



SIPS Referral Form Intake Information

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| <p>Date: ____/____/____</p> <p>Client Information</p> <p>First: _____ Last: _____ DOB: _____</p> <p>Address: _____</p> <p>Cell Phone(s): _____ - _____ - _____ or _____ - _____ - _____</p> <p>Voicemail ok? YES <input type="checkbox"/> NO <input type="checkbox"/> Email: _____</p> <p>Preferred language? _____ Other language(s): _____</p> <p>Emergency Contact: Name _____ Phone: _____</p> <p>Email: _____ Relationship: _____</p> <p>Referring Staff Member Name: _____</p> <p>Team/Department: _____</p> <p>Email: _____ Phone: _____</p> | <p>Children's Information (If Any)</p> <p>Number of children: _____</p> <p>Age/Gender of Children</p> <p>____/____, ____/____, ____/____</p> <p>____/____, ____/____, ____/____</p> <p>Please verify to show you have the following:</p> <p>____ Indicated whether it is okay to leave voicemail</p> <p>____ Completed p. 2 of this referral with as much information as possible</p> <p>____ Copied any documents available today and faxed them with referral.</p> |
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Consent to Refer: Client please initial below.

- _____ I am voluntarily providing information to complete this form and authorize the release of the information on this form to Metro Housing Boston for purposes of my housing resource request.
- _____ I authorize Metro Housing Boston to communicate information about this referral.
- _____ I would like Metro Housing Boston to contact me regarding this referral.
- _____ I acknowledge that my information related to this referral will be entered into a database maintained by Metro Housing Boston.

If I do not specify an expiration date or event, and unless otherwise revoked, this authorization will expire ONE YEAR from the date signed below.

Sign Name: _____ Print Name: _____ Date: _____

FOR REFERRING PERSONNEL ONLY:

If client is unable to sign consent form in person, referring staff member please initial below:

- _____ I communicated with the Head of Household directly and obtained verbal consent for referral pending form completion.

Additional Referral Information:

What are the family's housing needs? _____

What else does the family need (utilities, furniture, clothing, etc.)? _____



What other service providers is the family working with, and/or what other referrals have been made? For example, Health Leads, DCF, MLPB, lawyer, social worker, family partner, community agencies, other providers working directly with client:

Are there concerns for parent’s mental health or ability to care for children? If so please describe and provide contact information for social worker who is working with this family:

PLEASE COMPLETE AS MUCH OF THE INFORMATION BELOW AS POSSIBLE SO THAT THIS REFERRAL CAN BE PRIORITIZED:

EMERGENCY → Currently homeless with no place to sleep TONIGHT or IMMINENT homelessness:

- Has not applied for EA shelter
- Immediate Safety/Violence Concerns
- Court summons date: ___/___/___
- Received 48-hour notice/date of execution: ___/___/___
- Covid-19 related eviction
- Has applied for EA shelter and was denied
- Fire (Date of fire ___/___/___)
- House/unit condemned, move-out date: ___/___/___

URGENT → Eviction/Foreclosure/Impending Court Date:

- 14 day notice or 30 day notice, dated: ___/___/___

Health and safety:

- Severe disrepair/unfit due to medical concerns
- Threat of criminal activity/violence towards client
- Tenant threatened eviction
- Covid-19 issues

UNSTABLE HOUSING → No eviction/notice to quit/move-out date:

- Doubled up/stable but seeking alternative housing
- Anticipated eviction due to unpaid rent or conflict with landlord
- Affordable housing information needed

OTHER NEEDS → Please note that SIPS @ Metro Housing is NOT the first line referral for the situation below:

- Client is self sufficient and does not need any services other than housing search. If so, please reach out to Housing Hub (Housing Consumer Education Center)
Phone: (617) 425-6700
Email: resourceline@MetroHousingBoston.org
- Conditions issues NOT with Metro Housing unit or voucher (mold, infestations, landlord failure to repair unit, please first refer to Inspectional Services of their city/town or Breathe Easy (for Boston residents with asthma).

- Please fax or email ALL referrals to Metro Housing SIPS Program
- Fax 617-532-7527
- Email: SIPS@metrohousingboston.org

- For urgent issues contact the Program Manager-Ronnie Zuniga
- Office: 617-580-5024
- Email: Ronnie.Zuniga@metrohousingboston.org

Please provide a brief summary of client's current situation: