the Department of Homeless Services (DHS) is to prevent homelessness wherever possible and to provide short-term emergency shelter and re-housing support whenever needed. DHS provides both families with children and adult families with temporary emergency shelter in a safe environment.

## DHS CARES Application Structure

The primary identifier in CARES is the Family ID. Additionally, every family is assigned a unique Application ID when they apply for shelter. Families are assigned a separate Application ID in connection with each application. Applications are attached to the family's record, not to an individual's record.

## Available Client Data:

- Family Information
- Individual Client Information
- Shelter Status
- Shelter Placement
- Diversion Information
- Exit Information

## Things to Note

- This DHS folder does not contain information for single adults in emergency shelter
- Cases with “Open Dates” 5 years or older will return with “no record found” message.

# DOF SCRIE INFORMATION

🔍 Search

← Results

📁 DOF SCRIE Folder
📄 DOF - 656297

Print Help

## FRANCISCO RODRIGUEZ

Gender: Male  
 Address: 1307 EDWARD L GRANT HIGHWAY, APT 6G BRONX, NY 10452-0000 🏠  
 Birthdate: 01/14/1948

### General Application Information Help

Application ID:	656297	Source System:	SCRIE
Name:	FRANCISCO RODRIGUEZ	Social Security Number:	061-66-4437
Address:	1307 EDWARD L GRANT HIGHWAY APT 6G	City, State, Zip:	BRONX , NY 10452
Application Status:	REVOKED	Application Status Reason:	RECERT FAILURE
Docket Number:	897314	Household Income:	\$11,988.00
Lease Start Date:	09/01/2010	Lease End Date:	09/31/2011
Home Telephone:			

### Household Information Help

Name	Relationship	Birthdate	Social Security Number	Date Moved In	Date Moved Out
FRANCISCO RODRIGUEZ	PRIMARY APPLICANT	01/14/1948	061-66-4437		

### Rent Calculation Help

Rent Increase Start Date	Rent Increase End Date	Rent Increase Reason	Current Rent	Calculated Tenant To Pay	Monthly TAC
10/01/2010	09/31/2011	ONE YEAR RENEWAL	\$801.81	\$778.46	\$23.35

### Landlord/Building Owner Information Help

Name	Organization Name	Address
	ELG1275 LLC	APT A8 BROOKLYN, NY 11219-2529

### Managing Agent Information Help

Name	Organization Name	Address
	ELG 1275 LLC	5014 16 AVENUE #257 BROOKLYN, NY 11204

### Dwelling Help

# WHAT SHOULD YOU KNOW ABOUT DOF SCRIE?

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## About the Program

The Senior Citizen Rent Increase Exemption (SCRIE) program was designed to protect eligible seniors from being priced out of their apartments by rent increases. Once approved for the program, clients are exempt from having to pay rent increases. In return, New York City provides credits to landlords to make up for the rent monies that SCRIE tenants have been exempted from paying.

Upon enrolling in the SCRIE program, tenants may choose to sign either a one-year or two-year lease. In order to continue receiving SCRIE benefits, tenants must recertify for SCRIE at the time that they renew their lease. Enrolled senior citizens may continue to receive the exemption if they move apartments, but they must provide DOF with the appropriate Portability Application.

## Available Client Data

- Status of Current and Previously-Submitted SCRIE Applications
- Status of SCRIE Cases
- Lease Information
- Household Income
- Tenant History
- Building Owner Information
- Tax Abatement Credit (TAC) History

## Things to Note

The SCRIE program is currently administered by the Department of Finance (DOF). It was previously overseen by the Department for the Aging (DFTA).

