

**NAMI Massachusetts State Convention
October 23, 2020**

**Workshop 1: Affordable Housing
Everyone Deserves a Safe and Affordable Place to Live**

Adrienne Cassidy, Director of Housing, Advocates

Thank you all for joining the Affordable Housing workshop! I hope you found it helpful and will provide you with some guidance for assisting people with their housing needs.

Attached you will find:

- Section 8: Centralized Waiting List App - <https://www.gosection8.com/>
- Section 8: Regional Housing Authority App
- CHAMP App <https://publichousingapplication.ocd.state.ma.us/>
- MRVP
- AHVP
- Shelter List
- Rooming House List
- Coordinated Entry Application
- SMOC- Common Ground Resources

**SECTION 8 HOUSING CHOICE VOUCHER PROGRAM
CENTRALIZED WAITING LIST PRE-APPLICATION**

For Agency Use Only:
Date/Time

1. HEAD OF HOUSEHOLD

Social Security or Alien Registration #: _____ Date of Birth: _____

First Name: _____ Middle: _____ Last Name: _____

Home Address*: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____ Work Address* (City/Town ONLY): _____

***Some housing authorities give preference to applicants and/or spouses living or working in the housing authority's town.**

Mailing Address (*if different from Home Address*): _____

City/Town: _____ State: _____ Zip Code: _____

2. SPOUSE/PARTNER

Social Security or Alien Registration Number: _____ Date of Birth: _____

First Name: _____ Middle: _____ Last Name: _____

Work Address* (City/Town ONLY): _____

3. HOW MANY PEOPLE WILL LIVE IN THE UNIT? Please include yourself. _____

4. TOTAL GROSS ANNUAL HOUSEHOLD INCOME: _____

5. IS HEAD OF HOUSEHOLD (*Check ALL that apply*):

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Asian | |

6. IS HEAD OF HOUSEHOLD (*Check only one*):

- ☐ Hispanic ☐ Non-Hispanic

Data on race & ethnicity is collected in accordance with federal regulations. Your answers will not affect your application.

7. PREFERENCES (*Check ALL that apply*.)

Please read attached "Definitions of Preferences" to determine which apply to you. **NOTE:** Participating housing authorities may or may not use some or all of the preferences listed below. (*A housing authority will request documentation of preferences at the time you reach the top of the waiting list and are selected for final determination.*)

- | | |
|---|---|
| <input type="checkbox"/> 1. Board of Health Condemnation | <input type="checkbox"/> 12. Homeless |
| <input type="checkbox"/> 2. Disabled | <input type="checkbox"/> 13. Rent Burdened 50% of Income |
| <input type="checkbox"/> 3. Displaced by Hate Crimes, Reprisals | <input type="checkbox"/> 14. Rent Burdened 40% of Income |
| <input type="checkbox"/> 4. Displaced by Landlord Non-Renewal | <input type="checkbox"/> 15. One-person Family |
| <input type="checkbox"/> 5. Displaced by Natural Disaster | <input type="checkbox"/> 16. Substandard Housing (includes homeless) |
| <input type="checkbox"/> 6. Displaced by Public Action | <input type="checkbox"/> 17. Client for Project Based Section 8 Unit |
| <input type="checkbox"/> 7. Displaced by Domestic Violence | <input type="checkbox"/> 18. Tenant of Project Based Section 8 Unit |
| <input type="checkbox"/> 8. Elderly | <input type="checkbox"/> 19. Veteran |
| <input type="checkbox"/> 9. Near Elderly (55+) | <input type="checkbox"/> 20. Working |
| <input type="checkbox"/> 10. Extremely Low Income | <input type="checkbox"/> 23. Participant in Metco Program in Wayland school |
| <input type="checkbox"/> 11. Health Condition (disability affecting housing need) | <input type="checkbox"/> 24. Activated Military Personnel to Persian Gulf |

8. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Section 8 Housing Choice Voucher Program. I certify that I have attained the age of eighteen and therefore have full legal capacity to act on my own behalf in the matter of contracts.

Signature of Head of Household _____ Date _____

Complete ALL information. Return completed application to ONE of the participating housing authorities listed on the back of this form. Incomplete, photocopied, e-mailed, or faxed applications will not be accepted.

Return completed application to ONE participating housing authority NEAREST TO YOU or
APPLY ONLINE at www.section8listmass.org.

Incomplete, photocopied, e-mailed or faxed applications will not be accepted.

Participating housing authorities may have **additional housing assistance programs available**. Please **contact them directly** to request information and applications for any additional housing assistance.

Participating Housing Authorities:

Abington Housing Authority, 71 Shaw Ave., Abington, MA 02351
Acton Housing Authority, 68 Windsor Ave., PO Box 681, Acton, MA 01720
Amesbury Housing Authority, 180 Main St., Amesbury, MA 01913
Amherst Housing Authority, 33 Kellogg Ave., Amherst, MA 01002
Andover Housing Authority, 100 Morton St., Andover, MA 01810
Arlington Housing Authority, 4 Winslow St., Arlington, MA 02474
Attleboro Housing Authority, 80 South Avenue, Attleboro, MA 02703
Bellingham Housing Authority, 10 Wrentham Manor, Bellingham, MA 02019
Belmont Housing Authority, 59 Pearson Rd., Belmont, MA 02478
Beverly Housing Authority, 137 Rear Bridge St., Beverly, MA 01915
Bourne Housing Authority, 871 Shore Rd., Pocasset, MA 02559
Braintree Housing Authority, 25 Roosevelt St., Braintree, MA 02184
Bridgewater Housing Authority, 10 Heritage Road, Bridgewater, MA 02324
Brockton Housing Authority, 45 Goddard Rd., PO Box 7070, Brockton, MA 02303
Brookline Housing Authority, 90 Longwood Ave., Brookline, MA 02446
Burlington Housing Authority, 15 Birchcrest St., Burlington, MA 01803
Chelmsford Housing Authority, 10 Wilson St., Chelmsford, MA 01824
Chelsea Housing Authority, 54 Locke St., Chelsea, MA 02150
Chicopee Housing Authority, 128 Meetinghouse Rd., Chicopee, MA 01013
Concord Housing Authority, 34 Everett Street, Concord, MA 01742
Danvers Housing Authority, 14 Stone Street, Danvers, MA 01923
Dartmouth Housing Authority, 2 Anderson Way, N. Dartmouth, MA 02747
Dedham Housing Authority, 163 Dedham Blvd., Dedham, MA 02026
Dennis Housing Authority, 167 Center St., So. Dennis, MA 02660
Dracut Housing Authority, 971 Mammoth Rd., Dracut, MA 01826
Duxbury Housing Authority, 59 Chestnut St., Duxbury, MA 02332
Everett Housing Authority, 393 Ferry St., Everett, MA 02149
Fall River Housing Authority, 180 Morgan St., Fall River, MA 02722
Fitchburg Housing Authority, 50 Day Street, Fitchburg, MA 01420
Framingham Housing Authority, 1 John J. Brady Dr., Framingham, MA 01702
Gardner Housing Authority, 116 Church St., Gardner, MA 01440
Gloucester Housing Authority, P.O. Box 1599, Gloucester, MA 01931-1599
Greenfield Housing Authority, One Elm Ter., Greenfield, MA 01301
Halifax Housing Authority, One Parsons Lane, Halifax, MA 02338
Haverhill Housing Authority, 25-C Washington Sq., Haverhill, MA 01831-2451
Holbrook Housing Authority, One Holbrook Court, Holbrook, MA 02343
Holden Housing Authority, 9 Flagler Drive, Holden, MA 01520
Holliston Housing Authority, 492 Washington St., Holliston, MA 01746
Holyoke Housing Authority, 475 Maple St., Holyoke, MA 01040
Hudson Housing Authority, 8 Brigham Cir., Hudson, MA 01749
Ipswich Housing Authority, One Agawam Village, Ipswich, MA 01938
Lawrence Housing Authority, 353 Elm Street, Lawrence, MA 01842
Leominster Housing Authority, 100 Main St., Leominster, MA 01453
Lexington Housing Authority, One Countryside Village, Lexington, MA 02420
Malden Housing Authority, 89 Pearl St., Malden, MA 02148
Marlborough CDA - Housing Division, 240 Main St., Marlborough, MA 01752
Medford Housing Authority, 121 Riverside Ave., Medford, MA 02155
Melrose Housing Authority, 910 Main St., Melrose, MA 02176

