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Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
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Field Operations Memo 2006-35
August 28, 2006

To: Transitional Assistance Office Staff

From:  Cescia Derderian, Assistant Commissioner for Field Operations

Re: Revision to the TES-EPR-1 Form

Overview

The *TES-EPR-1* form is being revised to facilitate a smoother transition to the designated shelter. The form includes additional information that will allow the shelter to better prepare for the family's arrival.

**TES-EPR-1
Form
Revisions**

When a family is determined eligible for Emergency Assistance, the *TES-EPR-1* form is faxed to the Central Office Housing and Homeless Services Unit (COH&HS). When a shelter is located, COH&HS emails the shelter placement information to the TAO. Once placement is determined, COH&HS will fax the *TES-EPR-1* form to the shelter. The form will also be faxed when a family is transferred from one shelter to another. Information requested on the form has been revised to include more data on the family's housing history and any special circumstances that affect the family's placement.

Reminder: The AU Manager or Homeless Coordinator must complete a new SSPS invoice when a family is transferred to another shelter placement.

- Section B, Family Demographics, has been revised to include questions regarding language spoken and pregnancy information;
 - Section C, Housing History, has been revised to collect information on the last two residences, as well as the last permanent address;
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**TES-EPR-1
Form
Revisions
(continued)**

- Section D, Circumstances Affecting Placement, has been revised to include additional circumstances that affect a family's placement and asks for an explanation of these circumstances. Since the exit disposition is now emailed to the TAO, this information has been deleted from the form;
- Section E, Signature, includes the signature of the TAO approval person and the date; and
- Section F, Placement Information, includes placement information and is completed by the Housing and Homeless Unit at Central Office.

**TES-EPR-1
Form**

The *TES-EPR-1* form (Attachment A) has been revised. Please discard the obsolete version of the form.

Questions

If you have any questions, please have your Hotline designee call the Policy Hotline at 617-348-8478.



Massachusetts Department of Transitional Assistance
Emergency Placement Request

A. Placement Request Date _____
 Telephone # _____ Fax # _____

TAO Name _____
 TAO Contact Person _____

ALL INITIAL PLACEMENT REQUESTS MUST BE RECEIVED BY HOUSING UNIT BY 4:00 P.M.

B. Family Demographics Check to indicate abuse or domestic violence within the past year. Referral to DV Unit

Recipient Name _____ Male Female Age _____
Last First

Recipient SSN _____ Language: Speak and understand _____

Other Adult Name _____ Language: Speak and understand _____
 (Circle) None – Husband – Wife – Other Parent - Other _____ (Specify Relationship) Age _____

Pregnant: Yes ___ No ___ EDD _____ Household Size _____ Town of Recipient's Employment _____

Children

Name	Gender	Age	Name of school, city, and grade level

EA Eligibility Status (Check One) TAFDC EA Only Presumptive EA Eligibility EA 6 months

Detailed Description for Current Reason for Homelessness (See Section B on reverse side.) _____

C. Housing History

Most recent Addresses (street, city, state, country, if outside USA); and Landlord's Name or Name of LHA and address	Public or Private	Dates: From/To	Reason for Leaving

Last Permanent Address: _____
City State *Country, if outside USA

D. Circumstances Affecting Placement

<input type="checkbox"/> Medical/Mental Health Issues	<input type="checkbox"/> Active Restraining Orders	<input type="checkbox"/> Transfer from current shelter	<input type="checkbox"/> Termination from current shelter	<input type="checkbox"/> Termination from other shelter
<input type="checkbox"/> Education Component	<input type="checkbox"/> Employment	<input type="checkbox"/> Transportation	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> CORI Issues	<input type="checkbox"/> Non-compliance on file	<input type="checkbox"/> Other		

Explanation of checked box and/or any additional information (if appropriate):

E. Signature _____
 TAO Director and/or Designee Signature **Date**

F. Placement Information (Completed by Central Office Housing and Homeless Services Unit)
 Shelter Placement _____ Greater than 20 miles yes no
 Shelter Address _____ Telephone _____ Vendor # _____
 Effective Date of Placement _____ Unit Rate _____ # of Rooms _____

Fax to Central Office Housing and Homeless Services Unit 617-348-5585 Attn: Arline Porter and call Ms. Porter at 617-348-5373.
 (See reverse side for instructions on completing this form.)

Instructions for Form Completion

The TAO Director and/or Designee completes necessary sections of the *Emergency Placement Request* form:

- whenever an eligible family is requesting Emergency Shelter Placement through Central Office Housing and Homeless Services (H&HS) into shelter.
- whenever an eligible family is transferred to another shelter. Remember to complete a new SSPS invoice should this occur.

The *Emergency Placement Request* form must have a TAO Director or designee signature.

Section A

Identifies the date of this placement request made by the TAO on behalf of an eligible family (this date does not change unless there is a break in the homelessness). Identifies the local TAO name, contact person, telephone number and fax number of the TAO contact person.

Section B

Identifies some demographics of the family requesting emergency placement, specifically: the recipient's name, gender, SSN, whether or not there is another adult and the adult's name and relationship, language spoken and understood, pregnancy information, household size, town of employment, name, gender, age, and school of children, if there has been abuse/domestic violence within the past year and the current reason for homelessness. If the number of children exceeds 6, please add additional children under the space provided or add an attachment.

The TAO Director and/or Designee must identify the type of assistance the recipient is currently receiving by checking one of the following: TAFDC, EA only, Presumptive EA Eligibility or EA Six Months.

NOTE:

In the event of any changes to the AU composition during the course of the placement, the TAO Director and/or Designee should call H&HS to report the changes and the date the change occurred.

Select the most current Reason for Homelessness:

- | | | |
|-------------------------------------|----------------------------|---------------------|
| a. Evicted from private housing | f. Health and Safety | k. Favorable appeal |
| b. Evicted from subsidized housing | g. Domestic Violence/Abuse | l. Medical reasons |
| c. Asked to leave by primary tenant | h. Fire/natural disaster | m. DSS referral |
| d. Terminated from shelter | i. Foreclosure | n. Other (specify) |
| e. Overcrowded situation | j. Building sold | |

Section C

Lists the family's most recent housing history, including their last two addresses, whether it was public or private, the dates they stayed there and why they left. This section also requires information on the last permanent address (city and state).

Section D

This section identifies circumstances affecting placement, including medical and mental health issues, substance abuse, active restraining orders, transportation, and educational issues that may affect the children. This section also identifies circumstances that may affect a family who has been transferred to another shelter, including termination reasons, non-compliances on file, and CORI issues.

Section E

The TAO Director and/or Designee signs and dates the form. The form is faxed to Central Office Housing and Homeless Services Unit, Attn: Arline Porter. Please call Arline Porter at 617-348-5373 to advise her that the fax was sent. The Central Office Housing and Homeless will fax the form to the shelter where the family is placed so that the shelter has current information about the incoming family.

Section F

Placement Information is completed by H&HS for H&HS informational purposes.