NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**NOTIFICATION TO OCFS**

**OF AN EXTENDED LENGTH OF STAY IN A RESIDENTIAL RHY PROGRAM**

This form is provided for municipal runaway and homeless youth (RHY) service coordinators and other designees as designated in the municipality’s Child and Family Services Plan (CFSP) to notify OCFS of a circumstance requiring RHY residential services beyond the maximum length of stay for RHYA.

**Directions:**

**1.** Complete this form. Incomplete forms will be returned.

**2.** Submit the completed form to [RHY@ocfs.ny.gov](mailto:RHY@ocfs.ny.gov?subject=Notification%20to%20OCFS%20of%20an%20Extended%20Length%20of%20Stay%20in%20a%20RHY%20Program) in each instance where notification to OCFS is required.

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| --- | --- |
| To:  **OCFS, Attention: RHY** | Date:        /       / |
| From: | Organization: |
| CC: | Municipality: |
| Re:  **Notification of extended RHY residential services** | |
| **This notification concerns the following type of RHY residential service extension:**  RHY Crisis Services – extending residential services for runaway youth aged 14 or older (at least 60 calendar daysprior to the youth’s maximum permissible length of stay expires)  RHY Crisis Services Program – extending residential services for runaway youth not yet 14 years old (within 60 calendar days of the date that the decision was made by the program to extend the youth’s length of stay).  Transitional Independent Living Support Program (TILP) - extending residential services for homeless youth that began receiving TILP services before his or her 21st birthday (at least 60 days before the youth’s maximum permissible length of stay expires)  TILP – offering residential TILP services to youth younger than 16 years old (must provide notification to OCFS  within 60 calendar days of the youth’s admission to the TILP).  Other, please specify the program type and circumstance: | |
| A youth aged [insert youth’s age]       has been voluntarily residing at [insert program name]       since [insert date of youth’s admission]       /       /      . I am notifying OCFS of my support for the youth to receive [define the services to be extended and a tentative date that the youth will be successfully discharged from the program]      .   * The circumstances that make an extension of residential services necessary include:   [describe the circumstances]   * Efforts made by[insert program name]       to obtain appropriate housing with the youth have included:   [describe efforts made]   * The outcomes of these efforts have included: [describe the results of the efforts described above] | |
| I understand that OCFS has the authority to direct another course of action should this plan be deemed unsuitable. I understand that I am responsible for notifying OCFS upon the youth’s discharge and for providing a copy of the youth’s discharge plan. This notification will be made to [RHY@ocfs.ny.gov](mailto:RHY@ocfs.ny.gov). | |

**Instructions on how to complete the**

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* Legibly enter the following information.
  + **Date:** The date notification is submitted
  + **From:** The name of the RHY services coordinator or designee as included in the municipality’s CFSP
  + **Organization:** The organization or agency that the person who is submitting the notification represents
  + **CC:** Notify other partners as appropriate and permissible while respecting the youth’s confidentiality. OCFS recommends including the municipal youth bureau director, the OCFS regional office, and if applicable, the municipality’sRHY service coordinator.
  + **Municipality:** The county or municipality on whose behalf the notification is being made
* Using the check boxes provided, indicate the purpose of this notification.
* Using the fillable fields embedded in the template text, please provide the information as required in policies 19-OCFS-ADM-05 or 19-OCFS-ADM-06.