Methuen Housing Authority, 24 Mystic St., Methuen, MA 01844
Middleboro Housing Authority, 8 Benton St., Middleboro, MA 02346
Milford Housing Authority, 45 Birmingham Court, Milford, MA 01757
Millis Housing Authority, c/o Dedham H.A., 163 Dedham Blvd., Dedham, MA 02026
Milton Housing Authority, 65 Miller Ave., Milton, MA 02186
Natick Housing Authority, 4 Cottage St., Natick, MA 01760
Needham Housing Authority, c/o Dedham H.A., 163 Dedham Blvd., Dedham, MA 02026
Newburyport Housing Authority, 25 Temple St., Newburyport, MA 01950
Newton Housing Authority, 82 Lincoln Street, Newton Highlands, MA 02461
North Andover Housing Authority, One Moreski Meadows, No. Andover, MA 01845
North Attleboro Housing Authority, PO Box 668, North Attleboro, MA 02761
North Reading Housing Authority, Peabody Ct., No. Reading, MA 01864
Norwood Housing Authority, 40 William Shyne Cir., Norwood, MA 02062
Oxford Housing Authority, 23 Wheelock St., Oxford, MA 01540
Peabody Housing Authority, 75 Central St., Ste. 2, Peabody, MA
Pembroke Housing Authority, Kilcommons Drive, Pembroke, MA 02359
Plymouth Housing Authority, 130 Court St., PO Box 3537, Plymouth, MA 02361
Quincy Housing Authority, 80 Clay Street, Quincy, MA 02170
Reading Housing Authority, 22 Frank Tanner Dr., Reading, MA 01867
Revere Housing Authority, 82-84 Cooledge St., Revere, MA 02151
Rockland Housing Authority, 8 Studley Court, Rockland, MA 02370
Rockport Housing Authority, 13 Millbrook Park, Rockport, MA 01966
Salem Housing Authority, 27 Charter St., Salem, MA 01970
Salisbury Housing Authority, 23 Beach Road, Salisbury, MA 01952
Saugus Housing Authority, 19 Talbot St., Saugus, MA 01906
Shrewsbury Housing Authority, 36 No. Quinsigamond Ave., Shrewsbury, MA 01545
Somerville Housing Authority, 30 Memorial Road, Somerville, MA 02145
Southbridge Housing Authority, 60 Charlton St., Southbridge, MA 01550
Springfield Housing Authority, PO Box 1609, Springfield, MA 01101
Stockbridge Housing Authority, PO Box 419, 5 Pine St., Stockbridge, MA 01262-0419
Stoughton Housing Authority, 4 Capen Street, Stoughton, MA 02072
Taunton Housing Authority, 30 Olney St., Taunton, MA 02780
Tewksbury Housing Authority, Saunders Circle, Tewksbury, MA 01876
Wakefield Housing Authority, 26 Crescent St., Wakefield, MA 01880
Walpole Housing Authority, 8 Diamond Pond Ter., Walpole, MA 02081
Waltham Housing Authority, 110 Pond St., Waltham, MA 02451
Ware Housing Authority, 20 Valley View, Ware, MA 01082
Warren Housing Authority, P.O. Box 3021, Warren, MA 01083
Watertown Housing Authority, 55 Waverly Avenue, Watertown, MA 02472
Wayland Housing Authority, 106 Main St., Wayland, MA 01778
Webster Housing Authority, 10 Golden Heights, Webster, MA 01570
Wellesley Housing Authority, c/o Dedham H.A., 163 Dedham Blvd., Dedham, MA 02026
Westfield Housing Authority, 12 Alice Burke Way, PO Box 99, Westfield, MA 01086
West Springfield Housing Authority, 37 Oxford Pl., West Springfield, MA 01089
Weymouth Housing Authority, 402 Essex St., Weymouth, MA 02188
Winchendon Housing Authority, 108 Ipswich Dr., Winchendon, MA 01475
Winchester Housing Authority, 13 Westley St., Winchester, MA 01890
Woburn Housing Authority, 59 Campbell St., Woburn, MA 01801
Worcester Housing Authority, 40 Belmont St., Worcester, MA 01605

Section 8
Housing Choice Voucher Program



Complete and return to
one of the regional
agencies listed on the
reverse of this form

For agency use only:
Date/Time Stamp/
Control Number

Pre-Application for housing assistance

Please print neatly in ink. All fields are required. Submit this form only. Incomplete, photocopied, e-mailed or faxed applications will not be accepted. If you are already on our Section 8 waiting list your record will be updated using the information that you provide below. Due to the volume of applications received, we will not verify the receipt of mailed applications. We cannot be responsible for material that is illegible or missing as a result of transmitting by fax or e-mail or lost/delayed through the mail.

IMPORTANT!

One-third of all applications are dropped from the waiting list due to unreported address changes. Do not let this happen to you. Report any change of address in writing to one of the regional agencies listed on the reverse of this form.

Head of Household Information

Social Security Number		Phone (include area code)		
First Name	Middle Name	Last Name		
Address		City/Town	State	Zip code
Shelter Name	Shelter Address	City/Town	State	Zip code

Household and Demographic Information

How many people will live in the unit? Include yourself. _____ Gross annual household income \$ _____
Write in the approximate amount of your family's gross (before taxes) annual income. Include all sources for all family members.

Check if the head of household or spouse is:
62 years old or older ☐ Disabled ☐ Displaced by government action ☐

We collect data on race & ethnicity in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic. Your answers will not affect your application.

Is the head of household (Select as many as appropriate)
White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐
Native Hawaiian/Other Pacific Islander ☐

Is the head of household (Check only one)
Hispanic ☐ Non-Hispanic ☐

What is your current housing situation? (Check one box that best applies)
☐ I am homeless ☐ I am doubled up with friends or relatives
☐ I live in substandard housing ☐ I live in public housing
☐ I have been involuntarily displaced ☐ I live in a transitional housing program
☐ I pay more than 50% of my monthly income for rent and utilities ☐ I live in subsidized housing
☐ I live in a shelter ☐ Other (describe)

Certification of Applicant - Please read this statement very carefully. By signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- ✓ any misrepresentation or false information will result in my application being cancelled or denied, or in termination of housing assistance;
- ✓ this is a pre-application for tenant-based rental assistance through DHCD and its regional administering agencies and is not an offer of housing;
- ✓ at the time I rise to the top of the waiting lists, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations and DHCD policy;
- ✓ it is my responsibility to notify any one of DHCD's regional administering agencies of any change of address in writing and I understand that my application may be cancelled if I fail to do so;
- ✓ my participation in the Section 8 housing program is subject to my being eligible and in compliance with HUD and DHCD regulations; and that I will be subject to a criminal history check.

I agree that DHCD can share my information with other state agencies for the purposes of determining program eligibility.

Signature of head of household

Date

DHCD manages a limited number of project-based Section 8 apartments in or near most major cities and towns throughout the state. To find out more contact one of the agencies on the reverse of this form or visit the Housing Consumer Education Center website at www.masshousinginfo.org

Berkshire Housing Development Corp. 1 Fenn Street, 3rd Fl Pittsfield, MA 01201 (413) 499-4887	Community Teamwork, Inc. 155 Merrimack Street Lowell, MA 01852 (978) 459-0551		Housing Assistance Corporation 460 West Main Street Hyannis, MA 02601 (508) 771-5400		Way Finders (f/k/a HAP), 322 Main Street Springfield, MA 01105 (413) 233-1500		Metro Housing Boston (f/k/a Metropolitan Boston Housing Partnership) 1411 Tremont Street Boston, MA 02120 (617) 859-0400		RCAP Solutions, Inc., 12 East Worcester Street Worcester, MA 01604 (800) 488-1969		South Middlesex Opportunity Council 7 Bishop Street Framingham, MA 01702 (508) 620-2335	Housing Solutions for Southeastern Massachusetts (f/k/a South Shore Housing) 169 Summer Street Kingston, MA 02364 (781) 422-4200	
Adams	Amesbury	Tyngsborough	Barnstable	Pocasset	Amherst	Ludlow	Allston	Revere	Ashby	Millbury	Acton	Abington	North Attleborough
Alford	Andover	Wenham	Bass River	Provincetown	Ashfield	Middlefield	Arlington	Roslindale	Athol	Millville	Ashland	Acushnet	North Easton
Becket	Beverly	West Newbury	Bourne	Sagamore	Belchertown	Monroe	Astor	Roxbury	Auburn	New Braintree	Avon	Assonet	Norton
Cheshire	Billerica	Westford	Brewster	Sagamore Beach	Bernardston	Monson	Back Bay	Roxbury Crossing	Ayer	North Brookfield	Boxborough	Attleboro	Norwell
Clarksburg	Boxford		Buzzards Bay	Sandwich	Blandford	Montague	Bedford	Soldiers Field	Baldwinville	Northborough	Canton	Berkley	Ocean Bluff
Dalton	Bradford		Cataumet	Siasconset	Bondsville	Montgomery	Belmont	Somerville	Barre	Northbridge	Carlisle	Brant Rock	Onset
Drury	Byfield		Centerville	Silver Beach	Brimfield	New Salem	Boston	South Boston	Bellingham	Oakham	Concord	Bridgewater	Pembroke
Egremont	Chelmsford		Chatham	South Chatham	Buckland	Northampton	Braintree	Squantum	Berlin	Oxford	Dedham	Brockton	Plymouth
Florida	Danvers		Chilmark	South Dennis	Charlemont	Northfield	Brighton	Stoneham	Blackstone	Paxton	Dover	Bryantville	Plympton
Great Barrington	Dracut		Cotuit	South Harwich	Chester	Orange	Brookline	Uphams Corner	Bolton	Pepperell	Foxborough	Carver	Raynham
Hancock	Dunstable		Craigville	South Orleans	Chesterfield	Palmer	Burlington	Wakefield	Boylston	Petersham	Framingham	Cohasset	Rehoboth
Hinsdale	Essex		Cummaquid	South Wellfleet	Chicopee	Pelham	Cambridge	Waltham	Brookfield	Phillipston	Holliston	Dartmouth	Rochester
Housatonic	Georgetown		Dennis	South Yarmouth	Colrain	Plainfield	Charlestown	Watertown	Charlton	Princeton	Hopkinton	Dighton	Rockland
Lanesborough	Gloucester		Dennisport	Teaticket	Conway	Rowe	Chelsea	West Roxbury	Cherry Valley	Rochdale	Hudson	Duxbury	Scituate
Lee	Groveland		East Dennis	Tisbury	Cummington	Russell	Chestnut Hill	Weymouth	Clinton	Royalston	Lincoln	East Bridgewater	Seekonk
Lenox	Hamilton		East Falmouth	Truro	Deerfield	Shelburne	Dorchester	Wilmington	Douglas	Rutland	Littleton	East Freetown	Somerset
Lenoxdale	Haverhill		East Orleans	Vineyard Haven	East Longmeadow	Shelburne Falls	East Boston	Winchester	Dudley	Shirley	Marlborough	Easton	Swansea
Mill River	Ipswich		East Sandwich	Waquoit	Easthampton	Shutesbury	Everett	Winthrop	East Brookfield	Shrewsbury	Maynard	Fairhaven	Taunton
Monterey	Lawrence		Eastham	Wellfleet	Erving	South Hadley	Forest Hills	Woburn	Fiskdale	Southborough	Medfield	Fall River	Wareham
Mount Washington	Lowell		Edgartown	West Barnstable	Feeding Hills	Southampton	Franklin Park	Wollaston	Fitchburg	Southbridge	Medway	Freetown	West Bridgewater
New Ashford	Lynnfield		Falmouth	West Chatham	Florence	Southwick	Holbrook		Franklin	Spencer	Millis	Green Harbor	Westport
New Marlborough	Manchester		Forestdale	West Dennis	Gill	Springfield	Hyde Park		Gardner	Sterling	Natick	Greenbush	White Horse Beach
North Adams	Marblehead		Gay Head	West Falmouth	Goshen	Sunderland	Jamaica Plain		Gilbertville	Sturbridge	Needham	Halifax	Whitman
Otis	Merrimac		Gosnold	West Harwich	Granby	Thorndike	Lexington		Grafton	Sutton	Norfolk	Hanover	
Peru	Methuen		Harwich	West Hyannisport	Granville	Three Rivers	Long Island		Groton	Templeton	Norwood	Hanson	
Pittsfield	Middleton		Harwichport	West Tisbury	Greenfield	Tolland	Lynn		Hardwick	Townsend	Plainville	Hingham	
Richmond	Nahant		Hyannis	West Yarmouth	Hadley	Turners Falls	Malden		Harvard	Upton	Sharon	Hull	
Sandisfield	Newbury		Hyannisport	Woods Hole	Hampden	Wales	Mattapan		Holden	Uxbridge	Sherborn	Humarock	
Savoy	Newburyport		Marstons Mills	Yarmouth	Hatfield	Ware	Medford		Hopedale	Warren	Stoughton	Kingston	
Sheffield	North Andover		Mashpee	Yarmouthport	Hawley	Warwick	Melrose		Hubbardston	Webster	Stow	Lakeville	
Southfield	Peabody		Menemsha		Heath	Wendell	Milton		Jefferson	West Boylston	Sudbury	Manomet	
Stockbridge	Rockport		Monument Beach		Holland	West Springfield	Navy Yard		Lancaster	West Brookfield	Walpole	Mansfield	
Tyringham	Rowley		Nantucket		Holyoke	Westfield	Newton		Leicester	Westborough	Wayland	Marion	
Washington	Salem		North Chatham		Huntington	Westhampton	Newtonville		Leominster	Westminster	Wellesley	Marshfield	
West Stockbridge	Salisbury		North Falmouth		Indian Orchard	Whately	North Reading		Lincoln Village	Wheelwright	Weston	Mattapoisett	
Williamstown	Saugus		North Truro		Lake Pleasant	Wilbraham	Quincy		Linwood	Whitinsville	Westwood	Middleborough	
Windsor	Swampscott		Oak Bluffs		Leeds	Williamsburg	Randolph		Lunenburg	Wilksonville	Wrentham	Monponsett	
	Tewksbury		Orleans		Leverett	Worthington	Reading		Mendon	Winchendon		New Bedford	
	Topsfield		Osterville		Leyden		Readville			Worcester			



