

8 ACCESS REQUESTS AND CUSTOMER SERVICE



- (a) Shelter providers will promote a high and consistent level of customer service by responding to requests for support services in a respectful, empathetic and timely manner.
- (b) Shelter providers with a website must post key contact information, and clear directions to the shelter location, unless exempted by SSHA.
- (c) Shelter providers must be able to respond to requests for support services made by phone or in person.
- (d) Shelter providers will endeavor to have a staff person respond to telephone requests for service in real time.
- (e) Shelter providers must have an automated voicemail system capable of storing incoming messages and relaying key information to any caller requesting service who does not reach a staff person.
- (f) At a minimum, an automated outgoing message will include
 - (i) The shelter's name and client group(s) it serves
 - (ii) Clear direction regarding when shelter staff will return calls
 - (iii) Direction to contact Toronto 311 if the caller requires more immediate support services
 - (iv) Direction to call 911 if the caller is in danger or in need of emergency services (e.g., paramedics, police, fire).

8.1 INTAKE / ASSESSMENT

- (a) Shelter providers will
 - (i) Have an access/intake policy and procedures that include assessing clients for program eligibility, responding to service requests not resulting in a SMIS intake and explaining the collection of personal information
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised
 - (iii) Offer a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to clients upon their request.

- (b) Shelter providers, Central Intake and the Streets to Homes Assessment and Referral Centre (SHARC) will conduct an intake/assessment in order to determine the service need(s) and related accessibility requirements or accommodation (i.e., modified service requirements) needs of a client.
- (c) Shelter providers will complete an intake/assessment in SMIS, completing only those fields that are required in order to save the intake request in real time.
- (d) The intake/assessment will determine, at a minimum, if
 - (i) There is an available bed in their shelter
 - (ii) The client identifies as a member of the particular client group served by the shelter
 - (iii) There are no active service restrictions for the client at the admitting shelter.
- (e) Shelter providers will ask all clients for their gender identity rather than assume.
 - (i) Shelter providers will support the choices of transgender clients to gain access to sleeping areas designated for the gender the client identifies with and/or that will best preserve their safety and dignity.
 - (ii) In instances where transgender clients express concerns about their safety or dignity, shelter providers will accommodate requests for a bed in a non-gender specific /private room, if possible, or in a sleeping area that the client believes will best preserve their safety and dignity, regardless of their gender identity.
- (f) Shelter providers will not use immigration status as a basis to deny clients access to shelter services. Immigration status information will not be requested or collected in order to determine service eligibility at intake/assessment or admission process, unless approved by SSHA.
 - (i) Refugee status will be collected to facilitate suitable shelter placement and supports.
- (g) Shelter providers will request Next of Kin/Emergency contact information and record client's response in SMIS. The absence of providing this information does not preclude a client from receiving service.
- (h) Shelter providers will take all reasonable measures to accommodate clients with a disability.
 - (i) Shelter providers will take all reasonable measures to accommodate clients accompanied by service animals or emotional support animals.
 - (ii) Shelter providers that cannot accommodate clients with a disability will make a referral to an accessible shelter and offer appropriate transportation assistance, as described under section 8.2 Referrals.
- (i) Shelter providers will take all reasonable measures to accommodate clients accompanied by their pet.
 - (i) Shelter providers will have a plan outlining how clients with pets will be accommodated. The plan will be submitted to SSHA for review and consideration of exemptions.

- (j) Shelter providers will not make intake/assessment decisions based on a client's substance use.
- (k) Shelter access during intake/assessment may be denied in cases where
 - (i) There is an active service restriction for the client at the selected admitting shelter
 - (ii) A client's behaviour could compromise the health and safety of the client or other individuals within the shelter.
- (l) Shelter providers will record all service denials at intake/assessment in the referral notes in SMIS in real time, and refer the client to another shelter or appropriate service and offer appropriate transportation assistance, as described under section 8.2 Referrals.

