

FAMILY SHELTER (EMERGENCY ASSISTANCE) as of August 1, 2011



Is your family on the verge of becoming homeless?

If your family is in a housing crisis and need to apply for Emergency Assistance (shelter), here are some important things you should know:

- Beginning **August 1st, 2011**, your family will be helped in a new way.
- To receive assistance, first you must be determined Emergency Assistance (EA)-eligible by a Homeless Coordinator. Eligible families who are homeless and are:

✓ **Victim of domestic violence or a natural disaster** (e.g. fire, etc.): You will be placed in an **EA shelter**.

✓ **18 through 21 years of age**: You will be placed in an **EA congregate shelter or a Teen Living Program**.

✓ **Risk of homelessness for other reasons** (overcrowding, asked to leave, evicted from housing, etc.): You will be referred to a new program called **HomeBASE**.



What is the HomeBASE Program?

- The **HomeBASE** Program offers time-limited assistance designed to provide alternative solutions to families who are at serious risk of homelessness rather than going into a shelter.
- The type of assistance is based on the individual needs of a family which will be determined through an assessment.
- There is no guaranteed amount or type of assistance. The new system will be based on your family's needs, situation, and contribution.



If you are in a housing crisis and need help and/or want to know more about the HomeBASE Program, please call:

- Housing Consumer Education Centers: **1-800-224-5124**, or
- DHCD Division of Housing Stabilization: **1-877-418-3308**, or
- Dial **211** for general information about programs in your area that may be able to help you, or visit www.mass211help.org or www.massresources.org

IMPORTANTE

- *Una versión en español de este documento está disponible a través de su proveedor o su coordinador de personas sin hogar si usted lo solicit*



HomeBASE
Prevention Assessment Form

Name _____ SS# _____ Phone _____

Street _____ City _____ Zip Code _____

If you are employed, what city do you work in _____

Please check all that apply to you

- | | | |
|--|--|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Rental Property Owner | <input type="checkbox"/> Home Owner |
| <input type="checkbox"/> Individual (live alone) | <input type="checkbox"/> Homeless | <input type="checkbox"/> Advocate /Agency |
| <input type="checkbox"/> Tenant | <input type="checkbox"/> Homebuyer | <input type="checkbox"/> Other |

What do you need assistance with? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Affordable Housing Search (includes affordable housing listings, subsidies, how-to, etc.) | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Landlord problems or questions |
| <input type="checkbox"/> Unsafe Housing (code violations, safety, etc.) | <input type="checkbox"/> Mortgage (foreclosure) |
| <input type="checkbox"/> Homeownership (classes, buying,) | <input type="checkbox"/> Discrimination/Fair Housing |
| <input type="checkbox"/> Homelessness (list of shelters, resources) | |
| <input type="checkbox"/> Housing need due to Domestic Violence | |

Explain the above checked or describe other housing needs or questions _____

Please complete the following information.

Are you homeless now? Yes ___ No ___ If so where did you sleep last night? _____

Primary Source of Income _____ Primary Language _____ Date of Birth _____

Monthly Income: \$ _____ Food Stamp Income _____ Monthly Rent or Mortgage Expenses: \$ _____
 (Include **all** family members' income) (do not include phone/cable)

Total Monthly Utilities: \$ _____
 (gas/oil/electric)

Do you expect your income to increase? Yes ___ No ___ If yes, how and when? _____

Have you been employed in the past 5 years? Yes ___ No ___ If yes, where? _____

List total of any checking or savings accounts, stocks, etc.) \$ _____

Number of **Adults** in your household: _____ Number of **Dependents** in your household and ages: _____
 (If pregnant list baby as a "Dependent")

Is anyone disabled in your household? Yes ___ No ___

Staff Only

Staff Name _____ Date of Review _____

Other information collected _____