Common Housing Application for Massachusetts Public Housing (CHAMP) –

Application for State-Aided Public Housing

You may now apply for state-aided public housing online! Please use the Common Housing Application for Massachusetts Public Housing (CHAMP) website:

<https://www.mass.gov/applyforpublichousing>

If you do not want to apply online, please fill out the following application and mail or hand deliver it to a local housing authority (LHA). If you are applying to more than one housing authority, please indicate on the Housing Selections list the housing authorities where you would like to apply and the program you are applying for, family, elderly/handicapped. Submit the completed application to a housing authority. The information will be entered online by that housing authority, and your application will be submitted to the LHAs that you selected. If you submit a paper application instead of applying online, you can still use the CHAMP website to make changes or updates to your application.

It is important to only apply for housing at cities or towns where you want to live. If you fail to accept an offer of housing, you will be removed from that waiting list. If you refuse to accept a total of three offers of housing, you will be removed from waiting lists at all the housing authorities where you applied.

Please complete all information requested on the application below. Incomplete applications may not be fully processed. If a question is not applicable, please write n/a. All questions must be answered, but please pay particular attention to the asterisked (*) fields. If these asterisked questions are left blank, your application will be incomplete and cannot be fully processed.

Please make sure you sign the Applicant's Certification AND the Fair Information Practices Act - Statement of Rights at the end of the application.

If you need additional space to provide an answer, please attach additional sheets.

If you have a disability, you have a right to request a reasonable accommodation with the application process. Contact your local housing authority to make arrangements.

1. Contact Information

Name of Applicant/ Head of Household

First Name*

Middle Initial

Last Name*

Suffix

Please provide your residential address

If you are currently homeless, please provide your shelter's address OR the address of your last residence. This address will be used to determine your local resident preference.

Street Address*

Apt. Suite, Floor, etc.

City/Town*

State*

Zip Code*



Please provide your mailing address, only if different from the address listed above

Street Address, P.O. Box or
c/o*

Apt. Suite, Floor, etc.

City/Town*

State*

Zip Code*

Please provide your phone and email

Home Phone

Mobile Phone

Work Phone

Email address

Please provide a secondary contact person or alternative address

First Name

Middle Initial

Last Name

Suffix

Street Address, P.O. Box or c/o

Apt. Suite, Floor, etc.

City/Town

State

Zip Code

Phone

Email

2. Housing Type

There are different state-aided public housing programs available for low-income families, elderly persons, and persons with disabilities. Not all housing authorities administer every program.

You can apply for housing in these programs at any local housing authority by selecting them at the end of this application, but it's important to remember that if you do not accept housing that is offered, your application may be removed from one or more waitlists. Family housing is for households of any age and any size. Household members must be related by blood, marriage, operation of law, or a stable interdependent relationship. To be eligible for elderly/handicapped public housing, at least one household member must be at least 60 years old **or** be a person with a disability who meets certain eligibility criteria.



A. Are you applying for Elderly/Handicapped Housing?*

Elderly/Handicapped Program

☐ Yes ☐ No

If you are applying for elderly/handicapped housing, you must indicate which type below*:

☐ Elderly
☐ Non-elderly Handicapped

B. Apartment size

How many bedrooms do you believe you need?* ()**

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

**Note that not all of these apartment sizes may be available.

3. Current Housing Situation

Please tell us about your current housing situation. The information you provide will be verified to determine the priority of your application. Making a false statement or misrepresentation may result in the denial of your application.

Do you currently have a voucher from the Massachusetts Alternative Housing Voucher Program (AHVP)?

☐ Yes ☐ No

Are you requesting a transfer to move from one apartment to another within the same housing authority?

☐ Yes ☐ No

If yes, housing authority where you currently live:

If yes, reason for transfer request (check one)

☐ Apartment too small for household

☐ Apartment too big for household

☐ Medical reasons

☐ other (specify)_____

If yes, please provide some additional details about your transfer requests:



Are you now homeless or in imminent danger of becoming homeless?

- ☐ Yes ☐ No

On what day did you become, or will you become, displaced from your primary residence? A primary residence is a home occupied by your household for no less than nine months of the year, and that was not intended to be a temporary residence.

Month / Day / Year

If yes, please check ALL of the following statements that apply to you.

- ☐ I do not have a place to live; OR, I am living in a situation that is a significant immediate threat to the life or safety to me or to a household member. Placement in an appropriate unit would remedy my living situation.
- ☐ I have not caused or substantially contributed to the unsafe or life threatening situation.
- ☐ I have tried to avoid or prevent the situation.
I have done this by seeking assistance through the courts or appropriate administrative or enforcement agencies. **(Note: you must also check this box if there was no available way to prevent or avoid the situation, such as a natural disaster.)**
- ☐ I have been displaced or am about to be displaced from my primary residence.
Note: Primary residence means that this is a home occupied by your household for no less than nine months of the year, and that was not intended to be a temporary residence.
- ☐ I have made reasonable efforts to find alternative housing.

If yes, did you become homeless in any of the following ways?

Check all that apply

- ☐ Displaced by natural forces (i.e. flood, fire, earthquake)
- ☐ Displaced by urban renewal or eminent domain.
- ☐ Displaced by condemnation of home or code violations.
- ☐ No fault loss of housing - such as condominium conversion, owner wants unit for personal or family use, or discharge from nursing home or long-term care facility.
- ☐ Victim of abuse (domestic violence).
- ☐ Severe medical emergency.

Please provide some additional details about your housing situation: _____



4. Employment & Veteran Status

You may receive local resident preference based on where you are employed in addition to where you live. For some programs, you may also receive a preference for Veterans of the U.S. Military and some members of their families.

Where is your current place of employment?

City/Town

State

Zip Code

Are you a Veteran of the United States Armed Forces?

- ☐ I am a Veteran, or a member of my household is a Veteran.
- ☐ I, or a member of my household, is the spouse, surviving spouse, dependent parent or a child or divorced spouse with a dependent child of a Veteran.

Please enter the dates of service of the Veteran in your household.

Start Date: _____ End Date: _____
Day/Month/Year Day/Month/Year

Please check all that apply

- ☐ A U.S. Veteran in my household has a service-connected disability.
- ☐ A former member of my household is a deceased U.S. Veteran whose death has been determined by the Veteran's Administration to be service connected.

5. Accessibility

Do you or a member of your household have a disability for which you need a reasonable accommodation such as grab bars in the unit?

- ☐ Yes ☐ No

If yes, please enter some additional details:

Does your household need a unit that is wheelchair accessible?

- ☐ Yes ☐ No



Do you need a unit that does not require you or any member of your household to climb stairs?*

If you answer 'yes' to this question, you will not be placed on waiting lists for any apartments that require you to climb stairs.

Please check the applicable box below.

- ☐ Yes, I need a unit that does not require me or any member of my household to climb stairs.
- ☐ No, I and all members of my household can live in a unit with stairs.

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6. Household Makeup*

Please enter the name and personal information of each member of the household who will be living in the unit, starting with the Head of Household. **Please note:**

- Responding to the racial and ethnic designation questions is optional. Your status with respect to tenant selection procedures may be affected by this information.
- Gender, relationship to head of household, and date of birth are required to determine your appropriate unit size. For household members who do not identify as Male or Female, please identify the Gender with which they will share a bedroom.
- If provided, the Social Security Number will be used to verify income and assets.
- Responding to the disability question is optional. Your income determination may be affected by this information.

Please provide the names and personal details of Household Members

First Name	Last Name	Relationship to Head of Household ¹	Racial Designation (Optional) ²	Ethnic Designation (Optional) ³	Gender	Occupation status ⁴	Social Security Number	Date of Birth	Disabled (Optional) ⁵
		Head of Household							

Note: Valid responses to Household Members Personal Details are listed in 1-5 below. Optional questions need no response.

-
1. Relationship to Household: Head, Spouse/Partner, Brother/Sister, Child/Grandchild, Parent/Grandparent, Niece/Nephew, Cousin, Foster Child, or Other.
 2. Racial Designation: American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, or Other.
 3. Ethnic Designation: Hispanic/Latino or Not-Hispanic/Latino.
 4. Occupation: Employed, Retired, At Home, Student.
 5. Disabled: Yes or No



What is the estimated annual income for your household next year?

