



Massachusetts Department of Housing and Community Development
 100 Cambridge Street, Suite 300, Boston, MA
 02114 _____

HomeBASE Provider Assessment and Disposition Form

To be completed by HomeBASE Coordinator for: Eviction Non-payment, Medical Emergency, and Other Non-HAS cases referred by DHS Homeless Coordinator

Date: _____ HomeBASE Coordinator completing form: _____

DHCD/DTA Office: _____

PART I

Applicant's Last Name:	First Name:	Address:	DOB (mm/dd/yyyy):
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Other Applicant Family Members:

Name:	Gender:	DOB (mm/dd/yyyy):	Family Relationship:

<i>EA Disposition</i>
<input type="checkbox"/> Homeless Coordinator has provided an NFL-9 letter that states that this family is eligible for Emergency Assistance.
Homeless Coordinator's Name: _____
<i>Temporary Accommodation Information:</i>
Family is in need of immediate temporary accommodation today: <input type="checkbox"/> Yes <input type="checkbox"/> No
If immediate temporary accommodation is needed, please explain why: _____
Are there ADA or special considerations that should be considered?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify nature of accommodation/special circumstances: _____
Family can remain in current housing situation for up to: <input type="checkbox"/> 2 to 7 days <input type="checkbox"/> 8-14 days <input type="checkbox"/> other, please specify: _____

A. HOUSING INFORMATION (check off all that applies)

- Current housing situation is in a private market unit
- Current housing situation is subsidized
 - Sec 8/Housing Choice Voucher Public Housing Other subsidized housing
- Left in good standing: yes no (i.e. owes back rent, damages and/or eviction fees)
- Applicant family owes back rent in the amount of: \$ _____

Applicantfamily has outstanding utility bills in the amount of: \$_____

Applicantfamily has other debt in the amount of \$_____ for:

school loans credit cards other:_____

B. REASON FOR HOUSING LOSS (complete the section that represents the reason for family's housing loss. If there is not a section that represents the reason for housing loss, use the assessment narrative to provide the reason and detail what contributing factors best describe the circumstances pertaining to the loss of housing)

1. CAUSE FOR EVICTION (complete for eviction cases-check all that apply)

Eviction was due to loss of employment/ reduction or work hours/loss of unemployment's benefits

Eviction was due to medical problems that results in loss of income

Eviction was due to abandonment by family member responsible for rental payment

Eviction is due to lease violating behavior of a person no longer part of the family household, specify:_____

Landlord has indicated that he/she would revoke 48 hour notice and allow family to enter into a new lease for unit if rent arrearages could be addressed

Landlord has indicated that he/she would revoke 48 hour notice and allow family to enter into a new lease if on-going rental support could be provided to the family

2. MEDICAL (complete if loss of housing was due to medical issues-check all that apply)

There are immediate medical issues that need to be addressed for applicant or children in the family (If so, please describe in narrative section)

Family left prior housing to seek treatment in specifically MA on physician's recommendation

Necessary treatment is long term in nature (12 months or more)

Family plans on returning to prior community once treatment is completed

Family has a support network in the community

3. FORCLOSURE(complete if housing loss was due to foreclosure-check all that apply)

Family members were tenants in a foreclosed property

Family resided in a foreclosed property that they previously owned

If family was the owner of foreclosed property, foreclosure was due to:

job loss(non- medically related) job loss (medically related) reduction of work hours

other:_____

4. Other Reason for Housing Loss (refer to instruction above B.)

See HomeBASE Assessment

C. EDUCATION AND EMPLOYMENT

- Adult family member(s) has/have no employment history
- Adult family member(s) is/are currently employed or has recent work history
- Adult family member(s) do(es) not have a GED or high school diploma
- Adult family member(s) has/have GED or high school diploma
- Adult family member(s) has/have some college education and/or has completed college
- Adult family member(s) has/have complete a job training program in: _____

D. SAFETY

Applicant has spoken with DV Specialist at DTA (name of DV Specialist: _____). If checked, skip the next question.

Applicant reports past or present involvement in an abusive relationship (including physical, emotional, sexual, verbal, and/or controlling behaviors

Have s/he ever felt afraid of her/his partner? yes no

Does/he fear current behaviors could escalate into harm? yes no

Abusive partner (or ex) is in area? yes no

Active Restraining Order? yes no

At this time does the applicant requires a safety plan? **yes** **no**

(If yes to any of these questions, refer to DTA Domestic Violence Specialist for further assessment)

E. OTHER SYSTEMS INVOLVEMENT

- Family has an open DCF case. DCF Caseworker name/tele #: _____
- Family has a closed DCF case
- Adult family member(s) was/were in DCF care as a minor
- Adult family member(s) has/have a CORI report for: _____
- Adult family member(s) has/have open warrants for: _____
- Adult family member(s) has/have been incarcerated
- Adult family member(s) indicated a substance abuse history

Family has disclosed mental health issues. Please specify family member(s), mental health issue/diagnosis, and specific accommodations to this/these issue(s), if any:¹

Name	Family Relationship	Age	Diagnosis/Medications/Accommodations

A family member is currently receiving services from the Department of Mental Health
 Family Member's Name: _____ DMH Office Location: _____
 DMH Case Worker's Name: _____ Telephone: _____

Assessment

Include any relevant information that was discussed with family and/or contacts with landlord or other 3rd parties that were contacted as part of the HomeBASE Assessment

PART II:

HomeBASE Opportunities Discussed (check all that apply)

MOVING ASSISTANCE:

- Applicant family is willing to relocate if the following assistance could be provided (choose one):
- Transportation cost to move out of state First, last and/or security deposit to move into a rental unit
- Other, please specify: _____

HOUSEHOLD ASSISTANCE:

- Applicant Family would benefit from the following supports in order to stay in place:
- Child care voucher Employment assistance Educational assistance
- Short term rental support to the host family (up to \$4000)
- Other support services, please specify: _____
- Short term financial supports (up to \$4000), please specify: _____

RENTAL ASSISTANCE:

- Applicant household has employment and rental history that with rental supports could become more self-sufficient and housing stable.

¹Note. Mental health issues do not need to be disclosed unless the applicant family is requesting a reasonable accommodation pursuant to the ADA because of those issues.

- First, last and/or security deposit to move into a rental unit
- 12 months of rental support

Applicant household has several barriers that make housing stability unlikely without further supports, including being continuously homeless for 12 months or homeless 4 or more times in the last 3 years and a disabling condition (see HUD definition for chronically homeless).

- 12 months of rental support
- Supported housing, if available other: _____