

Please select the program name:
To be a drop-down menu with programs listed.

**FAMILY INTAKE FORM FOR THE EVICTION DIVERSION INITIATIVE
REFERRAL TO RAFT, ERMA, SPI, METAR, HOMEBASE, OR EMERGENCY ASSISTANCE**
Section 1. Family Member Requesting Services

Name:	Additional Adult Name:	HH Size:	Number of children:	Are any household members pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?	Proof of MA Residency? <input type="checkbox"/> Yes <input type="checkbox"/> No US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Due date:	

Housing status: <input type="checkbox"/> Renting <input type="checkbox"/> Doubled-up <input type="checkbox"/> Homeless	Initial Contact Date:
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Street Address:	Apt.#	Home Phone:	Cell Phone:
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City/Town:	State:	ZIP Code:	Email Address:
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Emergency Contact Name:	Number:
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Please indicate which region the family is currently applying from:
 Region 1: Boston Region 2: Western, Central, Northeast Region 3: Southeast

Income: What is your total household income? (Please select one)

<input type="checkbox"/> Less than \$10,000	<input type="checkbox"/> \$30,000 to \$39,999	<input type="checkbox"/> \$60,000 to \$69,999	<input type="checkbox"/> \$90,000 to \$99,999
<input type="checkbox"/> \$10,000 to \$19,999	<input type="checkbox"/> \$40,000 to \$49,999	<input type="checkbox"/> \$70,000 to \$79,999	<input type="checkbox"/> \$100,000 to \$149,999
<input type="checkbox"/> \$20,000 to \$29,999	<input type="checkbox"/> \$50,000 to \$59,999	<input type="checkbox"/> \$80,000 to \$89,999	<input type="checkbox"/> \$150,000 or more

Housing instability due to COVID-19 Yes No

Reason for Homelessness (Please check all that apply)

<input type="checkbox"/> Eviction due to: <input type="checkbox"/> Foreclosure <input type="checkbox"/> Excused conduct of a guest/former HH member <input type="checkbox"/> Nonpayment caused by medical expenses	<input type="checkbox"/> Nonpayment caused by disability <input type="checkbox"/> No-fault, non-renewal of tenancy <input type="checkbox"/> Nonpayment caused by excused loss of income
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Threatened eviction of primary tenant due to presence of unauthorized secondary tenant:
 Letter from host family Notice to Quit issued to host family for unauthorized guests

Asked to leave, overcrowded housing: Received letter from primary tenant? Yes No

Domestic violence: Currently fleeing: Yes No Previously fled: Yes No

Fire, flood, natural disaster: Dwelling condemned: Yes No Cause of the fire: _____

Condemnation: Why was it condemned: _____

Health and safety:
 Violent conduct by host family (i.e. physical or verbal abuse in HH or towards this family)
 Uncontrolled mental illness in host family
 Conditions in unit (i.e. no heat, no water, no stove or access to one, sewage leaks, excessive mold, no second egress)

Irregular sleeping situation:
 3 or more locations in 1 month and cannot return
 Not meant for human habitation (i.e. car, porch, tenting, hoarding, infestations)

Reunification through DCF

Primary Language: (Please identify one from the list below)

<input type="checkbox"/> English	<input type="checkbox"/> Brazilian Portuguese	<input type="checkbox"/> Hmong	<input type="checkbox"/> Russian
<input type="checkbox"/> African Dialects	<input type="checkbox"/> Burmese Dialects	<input type="checkbox"/> Italian	<input type="checkbox"/> Spanish
<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Khmer/Cambodian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Amharic	<input type="checkbox"/> Cape Verdean Creole	<input type="checkbox"/> Mandarin Chinese	<input type="checkbox"/> Unknown
<input type="checkbox"/> Arabic	<input type="checkbox"/> French	<input type="checkbox"/> Moldovan	<input type="checkbox"/> Other:
<input type="checkbox"/> Armenian	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Portuguese	