\$

Is a change in household composition expected?*

☐ Yes ☐ No

If yes, what type?

When is this expected to occur?

7. Housing Selections

On the attached list, please check off at least one program at one housing authority where you want to live. Use the following pages 11 thru 18 to indicate your housing selections. You can add or remove programs or housing authorities to your application at any time, including after submission. Those changes can be made at any housing authority or online at the Common Housing Application for Massachusetts Public Housing (CHAMP) <https://www.mass.gov/applyforpublichousing>

If you fail to accept three offers of housing, you will be removed from all waiting lists at the housing authorities where you applied.

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Applicant's Certification

- I understand that this application is not an offer of housing.
- I understand that a housing authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, without good cause, my application will be removed from the waiting list for that program at that housing authority;
- If I reapply for that program at that housing authority, my application will not receive any priorities or preferences that were previously granted or requested on the prior application for a three year period.
- I understand that if I fail to accept a total of three offers of housing from across all of the programs and housing authorities where I have applied, that my application will be removed from all programs at all housing authorities to which I have applied. I understand that I can reapply, but that all of the dates and times of my applications will be changed to the date of my new application and my application will not receive any priorities or preferences that were granted or requested on the prior application for a three year period.
- Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written Unit Offer from a housing authority.
- I understand that it is my responsibility to update my application online OR inform a Housing Authority in writing of any change of address, income, or household composition or any other information regarding my application.
- I authorize housing authorities where I have applied to make inquiries to verify the information I have provided in this application.
- I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application.
- I understand that housing authorities I have applied to will request a Criminal Offender Record Information from the Criminal Justice Information Services and may perform credit checks and other background investigations for all adult members of the household.
- I understand that if I have made any intentionally false or misleading statements when applying for public housing, my application will be disqualified and there may be additional consequences.
- I understand that my application information will be transferred to the **Common Housing Application for Massachusetts Public Housing (CHAMP)**. When more than one application I have submitted has conflicting information, for example different addresses, the application information with the newer date will be used. I understand that I may update all information either at one housing authority or online: <https://www.mass.gov/applyforpublichousing>
- I understand that the online application may be subject to data transmission errors that may make the application incomplete. I understand that DHCD is not responsible for these errors.
- By using this application, I agree to all of these conditions.

Signed under the pains and penalties of perjury,

Print
name*:

Signature*:

Date*:



Fair Information Practices Act - Statement of Rights

Local Housing Authorities collect information about applicants and tenants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy of information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants may give or withhold their permission when requested by the housing authority to provide information. However, failure to permit the housing authority to obtain the required information may result in delay or ineligibility for programs. The provision of false or incomplete information is a criminal offense, punishable by fines and/or imprisonment.

As an applicant, you have the following rights in regards to the information collected about you:

- No information may be used for any purpose other than those described above without your consent.
- No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
- You or your authorized representative have a right to inspect and copy any information collected about you.
- You may ask questions and receive answers from the housing authority about how we collect and use your information.
- You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to a local housing authority where you have applied and it will notify you in writing of its decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights.

Print
name*:

Signature*:

Date*:



List of Housing Selections

Please mark the check box next to the Housing Selection where you want to apply and live.

Community	Housing Selection	# of Bedrooms
<input type="checkbox"/> Abington	Family	3
<input type="checkbox"/> Abington	Elderly/Handicapped	1
<input type="checkbox"/> Acton	Family	2, 3, 4
<input type="checkbox"/> Acton	Elderly/Handicapped	1
<input type="checkbox"/> Acushnet	Elderly/Handicapped	1
<input type="checkbox"/> Adams	Family	1, 2, 3, 4
<input type="checkbox"/> Adams	Elderly/Handicapped	1
<input type="checkbox"/> Agawam	Family	2, 3
<input type="checkbox"/> Agawam	Elderly/Handicapped	1
<input type="checkbox"/> Agawam	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Amesbury	Family	1, 2, 3, 5
<input type="checkbox"/> Amesbury	Elderly/Handicapped	1
<input type="checkbox"/> Amherst	Family	2, 3
<input type="checkbox"/> Amherst	Elderly/Handicapped	1
<input type="checkbox"/> Andover	Family	2, 3, 4
<input type="checkbox"/> Andover	Elderly/Handicapped	1
<input type="checkbox"/> Arlington	Family	1, 2, 3
<input type="checkbox"/> Arlington	Elderly/Handicapped	1
<input type="checkbox"/> Ashland	Elderly/Handicapped	1
<input type="checkbox"/> Athol	Family	2, 3
<input type="checkbox"/> Athol	Elderly/Handicapped	1
<input type="checkbox"/> Attleboro	Family	1, 2, 3
<input type="checkbox"/> Attleboro	Elderly/Handicapped	1
<input type="checkbox"/> Auburn	Family	2, 3, 4
<input type="checkbox"/> Auburn	Elderly/Handicapped	1
<input type="checkbox"/> Avon	Elderly/Handicapped	1
<input type="checkbox"/> Ayer	Family	2, 3
<input type="checkbox"/> Ayer	Elderly/Handicapped	1
<input type="checkbox"/> Ayer	Congregate Elderly/Handicapped	1

Community	Housing Selection	# of Bedrooms
<input type="checkbox"/> Barnstable	Family	2, 3, 4, 5
<input type="checkbox"/> Barnstable	Elderly/Handicapped	1, 2
<input type="checkbox"/> Barnstable	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Barre	Elderly/Handicapped	1
<input type="checkbox"/> Bedford	Family	2, 3
<input type="checkbox"/> Bedford	Elderly/Handicapped	1
<input type="checkbox"/> Belchertown	Family	3, 4
<input type="checkbox"/> Belchertown	Elderly/Handicapped	1
<input type="checkbox"/> Bellingham	Family	2, 4
<input type="checkbox"/> Bellingham	Elderly/Handicapped	1
<input type="checkbox"/> Belmont	Family	2, 3
<input type="checkbox"/> Belmont	Elderly/Handicapped	1
<input type="checkbox"/> Beverly	Family	1, 2, 3
<input type="checkbox"/> Beverly	Elderly/Handicapped	1, 2
<input type="checkbox"/> Beverly	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Billerica	Family	2, 3
<input type="checkbox"/> Billerica	Elderly/Handicapped	1
<input type="checkbox"/> Blackstone	Elderly/Handicapped	1
<input type="checkbox"/> Boston	Family	1, 2, 3, 4, 5, 6
<input type="checkbox"/> Boston	Elderly/Handicapped	1, 2
<input type="checkbox"/> Boston - Beacon (Camden)	Family	1, 2, 3
<input type="checkbox"/> Boston - Trinity (East Boston)	Family	1, 2, 3, 4, 5
<input type="checkbox"/> Bourne	Family	2, 3
<input type="checkbox"/> Bourne	Elderly/Handicapped	1, 2



<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Braintree	Family	3
<input type="checkbox"/> Braintree	Elderly/Handicapped	1
<input type="checkbox"/> Braintree	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Brewster	Family	2, 3
<input type="checkbox"/> Brewster	Elderly/Handicapped	1
<input type="checkbox"/> Bridgewater	Family	2, 3, 4
<input type="checkbox"/> Bridgewater	Elderly/Handicapped	1
<input type="checkbox"/> Bridgewater	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Brimfield	Elderly/Handicapped	1, 2
<input type="checkbox"/> Brockton	Family	2, 3, 4
<input type="checkbox"/> Brockton	Elderly/Handicapped	1
<input type="checkbox"/> Brockton	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Brookfield	Family	2
<input type="checkbox"/> Brookline	Family	1, 2, 3, 4, 5
<input type="checkbox"/> Brookline	Elderly/Handicapped	1, 2, 3
<input type="checkbox"/> Burlington	Family	3
<input type="checkbox"/> Burlington	Elderly/Handicapped	1, 2
<input type="checkbox"/> Canton	Family	2, 3, 4
<input type="checkbox"/> Canton	Elderly/Handicapped	1
<input type="checkbox"/> Carver	Family	2, 3, 4
<input type="checkbox"/> Carver	Elderly/Handicapped	1
<input type="checkbox"/> Charlton	Family	3
<input type="checkbox"/> Charlton	Elderly/Handicapped	1
<input type="checkbox"/> Chatham	Family	2, 3
<input type="checkbox"/> Chatham	Elderly/Handicapped	1
<input type="checkbox"/> Chatham	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Chelmsford	Family	3
<input type="checkbox"/> Chelmsford	Elderly/Handicapped	1
<input type="checkbox"/> Chelmsford	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Chelsea	Family	2, 3, 4
<input type="checkbox"/> Chelsea	Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Chicopee	Family	1, 2, 3
<input type="checkbox"/> Chicopee	Elderly/Handicapped	1
<input type="checkbox"/> Clinton	Family	2, 3, 4
<input type="checkbox"/> Clinton	Elderly/Handicapped	1
<input type="checkbox"/> Cohasset	Elderly/Handicapped	1
<input type="checkbox"/> Concord	Family	2, 3, 4
<input type="checkbox"/> Concord	Elderly/Handicapped	1
<input type="checkbox"/> Dalton	Family	3
<input type="checkbox"/> Dalton	Elderly/Handicapped	1, 2
<input type="checkbox"/> Danvers	Family	2, 3
<input type="checkbox"/> Danvers	Elderly/Handicapped	1, 2
<input type="checkbox"/> Dartmouth	Elderly/Handicapped	1
<input type="checkbox"/> Dedham	Family	1, 2, 3
<input type="checkbox"/> Dedham	Elderly/Handicapped	1
<input type="checkbox"/> Dennis	Family	3, 4
<input type="checkbox"/> Dennis	Elderly/Handicapped	1, 2
<input type="checkbox"/> Dighton	Elderly/Handicapped	1
<input type="checkbox"/> Dracut	Family	2, 3, 4
<input type="checkbox"/> Dracut	Elderly/Handicapped	1
<input type="checkbox"/> Dracut	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Dudley	Elderly/Handicapped	1
<input type="checkbox"/> Duxbury	Family	2, 3
<input type="checkbox"/> Duxbury	Elderly/Handicapped	1
<input type="checkbox"/> East Bridgewater	Family	3
<input type="checkbox"/> East Bridgewater	Elderly/Handicapped	1
<input type="checkbox"/> East Longmeadow	Family	2, 3
<input type="checkbox"/> East Longmeadow	Elderly/Handicapped	1
<input type="checkbox"/> East Longmeadow	Congregate Elderly/Handicapped	1, 2



