



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:

- | | |
|---|---|
| <input type="checkbox"/> Has not applied for EA shelter | <input type="checkbox"/> Has applied for EA shelter and was denied |
| <input type="checkbox"/> Immediate Safety/Violence Concerns | <input type="checkbox"/> Fire (Date of fire ___/___/___) |
| <input type="checkbox"/> Court summons date: ___/___/___ | <input type="checkbox"/> House/unit condemned, move-out date: ___/___/___ |
| <input type="checkbox"/> Received 48-hour notice/date of execution: ___/___/___ | |
| <input type="checkbox"/> 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

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