

**GENERAL INFORMATION SYSTEM DIVISION:
Center for Employment and Economic Supports**

December 22, 2008

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Parole Liaison Survey

Please complete and return by COB Tuesday December 30th

Send to: Kim.Heroth@OTDA.state.ny.us

_____ County Department of Social Services

Completed by _____ Title _____

Telephone #: _____ Date: _____

The person in this district who will administer the entitlements for access to the DCJS website is:

Name: _____ User ID: _____

Telephone #: (____) _____ Fax #: (____) _____

The person who is this district's Local District Parole Liaison is:

Name: _____ Title: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

E-mail address: _____

The point of entry for a person in need of a homeless placement during normal business hours in this district is:

- _____ The main DSS office
- _____ Any of the DSS offices
- _____ Only the following DSS offices in this district: _____
- _____ An alternate point of entry who performs this function for DSS under contract or and/or a Memorandum of Understanding (MOU). This alternate point agency is

Address: _____

Telephone: _____

If a person is in need of a homeless placement at any time outside of normal business hours, the after hours contact is:

If an individual has a need after hours, how does the person know to make the above contact?

_____ After hours contact information is on district's after hours phone message

_____ Police

_____ Other: Please specify: _____