Community	Housing Selection	# of Bedrooms
<input type="checkbox"/> Easthampton	Family	2, 3, 4
<input type="checkbox"/> Easthampton	Elderly/Handicapped	1
<input type="checkbox"/> Easton	Family	2, 3
<input type="checkbox"/> Easton	Elderly/Handicapped	1
<input type="checkbox"/> Essex	Elderly/Handicapped	1
<input type="checkbox"/> Everett	Family	2, 3
<input type="checkbox"/> Everett	Elderly/Handicapped	1
<input type="checkbox"/> Fairhaven	Family	2, 3
<input type="checkbox"/> Fairhaven	Elderly/Handicapped	1
<input type="checkbox"/> Fall River	Family	1, 2, 3
<input type="checkbox"/> Fall River	Elderly/Handicapped	1
<input type="checkbox"/> Falmouth	Family	2, 3, 4
<input type="checkbox"/> Falmouth	Elderly/Handicapped	1
<input type="checkbox"/> Fitchburg	Family	1, 2, 3, 4
<input type="checkbox"/> Fitchburg	Elderly/Handicapped	1, 2
<input type="checkbox"/> Fitchburg	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Foxborough	Family	1, 2, 3, 4
<input type="checkbox"/> Foxborough	Elderly/Handicapped	1
<input type="checkbox"/> Framingham	Family	1, 2, 3, 4
<input type="checkbox"/> Framingham	Elderly/Handicapped	1, 2
Franklin County Regional		
<input type="checkbox"/> Bernardston	Family	3
<input type="checkbox"/> Bernardston	Elderly/Handicapped	1
<input type="checkbox"/> Buckland	Family	2, 4
<input type="checkbox"/> Charlemont	Family	2, 4
<input type="checkbox"/> Gill	Elderly/Handicapped	1
<input type="checkbox"/> Northfield	Family	2, 3
<input type="checkbox"/> Northfield	Elderly/Handicapped	1
<input type="checkbox"/> Orange	Family	2, 3, 4
<input type="checkbox"/> Turners Falls	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Franklin	Family	2, 3
<input type="checkbox"/> Franklin	Elderly/Handicapped	1
<input type="checkbox"/> Franklin	Congregate Elderly/Handicapped	1

Community	Housing Selection	# of Bedrooms
<input type="checkbox"/> Gardner	Family	2, 3, 4
<input type="checkbox"/> Gardner	Elderly/Handicapped	1
<input type="checkbox"/> Gardner	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Georgetown	Family	2, 3
<input type="checkbox"/> Georgetown	Elderly/Handicapped	1
<input type="checkbox"/> Gloucester	Family	2, 3, 4
<input type="checkbox"/> Gloucester	Elderly/Handicapped	1
<input type="checkbox"/> Grafton	Family	2, 3
<input type="checkbox"/> Grafton	Elderly/Handicapped	1
<input type="checkbox"/> Granby	Family	2, 3
<input type="checkbox"/> Granby	Elderly/Handicapped	1
<input type="checkbox"/> Great Barrington	Family	2, 3, 4
<input type="checkbox"/> Great Barrington	Elderly/Handicapped	1
<input type="checkbox"/> Great Barrington - Sheffield	Family	3
<input type="checkbox"/> Great Barrington - Sheffield	Elderly/Handicapped	1
<input type="checkbox"/> Greenfield	Family	2, 3, 4, 5
<input type="checkbox"/> Greenfield	Elderly/Handicapped	1
<input type="checkbox"/> Greenfield	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Groton	Family	3
<input type="checkbox"/> Groton	Elderly/Handicapped	1
<input type="checkbox"/> Groveland	Family	3
<input type="checkbox"/> Hadley	Family	3
<input type="checkbox"/> Hadley	Elderly/Handicapped	1
<input type="checkbox"/> Halifax	Family	2, 3, 4
<input type="checkbox"/> Halifax	Elderly/Handicapped	1
<input type="checkbox"/> Hamilton	Family	2, 3
<input type="checkbox"/> Hamilton	Elderly/Handicapped	1



<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
Hampshire County Regional		
<input type="checkbox"/> Cummington	Family	2, 3
<input type="checkbox"/> Cummington	Elderly/Handicapped	1
<input type="checkbox"/> Huntington	Elderly/Handicapped	1
<input type="checkbox"/> South Hadley	Family	2
<input type="checkbox"/> Hanson	Elderly/Handicapped	1
<input type="checkbox"/> Harwich	Family	2, 3
<input type="checkbox"/> Hatfield	Elderly/Handicapped	1
<input type="checkbox"/> Haverhill	Family	2, 3, 4
<input type="checkbox"/> Haverhill	Elderly/Handicapped	1
<input type="checkbox"/> Hingham	Family	2, 3
<input type="checkbox"/> Hingham	Elderly/Handicapped	1
<input type="checkbox"/> Hingham	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Holbrook	Family	3
<input type="checkbox"/> Holbrook	Elderly/Handicapped	1
<input type="checkbox"/> Holden	Family	3
<input type="checkbox"/> Holden	Elderly/Handicapped	1
<input type="checkbox"/> Holliston	Family	2, 3, 4
<input type="checkbox"/> Holliston	Elderly/Handicapped	1
<input type="checkbox"/> Holyoke	Family	2, 3
<input type="checkbox"/> Holyoke	Elderly/Handicapped	1
<input type="checkbox"/> Holyoke	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Hopedale	Elderly/Handicapped	1
<input type="checkbox"/> Hopkinton	Family	2, 3
<input type="checkbox"/> Hopkinton	Elderly/Handicapped	1
<input type="checkbox"/> Hudson	Elderly/Handicapped	1
<input type="checkbox"/> Hull	Family	2, 3, 4
<input type="checkbox"/> Hull	Elderly/Handicapped	1
<input type="checkbox"/> Ipswich	Family	2, 3, 4
<input type="checkbox"/> Ipswich	Elderly/Handicapped	1
<input type="checkbox"/> Kingston	Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Lancaster	Elderly/Handicapped	1
<input type="checkbox"/> Lawrence	Family	1, 2, 3, 4
<input type="checkbox"/> Lawrence	Elderly/Handicapped	1
<input type="checkbox"/> Lee	Family	2, 3
<input type="checkbox"/> Lee	Elderly/Handicapped	1
<input type="checkbox"/> Leicester	Elderly/Handicapped	1
<input type="checkbox"/> Lenox	Family	2, 3
<input type="checkbox"/> Lenox	Elderly/Handicapped	1, 2
<input type="checkbox"/> Leominster	Family	2, 3, 4
<input type="checkbox"/> Leominster	Elderly/Handicapped	1
<input type="checkbox"/> Lexington	Family	3
<input type="checkbox"/> Lexington	Elderly/Handicapped	1
<input type="checkbox"/> Littleton	Family	2, 3
<input type="checkbox"/> Littleton	Elderly/Handicapped	1
<input type="checkbox"/> Lowell	Family	2, 3, 4, 5
<input type="checkbox"/> Lowell	Elderly/Handicapped	1
<input type="checkbox"/> Ludlow	Family	2, 3, 4
<input type="checkbox"/> Ludlow	Elderly/Handicapped	1, 2
<input type="checkbox"/> Lunenburg	Family	2, 3
<input type="checkbox"/> Lunenburg	Elderly/Handicapped	1
<input type="checkbox"/> Lynn	Family	2, 3, 4, 5
<input type="checkbox"/> Lynn	Elderly/Handicapped	1
<input type="checkbox"/> Lynn	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Lynnfield	Elderly/Handicapped	1
<input type="checkbox"/> Malden	Elderly/Handicapped	1
<input type="checkbox"/> Manchester	Family	2, 3
<input type="checkbox"/> Manchester	Elderly/Handicapped	1
<input type="checkbox"/> Mansfield	Family	2, 3, 4
<input type="checkbox"/> Mansfield	Elderly/Handicapped	1, 2
<input type="checkbox"/> Marblehead	Family	2, 3
<input type="checkbox"/> Marblehead	Elderly/Handicapped	1