8.2 REFERRALS

- (a) Shelter providers will
 - (i) Have a policy and procedures for referrals
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised
 - (iii) Provide a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to clients upon their request.
- (b) Shelter providers who are not able to admit a client to their bedded program or provide the requested support services will refer the client to another shelter with space in an appropriate bedded program or to more suitable support services.
- (c) If a client is provided a referral over the phone, shelter staff will relay clear directions to the client in order for him/her to reach his/her destination as easily as possible.
- (d) When referring clients to a bedded program at another shelter, the referring shelter will
 - (i) Review SMIS information regarding bed availability at other shelters
 - (ii) Verbally review the Notice of Collection with the client and ask for their permission to enter their information into SMIS
 - (iii) Verify the existing intake/assessment or complete an intake/assessment in SMIS, filing in only those fields in SMIS that are required in order to save the intake request
 - (iv) Confirm by phone with the receiving shelter that a bed is available
 - (v) Complete the referral in SMIS in real time.
- (e) If the referral is not to a bedded program, the disposition of the referral will be recorded in SMIS in real time and the referred client will be given the necessary information to contact the appropriate support services.
- (f) When referring a client to support services, shelter providers and Central Intake will take a client's preferences into account as much as possible.

- (g) When referring a client with mobility or health issues to another shelter, shelter staff will first communicate the needs of the client to the receiving shelter, with consent from the client, to ensure that the receiving shelter is able to accommodate the client prior to executing the referral.
- (h) Shelter staff will offer transportation assistance to a referred client, taking into account any client limitations (e.g., mobility, visual impairment) and safety considerations.
- (i) When circumstances limit a shelter provider's ability to complete a referral, the referring shelter provider will
 - (i) Assist an in-person client to contact Central Intake and provide the client with Central Intake's contact information
 - (ii) Transfer phone requests to Central Intake and provide the client with Central Intake's contact information.

8.3 ADMISSION

- (a) Shelter providers will
 - (i) Have a policy and procedures for admission
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised
 - (iii) Provide a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to clients upon their request.
- (b) Emergency shelter providers will admit clients to their bedded program at any time during their hours of operation when
 - (i) There is an available bed in their shelter
 - (ii) The client identifies as a member of the particular client group served by the shelter
 - (iii) There are no active service restrictions for the client at the admitting shelter.
- (c) Shelter providers will verbally review the Notice of Collection consent form with the client and ask for their permission to enter their information into SMIS.
- (d) Shelter providers that receive client referrals through Central Intake or SHARC, are required to complete the intake in SMIS when admitting clients to bedded programs.
- (e) Shelter providers will complete the intake in SMIS for each client at the time of admission or no later than 36 hours after admission.
 - (i) For families, shelter providers will complete the intake in SMIS for the head of household at the time of admission, and will complete the mandatory fields for all additional family members no later than 72 hours after admission.
 - (ii) For couples, shelter providers will complete the intake in SMIS for each client at the time of admission or no later than 36 hours after admission.

- (f) Shelter providers admitting clients to a bedded program will collect the following client information at minimum and record the response in the SMIS intake
 - (i) Personal information, including name, date of birth, gender and pronouns
 - (ii) Personal contact information, including the client's phone number, email address, or other contact information, if the client is willing to share this information
 - (iii) Living situation, including sleeping arrangements, reason for seeking service and how long the client has been staying in Toronto
 - (iv) Demographic information
 - (v) The Support Needs Checklist and comments
 - (vi) The Support Level Triage and rationale
 - (vii) Source of income
 - (viii) The identification section, where ID is available and the client is willing to share it
 - (ix) Next of Kin or Emergency contact information, if the client is willing to share this information.
- (g) Family shelter providers will complete the Support Needs Checklist and Support Level Triage section considering the family as a whole, including individual differences in the comments and triage rationale section.
 - (i) Family shelter providers, where a family member decides to seek housing separate from their family will update the head of household's Support Needs Checklist and Triage section to remove information about the departing household member. Family shelter providers will complete individual SMIS Support Needs Checklist and Triage sections for the departing household member.
- (h) Shelter providers will not deny access or services to clients that choose not to provide the requested information.
- (i) Shelter providers will update the intake information in SMIS as needed, ensuring it is accurate and up-to-date.
- (j) Shelter providers will ask all clients for their gender identity rather than assume.
 - (i) Shelter providers will support the choices of transgender clients to gain access to sleeping areas designated for the gender the client identifies with and/or that will best preserve their safety and dignity.
 - (ii) In instances where transgender clients express concerns about their safety or dignity, shelter providers will accommodate requests for a bed in a non-gender specific /private room, if possible, or in a sleeping area that the client believes will best preserve their safety and dignity, regardless of their gender identity.
- (k) Shelter providers will not use immigration status as a basis to deny clients admission to shelter services. Immigration status information will not be requested or collected in order to determine service eligibility at intake/assessment or admission process, unless approved by SSHA.

