

SACRAMENTO HOUSING AND REDEVELOPMENT AGENCY  
INCIDENT REPORT POLICY AND PROCEDURE

**Statement of Intent**

Sacramento Housing and Redevelopment Agency (SHRA) has established the "Incident Report" Policy and Procedures for use by Homeless Program funded homeless shelter and service providers. The purpose of the Incident Report is to provide the Homeless Program with basic information regarding incidents which occur at contracted homeless shelters and service facilities which may have legal, financial, operational and/or political impact. In addition, the Incident Report serves as a tool by which the Division Manager of Community Services and Homeless Program Manager may make informed management and administrative decisions regarding the incident.

I. General Provisions

A. Purpose

The "Incident Report" Form shall be used to inform Sacramento County of the occurrence of serious incidents during the course of daily operations. Sacramento County shall use the form for administrative follow-up to the serious incidents.

B. Completion

The "Incident Report" form shall be completed by the program director or designee.

C. Confidentiality

The completed form is confidential and, as such, shall receive special handling and care in compliance with the rules and regulations regarding confidential information.

D. Application

The "Incident Report" form shall be completed as a result of one or more of the following events:

1. Death, by any cause occurring in any Homeless Program contractor or subcontractor program and/or facility.
2. Bomb threats.
3. Incidents involving police intervention, or other emergency response.
4. Facility damage (in excess of \$500.00).
5. Other - any incident which, in the judgment of the person in charge of the program and/or facility, might have future repercussions that would need to be addressed by Sacramento County.

II. Procedures

A. Notification Process	
Action	Description
1. Incident Occurrence: Report to program director	Person discovering/involved in incident initiates emergency/standard procedures to alleviate situation. Verbal report to supervisor and program director as soon as possible. Written "Incident Report" to be completed immediately after verbal report.
2. Notify Program Manager, Homeless Program	During normal business hours (Monday-Friday, 8:00 a.m.- 5:00 p.m.), the program director will report immediately by phone, and then fax the incident report within one hour of occurrence, to SHRA. In <u>no case</u> will the report be delayed later than the first hour of the next work day. This is to ensure that the information is received from the provider first rather than through the media or other sources. <b>If the HOPWA Coordinator is unavailable, report the incident to the Division Manager of the HOPWA Program. Division.</b>
B. Completion Process--Incident Report	
1. Program Director	For each occurrence of any events outlined in section I.D "Application" the director will initiate and complete the Incident Report Form. The completed form will be transmitted (hand carried if necessary) to SHRA.
2. Homeless Program Manager	Review Incident Report Form completeness, accuracy and detail necessary and sufficient to facilitate management decisions and to provide an informed response to requests for information. Signify approval of Incident Report Form by signature in the appropriate section. When necessary, make comments, signify additional information required, and state other required actions. Make a photocopy of the Incident Report Form with the additional comments and requirements noted. Notify program director (by phone/in person) of the additional requirements.

SACRAMENTO HOUSING AND REDEVELOPMENT AGENCY

PROVIDER INCIDENT REPORT

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Program: \_\_\_\_\_

INCIDENT TYPE (check one)

\_\_\_\_ Death by any cause.

\_\_\_\_ Other-any incident which, in the judgment of facility director, might have future repercussions.

\_\_\_\_ Bomb threats that would need to be addressed by staff.

\_\_\_\_ Incidents involving police intervention or other emergency response.

\_\_\_\_ Facility damage (in excess of \$500.00)

Accident report form attached?

\_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ Not Applicable

Additional report attached?

\_\_\_\_ YES \_\_\_\_ NO

If "YES", state name(s):

1. Description of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Action Taken/Results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Assistance Requested from County: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**

# SHRA DISABILITY CERTIFICATION

For SHP Permanent Supportive Housing Programs  
(Please complete all sections including signatures)

1. Name of Client: \_\_\_\_\_

2. I certify that the above named client is disabled, because:

- The client is receiving Supplemental Security Income (SSI) benefits or has been determined to be eligible for SSI benefits.

