



**Commonwealth of Massachusetts**  
*Executive Office of Health and Human Services*  
**Department of Transitional Assistance**  
600 Washington Street • Boston, MA 02111


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**Field Operations Memo 2008-71**  
**December 19, 2008**

**To:**  **Transitional Assistance Office Staff**  
**From:** **John Augeri, Assistant Commissioner for Field Operations**  
**Re:** **Revised Emergency Placement Request (TES-EPR-1) Form**

**Overview**

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The TES-EPR-1 form has been revised to better capture the information needed when a family is placed into shelter. The revised TES-EPR-1 form is attached to this memo and will be available statewide.

**TES-EPR-1 Form**

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The TES-EPR-1 form (Attachment A) has been revised:

- to capture all information relevant to the placement of the family;
- to list the reasons for homelessness that correspond with the reasons found on the BEACON application; and
- to identify families who are currently homeless due to fire or natural disaster or have experienced a fire or natural disaster previously and have not been a primary tenant since the fire or natural disaster.

Staff is reminded that EA online forms must be used unless the system is unavailable, and an entry is required in all fields on the TES-EPR-1 form, including:

- if the answer is none, indicate “none”;
-

**TES-EPR-1  
Form  
(continued)**

- in Section B, a description of the reason for homelessness which gives the shelter important background information on the family; and
- in Section C, if a circumstance affecting placement is checked off, an explanation of the circumstance **must** be provided to assist in the appropriate shelter placement of the family.

**Note:** Any change to the family composition must be reported to Housing and Homeless Services (H&HS) before the change is made. Call Arline Porter at 617-348-5373 if the family is in a shelter. Call Maureen Mulkern at 617- 348-5636 if the family is in a hotel or motel.

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**Questions**

If you have any questions, please have your Hotline designee call the Policy Hotline.

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Massachusetts Department of Transitional Assistance  
**Emergency Placement Request**

**Attachment A**

Homelessness due to fire   
 Homelessness due to natural disaster

**A. Placement Request** Date \_\_\_\_\_ TAO Name \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ TAO Contact Person \_\_\_\_\_

**B. Family Demographics** **Household Size**

Grantee Name (last, first)	Other adult (last, first)
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Age _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Age _____
Grantee SSN _____	Other adult SSN _____
Language (speak and understand) _____	Language (speak and understand) _____
Contact/Cell Phone _____	Contact/Cell Phone _____
	Relationship to grantee: Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other Parent <input type="checkbox"/> Other <input type="checkbox"/> (specify relationship) _____

Pregnant: Yes  No  EDD \_\_\_\_\_ (day/month) Veteran Status: Yes  No   
 EA Eligibility Status: Presumptive EA Eligibility yes  no   
 Town of employment \_\_\_\_\_

Grantee's mailing address if placed in a motel/hotel:  
 \_\_\_\_\_

**Children**

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

Select the family's current reason for homelessness from **Section B** on reverse side and give detailed description.  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**C. Circumstances Affecting Placement**

<input type="checkbox"/> Medical/mental health issues	<input type="checkbox"/> Employment	<input type="checkbox"/> Domestic violence with intimate partner
<input type="checkbox"/> Education component	<input type="checkbox"/> Transportation	<input type="checkbox"/> Active restraining orders
<input type="checkbox"/> Other	<input type="checkbox"/> Substance abuse	<input type="checkbox"/> DV assessment attached
<input type="checkbox"/> Prior EA: Shelter name _____		Date: _____

Explanation required for checked box in Section C and/or any additional information (if appropriate): \_\_\_\_\_  
 \_\_\_\_\_

**D. Signature** \_\_\_\_\_  
TAO director and/or designee signature Date

**E. Placement Information** (Completed by Centralized Placement Unit)

Shelter Placement \_\_\_\_\_ Greater than 20 miles  yes  no  
 Shelter Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Effective Date of Placement \_\_\_\_\_ Unit Rate \_\_\_\_\_ # of Rooms \_\_\_\_\_ Vendor # \_\_\_\_\_

**Fax to Centralized Placement Unit 617-348-5355 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 all applicable sections of the *Emergency Placement Request* form whenever an eligible family is requesting an emergency shelter placement through the Centralized Placement Unit.

Crucial information regarding the initial cause of homelessness must be captured in one of the two boxes at the top of this form. Check off the appropriate box when the family's homelessness was initially caused by a fire or a natural disaster.

### 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), 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 client's name, gender, SSN, whether or not there is another adult and the adult's name and relationship, language spoken and understood, pregnancy information, veteran status, household size, town of employment, name, gender, age, and school, city and grade level of children, 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 if the recipient is requesting Presumptive EA Eligibility by checking yes or no.

#### NOTE:

In the event of any changes to the AU composition during the course of the placement, the TAO Director and/or Designee must call the Centralized Placement Unit of H&HS to report the changes before anyone is added to the household.

#### Select the most current Reason for Homelessness:

- |                                       |                                   |                                  |
|---------------------------------------|-----------------------------------|----------------------------------|
| a. Asked to leave private market unit | e. Eviction – no fault            | j. Health/safety- general        |
| b. Asked to leave subsidized unit     | f. Eviction – nonpayment of rent  | k. Health/safety - overcrowding  |
| c. Eviction - foreclosure homeowner   | g. Fire                           | l. Medical reasons               |
| d. Eviction - foreclosure tenant      | h. Health/safety – DV             | m. Mistreatment of family member |
|                                       | i. Health/safety – code violation | n. Natural disaster              |

### Section C

This section identifies circumstances affecting placement, including employment, medical and mental health issues, domestic violence with an intimate partner, substance abuse, active restraining orders, and transportation.

### Section D

The TAO director and/or designee must sign and date the *Emergency Placement Request* form. The form is faxed to the Centralized Placement Unit, Attn: Arline Porter at 617-348-5535. Please call Arline Porter at 617-348-5373 to advise her that the fax was sent. The Centralized Placement Unit will fax the form to the shelter where the family is placed so that the shelter has current information about the incoming family.

### Section E

Placement information is completed by the Centralized Placement Unit for informational purposes.