- (i) Refugee status will be collected to facilitate suitable shelter placement and supports.
- (l) Shelter providers will take all reasonable measures to accommodate clients with a disability.
 - (i) Shelter providers will take all reasonable measures to accommodate clients accompanied by service animals or emotional support animals.
 - (ii) Shelter providers that cannot accommodate clients with a disability will make a referral to an accessible shelter and offer appropriate transportation assistance, as described under section 8.2 Referrals.
- (m) Shelter providers will take all reasonable measures to accommodate clients accompanied by their pet.
 - (i) Shelter providers will have a plan outlining how clients with pets will be accommodated. The plan will be submitted to SSHA for review and consideration of exemptions.
- (n) Shelter providers will not make admission decisions based on a client's substance use.
- (o) Shelter admission may be denied in cases where
 - (i) There is an active service restriction for the client at the admitting shelter
 - (ii) A client's behaviour could compromise the health and safety of the client or other individuals within the shelter.
- (p) Shelter providers will record all service denials at assessment in the referral notes in SMIS in real time, and refer the client to another shelter or appropriate service and offer appropriate transportation assistance, as described under section 8.2 Referrals.

8.4 SHELTER ORIENTATION

- (a) Shelter providers will provide clients with orientation to the shelter upon admission or as soon as possible, and no later than twenty-four (24) hours after admission. At a minimum, shelter orientation information will include
 - (i) Shelter rules
 - (ii) Curfew information
 - (iii) Meal time information
 - (iv) Availability and location of non-gender specific and/or accessible washrooms
 - (v) Option to access sleeping areas and washrooms designated for the gender the client identifies with and/or that will best preserve their safety and dignity
 - (vi) Nearby amenities (e.g., stores, community centre, library, drop-ins, etc.)
 - (vii) Health and Safety information including key aspects of a shelter's emergency plan, evacuation plan and identifying emergency exits

- (viii) Client rights and responsibilities
 - (ix) Service restriction information
 - (x) The process for making a complaint.
- (b) A tour of the shelter will be offered to all admitted Residents. Tours for interested Residents will be arranged as soon as reasonably possible and no later than forty-eight (48) hours after admission.
- (c) During orientation, as described in section 10.2.1 Harm Reduction, shelter providers will explain what harm reduction services are available at the location and will make explicit that
- (i) The site is a harm reduction positive location
 - (ii) Harm reduction supplies and naloxone are readily available, onsite or through mobile community services
 - (iii) All clients will be offered a naloxone kit and training
 - (iv) Substance use in and of itself is not a reason for service restriction; abstinence-based programs may be exempt and must comply with section 8.6 for Discharge, 8.6.2 for Service Restriction and Section 10.2.2 for abstinence-based programs
 - (v) Staff are concerned about the safety of people who use drugs at the site and are available to help with safety planning and arranging post-drug use safety checks.

8.5 BED ACCESS AND OCCUPANCY MANAGEMENT

8.5.1 QUEUE ADMINISTRATION AND HELD BEDS/ROOMS

- (a) Transitional Shelter providers are exempt from all requirements of section 8.5.1 Queue Administration and Held Beds/Rooms. Family shelter providers are required to meet the requirements of section 8.5.1 Queue Administration as they apply to rooms.
- (b) Specialized programs such as harm reduction programs may be exempt from all requirements of section 8.5.1 Queue Administration and Held Beds/Rooms with prior approval from SSHA.
- (c) Shelter providers will queue/hold beds/rooms for incoming clients for a maximum of two (2) hours.
- (d) Shelter providers may grant extensions beyond the maximum queue/hold time under extenuating circumstances (e.g., employment obligations, client appointments or lengthy travel time to the shelter) or as approved by the shelter.
- (e) Shelter providers will document approved extensions to the maximum queue/hold time in SMIS in real time and no later than two (2) hours after granting the extension.
- (f) Shelter staff will inform incoming clients of the maximum queue/hold time (or the time that an approved extension will expire) and the potential loss of bed or room resulting from late arrival.

