

**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 30<sup>th</sup>**

**Send to: [Kim.Heroth@OTDA.state.ny.us](mailto: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: \_\_\_\_\_