# ACS CHILD CARE INFORMATION

Q Search

← Results

ALLISON SMITH

Client Detail

Address & Phone

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Household Members

Income

Agency Systems

ACS ACCIS

DHS CARES

HRA WMS

ACS Folder | Child Care - 40234242

Administration For Children's Services (ACS) - Child Care Print Help

**ALLISON SMITH**

Gender: Female  
 Address: 485 EAST 21ST STREET, 1B BROOKLYN, NY 11228-0000 📍  
 Birthdate:

General Case Information Help

Case Number:	40234242	Source System:	ACCIS
Application Date:	02/22/2010	Case Status:	Closed
Eligibility Code:	06/16/2011	Priority Code:	EMPLOYMENT
Eligibility Date:	06/16/2011	Recertification Date:	06/01/2012
One Person Family:	No	Two-Parent Household:	No
Language:		Case Resource Area:	RA 3 (BROOKLYN)

Family Information Help

Father's SSN:		Mother's SSN:	078-86-2140
Address:	485 EAST 21ST STREET, 1B	City, State, ZIP:	BROOKLYN, NY 11226
Number of Non Day Care Children:	0	Family Size:	3
Sibling 1 Birthdate:		Sibling 2 Birthdate:	
Monthly Gross Income:	\$2,182.00		

Child Information Help

Case Number	Name	DOB	SSN	Gender	School	Auth Care(Hr/Day)	Auth Care(Day/Wk)	Ethnicity	Race	Ind. Status
40234242	ASHLYN MCDONALD	10/22/2001	126-90-0781	Female		Full Time	5	NOT HISPANIC OR LATINO	BLACK	Closed
40234242	AARELYN SERAPHIN	07/11/2005		Female		Full Time	5	NOT HISPANIC OR LATINO	BLACK	Closed

Child Special Needs Information Help

Name	Special Needs	Special Needs 15/40	Special Needs Rate	Special Needs Date
ASHLYN MCDONALD	NO SPECIAL NEED	No	No	06/01/2004
AARELYN SERAPHIN	NO SPECIAL NEED	No	No	11/14/2005

# ACS CHILD CARE INFORMATION CONT'

## Child Enrollment Information

Help

Name	Provider Name	Program No	Hrs/Days	Level of Care	Start Date	End Date	Termination Code	Drop Date
ASHLYN MCDONALD								
AARELYN SERAPHIN								

## Benefit Information

Help

Possible Full-Time Fees:		Possible Part-Time Fees:	
Full-Time Enrolled:		Part-Time Enrolled:	
Suppress Fees:		Weekly Fee:	
Special Needs:	No	Reason for Care 1:	FULL-TIME EMPLOYMENT
Fee Effective Date:	09/30/2011	Reason for Care 3:	
Reason for Care 2:			

## Provider Information

Help

Provider Name:	Provider Number:
Address:	City, State, ZIP:
Director Name:	Director Phone:
Contact Name:	Contact Phone:
Status:	Status Date:
Contract Type:	Target Capacity:
Total Capacity:	Available Capacity:
Current Placement:	Hours Closed:
Hours Open:	Special Needs - Mental:
Special Needs - Physical:	Special Needs - Psychological:
Special Needs - Main Stream:	Special Needs - Speech Therapy:
Special Needs - Nurse/Doctor:	Special Needs - Special Education:
Special Needs - Social Worker:	
Special Needs - Other:	

## Fair Hearing Information

Help

# WHAT SHOULD YOU KNOW ABOUT ACS ACCIS?

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## About the Program

The ACS Child Care program provides subsidized child care to eligible families living in New York City. Children - ages six weeks through 12 years - are cared for either in group childcare centers that are licensed by the Department of Health, or in the homes of childcare providers that are registered by the Department of Health. Children with special needs may be eligible for subsidized child care through the age of 18. ACS also issues vouchers to eligible families that may be used by parents to purchase care from any legal childcare provider in the City (non-funded ACS programs).

## Available Client Data

The ACS Folder allows you to access the following client information:

- General Case Information
- Family Information
- Child Information
- Child Special Needs Information
- Child Care Enrollment Information
- Benefit Information

### Things to Note

This folder does not contain foster care or child welfare case information.