- (g) If an incoming client does not arrive within the maximum queue/hold time or prior to the expiry time of the approved extension, shelter providers will release the held bed or room and clear their SMIS queue immediately.
- (h) Queue clearing must be done on a regularly scheduled basis and a minimum of four (4) times per shift during a shelter's hours of operation.

8.5.2 CURFEW

- (a) Transitional shelter providers and family shelter providers are exempt from all requirements of section 8.5.2 Curfew.
- (b) Specialized programs such as harm reduction programs may be exempt from all requirements of section 8.5.2 Curfew with prior approval from SSHA.
- (c) Shelter providers will inform all clients of the curfew time and the unplanned discharge that may result from missed curfew.
- (d) In the adult and youth emergency shelter sector, beds must not be held after curfew unless a client's service plan requires it, or unless the client has made prior arrangements with staff and has received permission to be late in order to attend school, volunteer work, shift work (including sex work), counselling, peer group, health/medical treatment, family reunification, cultural, religious, or family obligations.
- (e) If a client is approved to return after a shelter's curfew but fails to return or contact the shelter by the agreed upon time, the client may be discharged.
- (f) Shelter providers that receive a request for a bed after curfew and before 4:00 a.m. and the shelter provider is unable to accommodate or refer the presenting client to another shelter, the shelter provider will
 - (i) Discharge clients that have not returned for curfew or made other arrangements, and release the bed for use by the presenting client
 - (ii) If the bed cannot be prepared for use at this time, the shelter provider will intake and admit the new client and offer an alternative sleeping arrangement.
- (g) Shelter providers will transfer a client who is assigned to an alternative sleeping arrangement to an unoccupied bed at the earliest opportunity, or offer to refer the client to another shelter as soon as possible in a manner that complies with the requirements of section 8.2 Referrals.

8.5.3 OCCUPIED BED/ROOMS

- (a) Transitional shelter providers are exempt from all requirements of section 8.5.3 Occupied Bed/Rooms. Family shelter providers are required to meet the requirements of section 8.5.3 Occupied Bed/Rooms as they apply to rooms.
- (b) Specialized programs such as harm reduction programs may be exempt from all requirements of section 8.5.3 Occupied Bed/Rooms with prior approval from SSHA.
- (c) Shelter providers, including family shelter providers, will conduct regular bed checks to monitor the occupancy of their shelter, and

- (i) Immediately release unoccupied beds/rooms in order to facilitate access for other clients seeking a shelter bed.
- (ii) Providers may not conduct bed checks during overnight hours.
- (d) Shelter providers will mark the final number of occupied beds/rooms at 4:00 a.m. on a hard copy of the SMIS-generated bed log, which must be signed by the authorized staff and stored appropriately.

8.5.4 LEAVE WITH PERMISSION

- (a) Shelter providers may authorize a Leave with Permission in response to extenuating circumstances (e.g., medical emergency or funeral) or as part of a client's service plan (e.g., improving their housing situation, overnight visits to family to support the goal of family reunification, custody agreements, etc.).
- (b) Leaves with Permission that do not require prior approval by SSHA will
 - (i) Be limited to exceptional/emergency circumstances or be part of a client's service plan
 - (ii) Not exceed four (4) consecutive days
 - (iii) Be authorized by a shelter's Executive Director or designate.
- (c) For requests that exceed four (4) consecutive days, shelter providers will submit a completed Leave with Permission form to seek approval from SSHA.
- (d) SSHA approvals for Leave with Permission requests may be sought in each instance that a request is made by a client, or sought once for a series of requests if multiple, regularly scheduled leaves are required by a client's service plan.
- (e) Approved Leave with Permission requests must be documented in SMIS in real time, and will include
 - (i) Reason for leave
 - (ii) Date and time leave approved to begin
 - (iii) Expected date/time of return
 - (iv) Name of approver.
- (f) Vacated emergency shelter beds that result from approved Leaves with Permission will be treated as an available bed and assigned to clients seeking a shelter bed.
 - (i) Upon the return of the client who was granted the leave, shelter providers will transfer the client who was assigned to the vacated bed to an unoccupied bed in their shelter, or offer to refer the client to another shelter in a manner that complies with the requirements of section 8.2 Referrals.
 - (ii) Transitional and family shelter providers are exempt from this requirement of section 8.5.4 Leave with Permission.

