Form D01 (Rev. 12/00)

Emergency Shelter Denials (Emergency Shelter Programs ONLY)

I. Report Date: Month/Year

II. Agency Information

Agency ID: _____

Agency Name: _____

III. Denial Log Worksheet

Family Unit ID	Num. of Adults	Num. of Children	Denial Reason

IV. Totals

Total Adults	Total Children

Instructions: Complete ONE form for ALL the emergency shelter programs (residential programs) your agency operates. Do not include transitional housing or non-residential programs on this form. Each person/family denied shelter should be counted only once in the reporting month, regardless of the number of times they requested and were denied shelter. **I. Reporting Date**: Enter the reporting month and year. **II. Agency ID**: Assigned and pre-entered by NYS OCFS. **Agency Name**: Pre-entered by NYS OCFS. **III. Denial Log Worksheet**: *Column One* – Family Unit ID – Enter a discreet family unit identification code. *Column Two* – Adults – For each family denied shelter, enter the number of adults that were seeking and denied shelter (excluding batterers). *Column Three* – Children – For each family denied shelter, enter the number of children that were seeking and denied shelter. *Column Four* – Denial Reason – For each family denied shelter, enter ONE reason for denial from the list of reason codes provided under Section V. **IV. Total**: At the end of the month, enter the total number of adults and children that were denied shelter by adding the figures in their respective columns. If using multiple forms, please staple forms together, only include the *Grand Total* on one form, and make sure the *Grand Total* page is on top of all other forms. **V. Denial Reasons**: At the end of the month, enter the total number of adults and children denied shelter for each of the reason codes noted. While the denial reasons will most likely be selected based on the adult victim's circumstance, we would like to track the number of children associated with these denials. Denial reasons should match the number of adults and children that are denied.

V. Denial Reasons (Enter total Adults/Children)

Adults	Children		
		A	Facility at capacity (no beds available)
		B	Family too large (insufficient # of beds)
		C	Facility not equipped to address substance abuse/alcohol abuse needs
		D	Likely to interfere w/health & safety of others
		E	Refused to cooperate w/program rules/policy
		F	Unsafe location for family
		G	Family reached permissible stay limit
		H	Not a DV victim
		I	Special needs cannot be met, specify below*
		J	Other, specify below*

* Specify Special Needs/Other Denial Reasons here (if applicable)