<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Marlborough CDA	Elderly/Handicapped	1
<input type="checkbox"/> Marshfield	Family	3, 4, 6
<input type="checkbox"/> Marshfield	Elderly/Handicapped	1
<input type="checkbox"/> Marshfield	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Mashpee	Family	3
<input type="checkbox"/> Mashpee	Elderly/Handicapped	1
<input type="checkbox"/> Mattapoisett	Family	2, 3
<input type="checkbox"/> Mattapoisett	Elderly/Handicapped	1
<input type="checkbox"/> Maynard	Elderly/Handicapped	1
<input type="checkbox"/> Medfield	Elderly/Handicapped	1, 2
<input type="checkbox"/> Medford	Elderly/Handicapped	1
<input type="checkbox"/> Medway	Elderly/Handicapped	1
<input type="checkbox"/> Melrose	Family	2, 3, 5
<input type="checkbox"/> Melrose	Elderly/Handicapped	1
<input type="checkbox"/> Mendon	Elderly/Handicapped	1
<input type="checkbox"/> Merrimac	Family	2, 3
<input type="checkbox"/> Merrimac	Elderly/Handicapped	1
<input type="checkbox"/> Methuen	Family	1, 2, 3, 4, 5
<input type="checkbox"/> Methuen	Elderly/Handicapped	1
<input type="checkbox"/> Methuen	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Middleborough	Family	2, 3
<input type="checkbox"/> Middleborough	Elderly/Handicapped	1
<input type="checkbox"/> Middleton	Family	2, 3
<input type="checkbox"/> Middleton	Elderly/Handicapped	1
<input type="checkbox"/> Milford	Family	1, 2, 3, 4, 5
<input type="checkbox"/> Milford	Elderly/Handicapped	1
<input type="checkbox"/> Millbury	Family	1, 2, 3, 4
<input type="checkbox"/> Millbury	Elderly/Handicapped	1
<input type="checkbox"/> Millbury	Congregate Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Millis	Family	2, 3
<input type="checkbox"/> Millis	Elderly/Handicapped	1
<input type="checkbox"/> Milton	Family	2, 3
<input type="checkbox"/> Milton	Elderly/Handicapped	1
<input type="checkbox"/> Monson	Family	2, 3, 4
<input type="checkbox"/> Monson	Elderly/Handicapped	1
<input type="checkbox"/> Montague	Family	2, 3
<input type="checkbox"/> Montague	Elderly/Handicapped	1, 2
<input type="checkbox"/> Nahant	Family	2, 3, 4
<input type="checkbox"/> Nahant	Elderly/Handicapped	1
<input type="checkbox"/> Nantucket	Family	2, 3, 4
<input type="checkbox"/> Nantucket	Elderly/Handicapped	1
<input type="checkbox"/> Natick	Family	2, 3, 4
<input type="checkbox"/> Natick	Elderly/Handicapped	1, 2
<input type="checkbox"/> Needham	Elderly/Handicapped	1
<input type="checkbox"/> New Bedford	Family	1, 2, 3, 4
<input type="checkbox"/> New Bedford	Elderly/Handicapped	1, 2
<input type="checkbox"/> Newburyport	Family	2, 3
<input type="checkbox"/> Newburyport	Elderly/Handicapped	1
<input type="checkbox"/> Newton	Family	1, 2, 3
<input type="checkbox"/> Newton	Elderly/Handicapped	1, 2
<input type="checkbox"/> Norfolk	Family	2, 3
<input type="checkbox"/> Norfolk	Elderly/Handicapped	1
<input type="checkbox"/> North Andover	Family	2, 3
<input type="checkbox"/> North Andover	Elderly/Handicapped	1
<input type="checkbox"/> North Andover	Congregate Elderly/Handicapped	1
<input type="checkbox"/> North Attleborough	Family	2, 3
<input type="checkbox"/> North Attleborough	Elderly/Handicapped	1, 2
<input type="checkbox"/> North Brookfield	Family	2
<input type="checkbox"/> North Brookfield	Elderly/Handicapped	1



<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> North Reading	Family	2, 3
<input type="checkbox"/> North Reading	Elderly/Handicapped	1
<input type="checkbox"/> Northampton	Family	1, 2, 3, 4
<input type="checkbox"/> Northampton	Elderly/Handicapped	1, 2
<input type="checkbox"/> Northborough	Family	2, 3
<input type="checkbox"/> Northborough	Elderly/Handicapped	1
<input type="checkbox"/> Northbridge	Elderly/Handicapped	1, 2
<input type="checkbox"/> Norton	Family	2, 3, 4
<input type="checkbox"/> Norton	Elderly/Handicapped	1
<input type="checkbox"/> Norwell	Elderly/Handicapped	1
<input type="checkbox"/> Norwood	Family	2, 3
<input type="checkbox"/> Norwood	Elderly/Handicapped	1
<input type="checkbox"/> Orange	Family	2, 3
<input type="checkbox"/> Orange	Elderly/Handicapped	1
<input type="checkbox"/> Orleans	Family	2, 3, 4
<input type="checkbox"/> Orleans	Elderly/Handicapped	1
<input type="checkbox"/> Oxford	Family	2, 3
<input type="checkbox"/> Oxford	Elderly/Handicapped	1
<input type="checkbox"/> Oxford	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Palmer	Elderly/Handicapped	1
<input type="checkbox"/> Peabody	Family	1, 2, 3, 4
<input type="checkbox"/> Peabody	Elderly/Handicapped	1
<input type="checkbox"/> Peabody	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Pembroke	Family	2, 3, 4
<input type="checkbox"/> Pembroke	Elderly/Handicapped	1
<input type="checkbox"/> Pepperell	Family	2
<input type="checkbox"/> Pepperell	Elderly/Handicapped	1
<input type="checkbox"/> Pittsfield	Family	2, 3, 4
<input type="checkbox"/> Pittsfield	Elderly/Handicapped	1
<input type="checkbox"/> Plainville	Elderly/Handicapped	1
<input type="checkbox"/> Plymouth	Family	2, 3
<input type="checkbox"/> Plymouth	Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Provincetown	Family	1, 2, 3
<input type="checkbox"/> Provincetown	Elderly/Handicapped	1
<input type="checkbox"/> Quincy	Family	2, 3, 4
<input type="checkbox"/> Quincy	Elderly/Handicapped	1, 2
<input type="checkbox"/> Randolph	Elderly/Handicapped	1
<input type="checkbox"/> Raynham	Elderly/Handicapped	1
<input type="checkbox"/> Reading	Family	2, 3
<input type="checkbox"/> Reading	Elderly/Handicapped	1
<input type="checkbox"/> Revere	Family	1, 2, 3, 4
<input type="checkbox"/> Revere	Elderly/Handicapped	1
<input type="checkbox"/> Rockland	Elderly/Handicapped	1
<input type="checkbox"/> Rockport	Family	2, 3, 4
<input type="checkbox"/> Rockport	Elderly/Handicapped	1
<input type="checkbox"/> Rowley	Family	2, 3
<input type="checkbox"/> Rowley	Elderly/Handicapped	1
<input type="checkbox"/> Salem	Family	1, 2, 3
<input type="checkbox"/> Salem	Elderly/Handicapped	1
<input type="checkbox"/> Salem	Congregate Elderly/Handicapped	1, 2
<input type="checkbox"/> Salisbury	Elderly/Handicapped	1
<input type="checkbox"/> Sandwich	Family	2, 3
<input type="checkbox"/> Sandwich	Elderly/Handicapped	1
<input type="checkbox"/> Sandwich	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Saugus	Family	2, 3
<input type="checkbox"/> Saugus	Elderly/Handicapped	1
<input type="checkbox"/> Scituate	Elderly/Handicapped	1
<input type="checkbox"/> Seekonk	Family	2, 3
<input type="checkbox"/> Seekonk	Elderly/Handicapped	1, 2
<input type="checkbox"/> Sharon	Family	2
<input type="checkbox"/> Sharon	Elderly/Handicapped	1
<input type="checkbox"/> Shelburne	Elderly/Handicapped	1, 2



<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Shrewsbury	Family	1, 2, 3
<input type="checkbox"/> Shrewsbury	Elderly/Handicapped	1
<input type="checkbox"/> Somerset	Elderly/Handicapped	1
<input type="checkbox"/> Somerville	Family	1, 2, 3
<input type="checkbox"/> Somerville	Elderly/Handicapped	1
<input type="checkbox"/> South Hadley	Family	2, 3, 4
<input type="checkbox"/> South Hadley	Elderly/Handicapped	1
<input type="checkbox"/> Southborough	Family	2, 3
<input type="checkbox"/> Southborough	Elderly/Handicapped	1
<input type="checkbox"/> Southbridge	Family	3, 4
<input type="checkbox"/> Southbridge	Elderly/Handicapped	1
<input type="checkbox"/> Southwick	Family	3, 4
<input type="checkbox"/> Southwick	Elderly/Handicapped	1
<input type="checkbox"/> Spencer	Family	3
<input type="checkbox"/> Spencer	Elderly/Handicapped	1
<input type="checkbox"/> Spencer	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Springfield	Family	3
<input type="checkbox"/> Springfield	Elderly/Handicapped	1, 2
<input type="checkbox"/> Springfield	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Sterling	Elderly/Handicapped	1
<input type="checkbox"/> Stockbridge	Elderly/Handicapped	1, 2
<input type="checkbox"/> Stoneham	Family	2, 3
<input type="checkbox"/> Stoneham	Elderly/Handicapped	1
<input type="checkbox"/> Stoughton	Family	2, 3, 4
<input type="checkbox"/> Stoughton	Elderly/Handicapped	1
<input type="checkbox"/> Stoughton	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Sudbury	Family	2, 3, 4
<input type="checkbox"/> Sudbury	Elderly/Handicapped	1
<input type="checkbox"/> Sutton	Elderly/Handicapped	1
<input type="checkbox"/> Swampscott	Family	2, 3
<input type="checkbox"/> Swampscott	Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Swansea	Elderly/Handicapped	1
<input type="checkbox"/> Taunton	Family	1, 2, 3, 4
<input type="checkbox"/> Taunton	Elderly/Handicapped	1
<input type="checkbox"/> Templeton	Family	2, 3
<input type="checkbox"/> Templeton	Elderly/Handicapped	1, 2
<input type="checkbox"/> Tewksbury	Family	2, 3, 4
<input type="checkbox"/> Tewksbury	Elderly/Handicapped	1
<input type="checkbox"/> Topsfield	Elderly/Handicapped	1
<input type="checkbox"/> Tyngsborough	Family	2, 3
<input type="checkbox"/> Tyngsborough	Elderly/Handicapped	1
<input type="checkbox"/> Tyngsborough	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Upton	Elderly/Handicapped	1
<input type="checkbox"/> Uxbridge	Family	2, 3
<input type="checkbox"/> Uxbridge	Elderly/Handicapped	1
<input type="checkbox"/> Wakefield	Family	2
<input type="checkbox"/> Wakefield	Elderly/Handicapped	1
<input type="checkbox"/> Walpole	Family	2, 3
<input type="checkbox"/> Walpole	Elderly/Handicapped	1
<input type="checkbox"/> Waltham	Family	1, 2, 3, 4
<input type="checkbox"/> Waltham	Elderly/Handicapped	1
<input type="checkbox"/> Waltham	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Ware	Family	2, 3, 4
<input type="checkbox"/> Ware	Elderly/Handicapped	1
<input type="checkbox"/> Wareham	Elderly/Handicapped	1
<input type="checkbox"/> Warren	Family	2, 3
<input type="checkbox"/> Warren	Elderly/Handicapped	1, 2
<input type="checkbox"/> Watertown	Family	1, 2, 3, 4, 5
<input type="checkbox"/> Watertown	Elderly/Handicapped	1
<input type="checkbox"/> Webster	Family	1, 2, 3
<input type="checkbox"/> Webster	Elderly/Handicapped	1
<input type="checkbox"/> Wellesley	Family	2, 3
<input type="checkbox"/> Wellesley	Elderly/Handicapped	1