8.5.5 LENGTH OF STAY

- (a) There is no prescribed limit to the length of time a client may stay in an emergency shelter. Lengths of stay will be determined on a case-by-case basis.
- (b) Shelter staff will use the benchmark of ninety (90) days as a trigger for initiating a reassessment of a client's service plan.

8.5.6 DAYTIME ACCESS

- (a) Shelter providers that do not normally provide service during the day will
 - (i) Have a policy and procedures for daytime access that, at a minimum, allows access to sleeping areas for clients who work overnight shifts (including sex work), are ill but not in need of medical care, or require daytime access as part of the service plan
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised
 - (iii) Provide a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to clients upon their request.
- (b) Shelter providers may request that a client who is ill and requesting daytime access to a sleeping area produce a note from the client's physician.
- (c) Shelter providers that are unable to provide daytime access to sleeping areas will offer to arrange a referral to a shelter or other program that provides daytime access to a sleeping area. The referral must be completed in a manner that complies with the requirements of section 8.2 Referrals.

8.6 DISCHARGE

- (a) Shelter providers will
 - (i) Have a policy and procedures for planned and unplanned discharges that include how clients retrieve their belongings and how unclaimed client belongings will be stored, handled and/or disposed, as per section 9.3 Client Privacy and Personal Space
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised
 - (iii) Provide a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to clients upon their request.
- (b) Abstinence-based shelter providers may discharge and/or issue a service restriction to a client who breaks shelter rules or policies regarding substance use in a manner that complies with requirements under section 8.6 Discharge and section 8.6.2 Service Restrictions.

- (i) Abstinence-based shelter providers will refer the discharged and/or service-restricted client to another shelter or appropriate support services in a manner that complies with the requirements of section 8.2 Referrals.
- (c) Shelter providers will record discharges in SMIS in real time.
 - (i) Appropriate management staff or designate will review all recorded discharges in SMIS within 14 days to ensure that the recorded disposition is accurate, and revise if needed.

8.6.1 PLANNED DISCHARGES

- (a) Shelter providers will ensure that discharged clients have a discharge plan in place (e.g., to housing, to treatment, to hospital), whenever possible.
 - (i) Discharge plans will be developed in collaboration with clients whenever possible.
- (b) As part of a client's planned discharge and transition out of a shelter, shelter staff will
 - (i) Provide information in writing and assistance to the client regarding resources relevant to the next stage of their service plan, including community services and key personal supports
 - (ii) Review consent forms and summarize information for the client or next shelter provider to assist in ensuring continuity of service in a manner that complies with the requirements of section 12.6.4 Sharing/Disclosure of Client Information
 - (iii) For up to twelve (12) months following discharge from the shelter, and at the request of the client, provide follow-up services or referrals to help support the client's transition to housing, provide crisis support and/or provide eviction prevention activities.
- (c) Exceptions are permitted in cases of unplanned discharge, which may result from
 - (i) A failure to return to shelter by curfew
 - (ii) A service restriction from the shelter's bedded program.

8.6.2 SERVICE RESTRICTIONS

- (a) Shelter providers will
 - (i) Have a policy and procedures for bedded program service restrictions, including an appeals process
 - (ii) Submit a copy of the policy and procedures to SSHA, and resubmit a copy whenever the document(s) are updated or otherwise revised
 - (iii) Provide a copy of the policy and procedures or a plain language version of the policy and procedures (e.g., simplified orientation brochure) to clients upon their request.