*If you check box 2, you must attach a copy of the client's SSI determination letter and complete the signature section below.*

3. I certify that the above named client is disabled, because:

- The client is not receiving SSI benefits but meets the following definition of disability:

"A person shall be considered to have a disability if such person (1) has a physical, mental, or emotional impairment which is expected to be of *long-continued and indefinite duration*; substantially impedes his or her ability to live independently; and is of such nature that such ability could be improved by more suitable housing conditions, or (2) has a developmental disability; or (3) has AIDS or conditions arising from its etiological effects.

*Please complete and sign below to certify your choice in section 3. Certification must be signed by a qualified professional. (See the attached list to determine who is considered a qualified professional.)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

# SHRA DISABILITY CERTIFICATION

## FOR SHP PERMANENT SUPPORTIVE HOUSING PROGRAMS

Effective August 2006, the list of qualified professionals who are able to document disabilities for permanent supportive housing has been expanded.

For a *Physical disability*:

- Licensed Medical Doctor
- Licensed Nurse Practitioner

For a *Mental Health disability*

- Licensed Medical Doctor
- Licensed Nurse Practitioner
- Licensed Psychiatrist
- Licensed Psychologist
- Licensed Clinical Social Worker (LCSW)
- Marriage & Family Therapist (MFT)
- County Mental Health Clinician

For an *Alcohol and/or Drug disability*:

- Licensed Medical Doctor
- Licensed Nurse Practitioner
- Licensed Psychiatrist
- Licensed Psychologist
- Licensed Clinical Social Worker (LCSW)
- Marriage & Family Therapist (MFT)
- County Alcohol and Drug Clinician
- Certified Alcohol and Drug Counselor

# SHRA DISABILITY CERTIFICATION

For Shelter Plus Care Supportive Housing Programs

*(Please complete all sections including signatures)*

1. Name of Client: \_\_\_\_\_

The above named individual is applying for Shelter Plus Care. The purpose of the program is to provide long-term rental assistance, in connection with supportive services to very low income homeless persons with disabilities. We must verify whether he/she is disabled as defined by the U.S. Department of Housing and Urban Development (HUD).

The HOPWA regulations define disability as one or the following:

A person shall be considered to have a disability if such person (1) has a mental or emotional impairment which is expected to be of *long-continued and indefinite duration*; substantially impedes his or her ability to live independently; and is of such nature that such ability could be improved by more suitable housing conditions, or (2) has AIDS or conditions arising from its etiological effects.

2. Please indicate the type of disability *(you may check more than one box)*:

- a. Serious Mental Illness
- b. Controlled Substance Abuse
- c. Alcohol Substance Abuse
- d. Persons with AIDS or Related Diseases

*Please complete and sign below to certify the individual meets Sacramento County's Shelter Plus Care definition of disability. Certification must be signed by a qualified professional. (See the attached list to determine who is considered a qualified professional.)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

# SHRA DISABILITY CERTIFICATION

## FOR SHELTER PLUS CARE SUPPORTIVE HOUSING PROGRAMS

Effective August 2006, the list of qualified professionals who are able to document disabilities for permanent supportive housing has been expanded. Please see the list below.

For *AIDS and Related Diseases disability*:

- Licensed Medical Doctor
- Licensed Nurse Practitioner

For a *Mental Health disability*:

- Licensed Medical Doctor
- Licensed Nurse Practitioner
- Licensed Psychiatrist
- Licensed Psychologist
- Licensed Clinical Social Worker (LCSW)
- Marriage & Family Therapist (MFT)
- County Mental Health Clinician

For an *Alcohol and/or Drug disability*:

- Licensed Medical Doctor
- Licensed Nurse Practitioner
- Licensed Psychiatrist
- Licensed Psychologist
- Licensed Clinical Social Worker (LCSW)
- Marriage & Family Therapist (MFT)
- County Alcohol and Drug Clinician
- Certified Alcohol and Drug Counselor