<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Wenham	Elderly/Handicapped	1
<input type="checkbox"/> West Boylston	Family	2, 3
<input type="checkbox"/> West Boylston	Elderly/Handicapped	1
<input type="checkbox"/> West Bridgewater	Elderly/Handicapped	1
<input type="checkbox"/> West Brookfield	Family	2, 3
<input type="checkbox"/> West Brookfield	Elderly/Handicapped	1
<input type="checkbox"/> West Newbury	Family	3
<input type="checkbox"/> West Newbury	Elderly/Handicapped	1
<input type="checkbox"/> West Springfield	Family	2, 3, 4
<input type="checkbox"/> West Springfield	Elderly/Handicapped	1
<input type="checkbox"/> Westborough	Family	2, 3
<input type="checkbox"/> Westborough	Elderly/Handicapped	1
<input type="checkbox"/> Westborough	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Westfield	Family	2, 3, 4
<input type="checkbox"/> Westfield	Elderly/Handicapped	1, 2
<input type="checkbox"/> Westford	Family	2, 3
<input type="checkbox"/> Westford	Elderly/Handicapped	1
<input type="checkbox"/> Westport	Elderly/Handicapped	1
<input type="checkbox"/> Weymouth	Family	1, 2, 3, 4, 5
<input type="checkbox"/> Weymouth	Elderly/Handicapped	1

<u>Community</u>	<u>Housing Selection</u>	<u># of Bedrooms</u>
<input type="checkbox"/> Whitman	Family	3, 4
<input type="checkbox"/> Whitman	Elderly/Handicapped	1
<input type="checkbox"/> Wilbraham	Family	2, 3
<input type="checkbox"/> Wilbraham	Elderly/Handicapped	1
<input type="checkbox"/> Williamstown	Family	2, 3, 4
<input type="checkbox"/> Williamstown	Elderly/Handicapped	1
<input type="checkbox"/> Wilmington	Family	1, 3
<input type="checkbox"/> Wilmington	Elderly/Handicapped	1
<input type="checkbox"/> Winchendon	Family	2, 3
<input type="checkbox"/> Winchendon	Elderly/Handicapped	1
<input type="checkbox"/> Winchendon	Congregate Elderly/Handicapped	1
<input type="checkbox"/> Winchester	Family	2, 3
<input type="checkbox"/> Winchester	Elderly/Handicapped	1
<input type="checkbox"/> Winthrop	Family	1, 2, 3, 4
<input type="checkbox"/> Winthrop	Elderly/Handicapped	1
<input type="checkbox"/> Woburn	Family	2, 3
<input type="checkbox"/> Woburn	Elderly/Handicapped	1
<input type="checkbox"/> Worcester	Family	1, 2, 3, 4
<input type="checkbox"/> Worcester	Elderly/Handicapped	1
<input type="checkbox"/> Wrentham	Family	2, 3, 4
<input type="checkbox"/> Wrentham	Elderly/Handicapped	1
<input type="checkbox"/> Yarmouth	Elderly/Handicapped	1





**Application for
Massachusetts Rental Voucher
Program (MRVP)**

This box is for Office Use Only

Date of Receipt: _____
Time of Receipt: _____
Control Number: _____
Race and/or Ethnicity: _____
Priority Category: _____
Local Preference (LHAs Only): _____
Voucher Size: _____

Incomplete applications will not be processed. Please complete all information requested on the application. **If a question is not applicable, please write N/A.** **Make sure you sign the last page.** **If you need additional space to provide an answer, please attach an additional sheet(s).** **Once completed please mail or hand carry to the housing agencies at which you want to apply and are accepting applications.**

1. Name of Applicant: _____
Mailing Address: _____ Apt No: _____
City / Town: _____ State: _____ Zip: _____
Cell Phone: _____ Home Phone: _____
Email: _____

2. Members of household to live in unit, including **Head** of Household:

First & Last Name	Relationship to Head of Household	Date of Birth	Sex	Social Security Number	Racial Designation*	Ethnic Designation**
	Head					

Social security number will be used to verify income, assets, and criminal record information.

Responding to these questions is optional. Your status with respect to tenant selection procedures will NOT be affected by this information.

*Racial Designation: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other (specify): _____

**Ethnic Designation: Hispanic/Latino or Not Hispanic/Latino

3. Do you understand spoken or written English? ☐ Yes ☐ No

Primary Spoken Language: _____

Primary Written Language: _____



4. **Homeless Priority:** If you want to apply for a Homeless Priority, you must first be considered homeless.
NOTE: MRVP's definition of homeless is NOT the same as those used by homeless shelters or Section 8.
 Residing in a homeless shelter will NOT automatically qualify you as a Homeless Priority applicant.

<p>"Homeless" is defined by state regulations as an applicant who is (you must be able to check <u>ALL</u> boxes):</p> <p><input type="checkbox"/> Without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit;</p> <p><input type="checkbox"/> Who has not caused or substantially contributed to the situation;</p> <p><input type="checkbox"/> Who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing; and</p> <p><input type="checkbox"/> Who is displaced or about to be displaced from his/her primary residence.</p>
<p>If you think you meet the definition of homeless, please select the category below that best describes your situation. Homelessness <u>MUST</u> be due to one of the categories below to qualify for Homeless Priority.</p> <p><input type="checkbox"/> Displaced by No-fault of Applicant (i.e. No-fault eviction)</p> <p><input type="checkbox"/> Displaced by Severe Medical Emergency</p> <p><input type="checkbox"/> Displaced by Domestic Violence</p> <p><input type="checkbox"/> Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)</p> <p><input type="checkbox"/> Displaced by Public Action (i.e. Urban renewal, eminent domain)</p> <p><input type="checkbox"/> Displaced by Public Action (i.e. Condemnation of home)</p>

If you are applying for a Homeless Preference, you **MUST ATTACH VERIFICATION** of your situation to be eligible.

5. **Local Preference:** If you are applying at a Local Housing Authority, you may receive a local preference if you live, work, or have children attending school in the same city/town of the Local Housing Authority.
 Please answer the following and **provide appropriate verification**:

Do you currently reside in the same City/Town that the Local Housing Authority to which you are applying is located in? • If yes, please attach verification of your principle residence, such as a lease, utility bill, or state-issued photo ID.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently work in the same City/Town that the Local Housing Authority to which you are applying is located in? • If yes, please attach verification of your employment or offer of employment, such as a pay stub or employment offer letter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a child who attends school in the same City/Town that the Local Housing Authority to which you are applying is located in? • If yes, please attach verification of your child's enrollment.	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Do you have any special needs due to a disability or need a reasonable accommodation? ☐ Yes ☐ No

Please Specify: _____

7. **Emergency Contact:** Name of a relative or friend NOT planning to live with you. We will contact this person if we are unable to reach you in case of an emergency.

Name: _____ Relationship: _____

Address: _____ Apt No: _____

City / Town: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____



8. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from ALL sources for the next 12 months. Specify all sources.

Household Member Name		Name of Employer or Source of Income	Gross Income for Next 12 Months
	Salary & Wages, including Overtime & Tips		\$
	Salary & Wages, including Overtime & Tips		\$
	Net Income from Business or Profession		\$
	Unemployment or Disability Compensation		\$
	TAFDC or Public Assistance		\$
	Regular Child Support & Alimony Payments		\$
	Social Security Benefits & SSI, including SSP		\$
	VA Disability Income		\$
	Pensions, Annuities, Dividends, and Interest		\$
	Other Income:		\$

Total Gross Income: \$ _____

9. **Assets:** List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		

Do you own any real estate? ☐ Yes ☐ No If yes, please provide the address: _____

Have you sold, transferred or given away any real property or assets in the last three (3) years? ☐ Yes ☐ No If yes, provide date of sale / transfer: _____

Amount of the sale / transfer: \$ _____ Value of the sale / transfer: \$ _____

10. **Expenses:** Estimate the amount you will spend, if any, on the following categories over the next 12 months.

Un-reimbursed Medical Expenses: \$ _____	Health Insurance: \$ _____	Child Care: \$ _____
Alimony or Child Support Payments: \$ _____	Other (i.e. care of disabled household member or homemaking and travel expenses for disabled household member)	\$ _____



11. Have you, or any member of your household, ever received ☐ Yes ☐ No
 housing assistance from this or any other housing agency?
 If yes, Name of Head of
 Household at that time: _____

 Name of Housing Agency: _____

 Date Moved Out: _____

 Reason Moved Out: _____
 Where you terminated for cause? ☐ Yes ☐ No Do you owe any money, back rent, ☐ Yes ☐ No
 or damages to the housing agency?
 If Yes to either above,
 please explain: _____

12. Rental History

Do you owe any previous property owner money for damages or unpaid rent? ☐ Yes ☐ No
 Have you ever been evicted from a rental unit for cause? ☐ Yes ☐ No
 If Yes to either,
 please explain: _____

13. Criminal Record

Have you or any member of your household <input type="checkbox"/> Yes ever been convicted of a drug or violent crime? <input type="checkbox"/> No	Do you or any member of your household <input type="checkbox"/> Yes have any criminal matters pending? <input type="checkbox"/> No
Do you or any member of your household have a lifetime requirement to register as a sex offender in the <input type="checkbox"/> Yes state of Massachusetts? <input type="checkbox"/> No	
If Yes to <u>ANY</u> , please explain: _____	

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. Based on this application, I understand I should not make plans to move or end a present tenancy until I have been issued a voucher in writing under the Massachusetts Rental Voucher Program (MRVP) from an Administering Agency. Before an Administering Agency can offer me participation in the rental assistance program, I must provide them with written documentation that verifies my circumstances.

I understand that it is my responsibility to inform the Administering Agency in writing of any change of addresses, income, or household composition. I understand that if I do not respond to Housing Agency requests for information or updates my name will be removed from the waiting list.

I authorize the Administering Agency to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. **I understand that the Administering Agency will request Criminal Offender Record Information from the Department of Criminal Justice Information Services and perform internet searches for all adult members of the household.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature is as valid as the original.