- (b) Transitional shelter providers that utilize rental agreements as part of their service model will adhere to eviction processes described under the Residential Tenancies Act, 2006 and administered by the Landlord and Tenant Board. Accordingly, such shelter providers are exempt from having a service restriction policy for their bedded program.
- (c) Shelter providers will make clients aware of the service restriction policy upon admission or as soon as possible and no later than twenty-four (24) hours after their admission.
 - (i) The service restriction policy will be posted in conspicuous areas of the shelter.
- (d) Shelter providers may only issue service restrictions from a bedded program as a last resort to address
 - (i) Incidents involving violence, threats of violence (including threatening behaviour)
 - (ii) Serious occurrence arising from behaviours that cause dangerous circumstances for others
 - (iii) The violation of significant shelter rules
 - (iv) A client's continued refusal to work with staff on their service plan.
 - (v) All service restrictions from a bedded program must be approved by a shelter's Executive Director or designate prior to being issued.
- (e) During a Weather Alert, an Extreme Weather Alert, smog alert or when directed by SSHA, shelter providers will temporarily suspend all service restrictions, except in cases where a shelter provider determines that the service-restricted client poses an immediate threat or danger to another individual's health or safety, or the security of the shelter.
- (f) Shelter providers will document the following information about service restrictions from a bedded program in SMIS in real time
 - (i) The reason for the service restriction
 - (ii) The date that the service restriction will be reviewed with the client
 - (iii) The date the service restriction will be lifted
 - (iv) The name of the staff person who issued the service restriction.
- (g) Shelter providers will, at a minimum, provide clients with the following information both verbally and in writing upon the issuance of a service restriction or as soon as possible thereafter
 - (i) The reason for the service restriction
 - (ii) The date that the service restriction will be reviewed with the client
 - (iii) The date the service restriction will be lifted
 - (iv) Information about the client's right to initiate an appeal of their service restriction.

- (h) Shelter providers will take all reasonable steps to ensure that the client has understood the information described under section 8.6.2 Service Restrictions above.
- (i) Shelter providers will advise clients wishing to appeal a service restriction of the shelter's internal processes for handling such appeals. If the client has exhausted the shelter's internal processes and is not satisfied with the outcome, shelter providers will direct the client to contact SSHA in order to make their complaint, as described under section 7 Compliments, Complaints and Appeals.
- (j) Shelter providers will refer the service restricted client to another shelter in a manner that complies with the requirements of section 8.2 Referrals.
 - (i) For clients who refuse a referral to another shelter, shelter providers will offer transportation assistance to reach a destination of the client's choice located within the City of Toronto, taking into account any client limitations (e.g., mobility, visual impairment) and safety considerations.
- (k) Shelter providers will not prohibit client access to other support services provided at the shelter site because of a service restriction from a bedded program unless the service restriction is agency-wide due to the severity of the client's actions/behaviour.
 - (i) Shelter providers will refer the service restricted client to another shelter to receive the support services that they cannot access due to the agency-wide service restriction, in a manner that complies with the requirements of section 8.2 Referrals.
- (l) Shelter providers will limit the use of service restrictions lasting three (3) months or longer to only the most serious occurrences resulting from client's actions/behaviour.
- (m) Service restrictions lasting three (3) months or longer may only be issued with the approval of SSHA.

8.7 EXTREME WEATHER

- (a) SSHA may require shelter providers to provide extreme weather responses outlined below any time that weather conditions create a risk for clients, regardless of whether a Weather Alert, an Extreme Cold Weather Alert or smog alert is declared.
- (b) During a Weather Alert, an Extreme Cold Weather Alert, smog alert or when directed by SSHA, shelter providers will, at a minimum
 - (i) Divert resources as needed to ensure continued delivery of core support services (i.e., bedded program, meal program)
 - (ii) Ensure at least one (1) air conditioned cooling area is available to clients during a heat-based Weather Alert or smog alert
 - (iii) Temporarily suspend all service restrictions, except in cases where a shelter provider determines that the service-restricted client poses an immediate threat or danger to another individual's health or safety, or the security of the shelter
 - (iv) Refer the service restricted client to another shelter in a manner that complies with the requirements of section 8.2 Referrals.

- (v) Relax admission eligibility requirements
 - (vi) Provide or extend daytime access to clients
 - (vii) Based on a client's need, shelter providers will help clients obtain basic clothing and footwear appropriate for the season.
- (c) Shelter providers that have been pre-approved by SSHA may exceed their funded bed capacity during Weather Alerts, as per their Operating Agreement.
- (i) Shelter providers will not exceed their maximum building occupancy as set out by Regulation 213/07: Fire Code (made under the Fire Prevention and Protection Act, 1990) under any circumstances.
 - (ii) Shelter providers will have the expanded, SSHA approved beds set up to admit clients by 7:00 p.m. on the day of the Weather Alert/Extreme Cold Weather Alert being called and will ensure the capacity is updated in SMIS.
 - (iii) Shelter providers may temporarily use alternative sleeping arrangements that may not meet the requirements found under section 9.3.1 Sleeping Areas and Beds, if all beds are occupied.