

Rapid Rehousing Rental Assistance (RRRA) Referral Form

(SPI, METAR, HomeBASE, Emergency Shelter)

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 FRC Intake form to the 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.

Participant Information

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

Referral Information

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

Has the service agency completed the intake and documents? Yes No Other:

Why this family is qualified for RRRA program? _____

For Agency Staff Use Only

Date Received: _____ Assessment/ RRRA? _____
Accepted Yes No Acceptance Date: _____

- | | |
|--|-----------------------|
| 1. Notified FRC referring agency on: _____ | 1. Contact Name _____ |
| 2. Notified FRC referring agency on: _____ | 2. Contact Name _____ |
| 3. Notified FRC referring agency on: _____ | 3. Contact Name _____ |