

### About the AOC

The AOC is an emergency shelter and services center for homeless men, providing 74 beds for overnight accommodation and support services. Staff can be reached from 8:00 a.m. through 5:00 p.m. Monday through Friday by calling 344-2323. To leave a message for a current resident, please call 344-4340.

**The AOC does not allow walk-ins.** All residents must use AOC-sponsored or their own transportation both to and from the AOC.

**Residents are picked up at the Albuquerque Rescue Mission at 6:00 p.m.** each evening and taken to work or back downtown at 6:00 a.m. every morning. See our General Information form for full transportation information.

### Reservations

The AOC uses a reservation system to allow prospective residents equal access to our limited number of beds. **The reservation number is 344-4340, and lines open at 8:30 every morning.** To make a reservation, a prospective resident should call **344-4340** and speak to an AOC staff person. **Reservations are limited, as only a handful of beds are available each day. AOC does not keep a stand-by or waiting list.** Do **not** encourage prospective residents to call the 344-2323 number to make a reservation or inquire of open beds. The only line that they should be calling to get into the AOC will be the **344-4340**. If that line says that the beds are full, they need to try again the next day.

### Referrals

Any agency or organization may refer one of its clients to the AOC **only** if he:

- **Does not** have the capacity to make a reservation on his own( no phone, works at 8:30am, etc); *or*
- Is on a waiting list for the referring agency's housing or treatment program (Section 8 and Shelter Plus Care excluded); *or*
- Is participating in an agency-sponsored employment program; *or*
- Is being discharged from jail, the hospital, sobering services or other residential treatment program.

**To make a referral, follow these instructions:**

1. Complete an AOC referral form (attached).
2. Fax the form to 344-2088.
3. Should you need to discuss the client's situation with AOC staff, attach to the fax your agency's release of information form signed by the client.
4. ***AOC will call the contact person listed when a reservation is available.*** If there is a bed available and your referral is up, you will receive a call that morning before 10am. **Failure to return the call promptly that morning Before 10:30am will mean the next bed's availability will go to the next resident in the referral list.** Failure to return messages within 2 working days regarding the status of a referral will result in the referral becoming **Inactive**. If the referral is no longer needed, **Please** contact us so that we may discard the referral. **Referrals will only be held 10 days**, unless a later date is specified in the "Day and Date Bed Needed".
5. If there is a date specified in the "Day and Date Bed Needed" field, we will do our best to arrange a smooth transition into the AOC. However, it **cannot** be guaranteed we will have an open bed for the night as we have a limited amount of beds that open daily. (sometimes, no beds are available)
6. **Do NOT** encourage clients to show up at AOC to make a reservation, as we do not make reservations in person.
7. **Do NOT** call the admin number (344-2323) to make a referral, you must fill out the form and fax it to 344-2088.

**\*AOC gives equal access to reservations for both our referred residents and those residents who call the reservation line – Of the available beds for the day, half will be reservations, half referral\***



Eligible? YES / NO  
 If yes, # of Days \_\_\_\_\_  
 If no, Date of Eligibility begins: \_\_\_\_\_  
 Date \_\_\_\_\_  
 Staff Initials \_\_\_\_\_

**TO: AOC Resident Advocates**  
 FAX: 344-2088

DATE: \_\_\_\_\_  
 Agency Referral Form

ACTIVE: Bed # \_\_\_\_\_ INACTIVE:   
 REASON: \_\_\_\_\_  
 (AOC use only)

**Section I: Client Information**

Client Name: \_\_\_\_\_ Client's Date of Birth: \_\_\_\_\_

Day and Date Bed Needed: \_\_\_\_\_

Check all that apply. Please note: Referrals are **only** placed if they fit the criteria below and if a bed is available.

This client:

- Cannot make his own reservation because, \_\_\_\_\_
- Is participating or is on a waiting list for housing or treatment program. Name of Program: \_\_\_\_\_
- Is participating in an agency-sponsored employment program: \_\_\_\_\_
- Is being discharged from jail, hospital, sobering services or residential treatment program.
- Other. Please explain \_\_\_\_\_

**Section II: Agency Information**

Referring Agency: \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_

Contact Person's Phone Number: \_\_\_\_\_

Best Time to Call Contact Person: \_\_\_\_\_

Client Consent to Release Information Attached:  Yes  No

**Section III – AOC Use Only**

Date of call confirming receipt of faxed referral: \_\_\_\_\_ TL initials: \_\_\_\_\_

Is the referral applicable? \_\_\_\_\_ YES \_\_\_\_\_ NO

Has client stayed at AOC before? \_\_\_\_\_ YES \_\_\_\_\_ NO

If so, is he eligible to return? \_\_\_\_\_ YES \_\_\_\_\_ NO

Call record: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_