

EDI Cross Agency Referral Form

Referral Date: _____

Part I: Referral Information [to be filled out by Referral Agency]

A. Consent to referral:

Tenant:	<input type="checkbox"/> Yes	<input type="checkbox"/> Release attached
Landlord:	<input type="checkbox"/> Yes	<input type="checkbox"/> Release attached

B. Referral Agency:

- HCEC (Agency Name; Contact Person Name, Email, Phone; Agency Case/Client #?):
- RAA (Agency Name; Contact Person Name, Email, Phone; Agency Case/Client #?):
- TPP (Agency Name; Contact Person Name & Email/Phone, Agency Case/Client #?):
- CMC (Center Name; Contact Person Name, Email, Phone; Agency Case/Client #?):
- FRC (Center Name; Contact Person Name, Email, Phone; Agency Case/Client#?):
- Legal Services (Agency Name; Contact Person Name, Email, Phone):

Referral Agency Information:

C. Receiving Agency:

- HCEC (Agency Name; Contact Person Name, Email, Phone; Agency Case/Client #?):
- RAA (Agency Name; Contact Person Name, Email, Phone; Agency Case/Client #?):
- TPP (Agency Name; Contact Person Name & Email/Phone, Agency Case/Client #?):
- CMC (Center Name; Contact Person Name, Email, Phone; Agency Case/Client #?):
- FRC (Center Name; Contact Person Name, Email, Phone; Agency Case/Client#?):
- Legal Services (Agency Name; Contact Person Name, Email, Phone):

Receiving Agency Information:

D. Parties:

Tenant (Name, Email, Phone, Address):

Landlord (Name, Email, Phone, Address):

Tenant Attorney (Name, Email, Phone):

Landlord Attorney (Name, Email, Phone):

How many **adults** are there in the household?

How many **children** are there in the household?

Is anyone in your household pregnant? Y N

How much is tenant's rent share?

What is/are all household income source(s) and monthly amount(s)?

Please check type of housing:

- Section 8 Voucher (Administering Agency for Section 8: _____)
- Massachusetts Rental Voucher (MRVP)
- Project-based subsidy
- Public housing
- Private market

Please check here if unknown and needs to be clarified
(describe) _____

E. Services Referred to:

- Financial Assistance (rent, mortgage)
- Housing Counseling and Education
- Tenancy Preservation Program (family member disability, elder, other)
- Mediation Services
- Legal Help
- Emergency Assistance/HomeBASE/Rapid Rehousing/METAR
- Family Resource Center
- Other (please specify): _____

F. Case Status: (check all that apply)

- COVID-related rental crisis -risk of eviction due to impact of COVID
- CDC Moratorium Declaration given to Landlord
- RAFT/ERMA Application filed or in process (Date of Application, if known: _____)
- Notice to Quit issued (no court involvement yet) (Date of Notice to Quit, if known: _____)
Reason for Eviction: Non-payment of rent No Fault Other
- Summons & Complaint filed in BMC, District Court or Housing Court:
- Are any court events scheduled? Include dates, if known: -----

- Other (please specify): _____

G. Reason for Referral to Community Mediation: (check all that apply):

- Parties seek a confidential setting and flexible process to resolve the dispute
- High level of conflict between the parties – relationships are frayed
- Communication problems exist between the parties
- Different levels of knowledge and access to information
- Both or only one party is represented by an attorney
- Issues are complex, involve multiple parties and/or require specialized expertise
- Other (please specify): _____

H. Referral to Legal Services: (check all that apply):

All cases at the Notice to Quit stage should be referred to Legal Services if the person is low income (up to 200% federal poverty level). Landlords must be the owner occupants of two or three family properties.

- Notice to quit issued or case is in court

- Other _____

I. Brief Description of Dispute: