ATTACHMENT 3 Local Social Services District Request for Executive Law §259-c (17) Investigation by the Division of Parole TO: **New York State Division of Parole** Area Supervisor _____ FROM: County Department of Social Services (name) ____ (case name) RE: NYSID RELEASE DATE DATE: The ______ County Department of Social Services has received a notice on the above-referenced individual pursuant to section 259-c (17) of the New York State Executive Law. Our office has determined that this individual is in need of immediate shelter and investigation and approval of the potential temporary housing placement noted below is required: Name of Organization: Address/Zip Code: Phone number: Contact Person: Comments: Please provide the results of your findings by no later than _____. Should you have any questions, please contact ______ at ____ (phone). Thank you. PART II: Sample Division of Parole Report to Local Social Services District Following Investigation of Case pursuant to Executive Law §259-c(17) NYS DIVISION OF PAROLE REPORT OF TEMPORARY HOUSING PLACEMENT INVESTIGATION **DATE:** The above referenced potential temporary housing placement was investigated by the Division of Parole on _____ and was:

___disapproved (specify reasons: _____

Submitted By: ______, Area Supervisor, NYS Division of Parole

required, please submit a new written request. Thank you.

Please contact me at ______ should you have any questions. If additional investigation is

___approved; or