

## **SIPS Referral Form Intake Information**

Date://			Children's Information (If Any)
Client Information			Number of children:
First:	Last:	DOB:	Age/Gender of Children
Address:			
Cell Phone(s):			
Voicemail ok? YES □ NO □ Email:       Other language(s):         Preferred language?       Other language(s):			Please verify to show you have the following:
			Indicated whether it is
Emergency Contact: Name	Phor	ne:	okay to leave voicemail
Email:	Relationship:	·····	Completed p. 2 of this
Referring Staff Member Name:			referral with as much
Team/Department:			information as possible
			Copied any documents available today and faxed
Email:	Phone:	·	them with referral.
Metro Housing Boston.	formation related to date or event, and un	this referral will be ente	al.  red into a database maintained by this authorization will expire ONE
Sign Name:	Print Name:		Date:
FOR REFERRING PERSONNEL O			
If client is unable to sign conse	nt form in person, <u>ref</u>		ease initial below: rbal consent for referral pending
Additional Referral Information:			
What are the family's housing need	ds?		
What else does the family need (ut	tilities furniture clothiu	ng etc 12	



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



People First. Housing Always.

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