



Commonwealth of Massachusetts
DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT

Charles D. Baker, Governor ♦ Karyn E. Polito, Lt. Governor ♦ Jennifer Maddox, Undersecretary

METAR Participant Referral Form

Referral Guidelines

1. To refer a potential participant, please complete this form and return it via email, along with a copy of the prospective participant's application to the METAR/ DHCD service agency.
2. Family must meet the EA program criteria listed on form and be a Massachusetts resident.
3. If the participant you refer is RAFT eligible, please direct him/her to RAFT program first.
4. Participants who need shelter services or do not meet sustainability criteria are not eligible for referral to the METAR program.
5. Only 1 referral can be given per participant. If a participant is referred to more than one Rapid Rehousing Program, please fill out another form for each agency.

Participant Information

Participant Name: _____ Date: _____
Participant ID: _____ Last 4 Digits(_____) DHCD/Office: _____
Address: _____ Phone No: _____

Referral Information

Service Contact Name: _____
Address: _____
Email & Tel.#: _____
Agency Referring: _____

Why this family is qualified for METAR program? Has the service agency completed the intake and documents?

For Agency Staff Use Only

Date Received: _____ Assessment/ METAR? _____
Accepted? _____ Acceptance Date: _____