Applicant's Signature: _____ **Date:** _____
Reviewer's Signature: _____ **Date:** _____





**Application for
Alternative Housing
Voucher Program (AHVP)**

This box is for Office Use Only

Date of Receipt: _____
Time of Receipt: _____
Control Number: _____
Priority Category: _____
Local Preference: _____
Language: _____
Voucher Size: _____

Incomplete applications will not be processed. Please complete all information requested on the application. **If a question is not applicable, please write N/A.** **Make sure you sign the last page.** If you need additional space to provide an answer, please attach an additional sheet(s). **Please check the *AHVP Issuing Administering Agencies* list at mass.gov for participating administering agencies and mail or hand carry this application to EACH administering agency to which you want to apply.**

1. Name of Applicant: _____
Mailing Address: _____ Apt No: _____
City / Town: _____ State: _____ Zip: _____
Cell Phone: _____ Home Phone: _____
Email: _____

2. Are you 59 years old or younger? ☐ Yes ☐ No
Are you a person with a disability? ☐ Yes ☐ No

3. Members of household to live in unit, including Head of Household:

First & Last Name	Relationship to Head of Household	Date of Birth	Sex	Social Security Number*	Racial Designation**	Ethnic Designation***
	Head					

*Social security number will be used to verify income, assets, and criminal record information.

Responding to these questions is optional. Your status with respect to tenant selection procedures will NOT be affected by this information.

**Racial Designation: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other (Specify); Decline to Identify

***Ethnic Designation: Hispanic/Latino; or Not Hispanic/Latino; Decline to Identify

4. Do you understand spoken or written English? ☐ Yes ☐ No
Your status with respect to tenant selection procedures will NOT be affected by this information.

Primary Spoken Language: _____

Primary Written Language: _____



5. **Homeless Priority:** If you want to apply for a Homeless Priority, you must first be considered homeless.
NOTE: AHVP's definition of homeless is NOT the same as those used by homeless shelters or Section 8.
 Residing in a homeless shelter will NOT automatically qualify you as a Homeless Priority applicant.

"Homeless" is defined by state regulations as an applicant who is (you must be able to check ALL boxes):

- ☐ Without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit;
- ☐ Who has not caused or substantially contributed to the situation;
- ☐ Who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing; and
- ☐ Who is displaced or about to be displaced from his/her primary residence.

If you think you meet the definition of homeless, please select the category below that best describes your situation. Homelessness MUST be due to one of the categories below to qualify for Homeless Priority.

- ☐ Displaced by No-fault of Applicant (i.e. No-fault eviction)
- ☐ Displaced by Severe Medical Emergency
- ☐ Displaced by Domestic Violence
- ☐ Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)
- ☐ Displaced by Public Action (i.e. Urban renewal, eminent domain)
- ☐ Displaced by Public Action (i.e. Condemnation of home)

6. **Local Preference:** In order to receive a local preference, you must live or work in the same city/town as an AHVP Issuing Administering Agency (see list at mass.gov) AND submit this application directly to **EACH** administering agency.

Do you currently reside in the same City/Town that the administering agency to which you are applying is located in?	Town:
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently work in the same City/Town that the administering agency to which you are applying is located in?	Town:
	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. **Veteran Preference:**

Are you or a member of your household a Veteran of the U.S. Armed Forces? ☐ Yes ☐ No

Are you or a member of your household a spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a Veteran of the U.S. Armed Forces? ☐ Yes ☐ No

Please enter the dates of service of the Veteran:

Start Date: _____ End Date: _____

8. Do you have any special needs due to a disability or need a reasonable accommodation? ☐ Yes ☐ No

If so, please specify: _____

9. **Emergency Contact:** Name of a relative or friend NOT planning to live with you. We will contact this person if we are unable to reach you in case of an emergency.

Name: _____ Relationship: _____

Address: _____ Apt No: _____

City / Town: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

10. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from ALL sources for the next 12 months. Specify all sources.

Household Member Name		Name of Employer or Source of Income	Gross Income for Next 12 Months
	Salary & Wages, including Overtime & Tips		\$
	Salary & Wages, including Overtime & Tips		\$
	Net Income from Business or Profession		\$
	Unemployment or Disability Compensation		\$
	TAFDC, EAEDC, or Public Assistance		\$
	Regular Child Support & Alimony Payments		\$
	Social Security Benefits & SSI, including SSDI & SSP		\$
	VA Disability Income		\$
	Pensions, Annuities, Dividends, and Interest		\$
	Other Income:		\$

Total Gross Income: \$ _____



11. **Assets:** List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include daily use clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		

Do you own any real estate? ☐ Yes ☐ No If yes, please provide the address: _____

Have you sold, transferred or given away any real property or assets in the last three (3) years? ☐ Yes ☐ No If yes, provide date of sale / transfer: _____

Amount of the sale / transfer: \$ _____ Value of the sale / transfer: \$ _____

12. **Expenses:** Estimate the amount you will spend, if any, on the following categories over the next 12 months.

Un-reimbursed			
Medical Expenses:	\$ _____	Health Insurance:	\$ _____
Alimony or Child Support Payments:	\$ _____	Child Care:	\$ _____
		Other (i.e. care of disabled household member or homemaking and travel expenses for disabled household member)	\$ _____

13. Have you, or any member of your household, ever received housing assistance from any housing agency? ☐ Yes ☐ No

If yes, Name of Head of Household at that time: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason Moved Out: _____

Where you terminated for cause? ☐ Yes ☐ No Do you owe any money, back rent, or damages to the housing agency? ☐ Yes ☐ No

If Yes to either above, please explain: _____

14. Are you, any member of your household, or any member of your immediate family or your household member's immediate family an employee or board member of any housing agency? If so, this will not necessarily disqualify your application. ☐ Yes ☐ No

If yes, Name of the employee or board member: _____

If yes, Name of housing agency: _____



15. Rental History

Do you owe any previous property owner money for damages or unpaid rent?

☐ Yes ☐ No

Have you ever been evicted from a rental unit for cause?

☐ Yes ☐ No

If Yes to either, please explain: _____

16. Criminal Record

Have you or any member of your household ever been convicted of a drug or violent crime?

☐ Yes

☐ No/No Record*

Do you or any member of your household have any criminal matters pending?

☐ Yes

☐ No/No Record*

Do you or any member of your household have a lifetime requirement to register as a sex offender in the state of Massachusetts?

☐ Yes

☐ No/No Record*

If Yes to ANY,
please explain:

*An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. An applicant for employment, housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests or criminal court appearances.

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. Based on this application, I understand I should not make plans to move or end a present tenancy until I have been issued a voucher in writing under the Alternative Housing Voucher Program (AHVP) from an Administering Agency. Before an Administering Agency can offer me participation in the rental assistance program, I must provide them with written documentation that verifies my circumstances.

I understand that it is my responsibility to inform the Administering Agency in writing of any change of addresses, income, or household composition. I understand that if I do not respond to Administering Agency requests for information or updates, my name will be removed from the waiting list.

I authorize the Administering Agency to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. **I understand that the Administering Agency will request Criminal Offender Record Information from the Department of Criminal Justice Information Services and perform internet searches for all adult members of the household.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature is as valid as the original.

Applicant's Signature: _____

Date: _____

Reviewer's Signature: _____

Date: _____

AHVP ISSUING ADMINISTERING AGENCIES

THESE ISSUING ADMINISTERING AGENCIES MAY OR MAY NOT HAVE VOUCHERS AVAILABLE

Issuing Administering Agency	Telephone Number	Total Vouchers
Acton	(978)-263-5339	16
Amherst	(413)-256-0206	37
Andover	(978)-475-2365	1
Barnstable	(508)-771-7222	13
Belmont	(617) 484-2160	10
Brockton	(508)-588-6880	47
Charlton	(508)-248-5067	14
Chelsea	(617)-884-5617/5618	18
Fitchburg (c/o Leominster)	(978)-343-7025/342-5222	0
Holyoke	(413)-539-2220	22
Ipswich	(978)-356-2860	10
Lynn	(781)-592-1966	23
Melrose	(781)-665-1622	0
New Bedford	(508)-997-4800	16
Newburyport	(978)-465-7216	15
Provincetown	(508)-487-0434	10
Revere	(781)-284-4394/1549	70
Sandwich	(508)-833-4979/760-2352	27
Sharon	(781)-784-2733	13
Spencer	(508)-885-3904	37
Springfield	(413)-785-4500	10
Westfield	(413)-568-9283	22
Whitman	(781)-447-6363/5019	17
Worcester	(508)-635-3000	25

If you have general questions on program regulations or administration, please call Stephanie Kan, AHVP & DMHRSP Coordinator at 617-573-1222. **If you have questions regarding applying for the AHVP program, please contact the above agencies directly.**

WOMEN OF MEANS, INC
SHELTER RESOURCE DIRECTORY

SHELTERS FOR MEN

SHELTER FOR MEN	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Anchor Inn (Pine Street) P.O. Box 240 N. Quincy, MA 02171	Tel: 617-328-5380 FX: 617-745-4309	136 Beds. Age 18+. Arrive after Detox. Stay is two years. Also have 60 Beds for Transitional Housing. Stay is two years.	24 hrs.	NP and MD; M-F (11am-7pm) 617-745-4305	Counselor Referred. Must be clean and sober for 30 days.
Answer House 5 G Street So. Boston, MA 02127 (MHSA)	Tel: 617-268-7124 FX: 617-268-5572	26 Beds. Halfway House. Stay is 6 months.	24 hrs.	Use Community Resources. In-House Counseling. Groups (AA, AGIG, etc.)	Self, detox, shelter, facility referred. Arrive after detox. Be sober and working.
Bay View Inn P.O. Box 690527 Quincy, MA 02269	Tel: 617-328-3705 FX: 617-328-6958	25 Beds. Stay is 6mos. -1yr until permanent housing found.	24 hrs.	Use Community Resources.	DMH referred. Go to day programs. In house counseling.
Bristol Lodge Men's Shelter 27 Lexington Street Waltham, MA 02451 (MHSA)	Tel: 781-893-0108 FX: 781-647-3249	43 Beds. Stay up to 90 days. Sign up each morning for bed. Initial bed rest required.	6:00 pm – 7:45 am	Occasionally MD or Nurse.	Self-referred. Need to call. Be clean and sober. Rules. Snacks offered.
Cambridge Street Housing 215 Cambridge Street Worcester, MA 01605	Tel: 508-363-1342	18 Beds. Transitional Housing. Veterans only. Stay until find permanent housing.	24 hrs.	Use Community Resources.	Shelter, detox and agency referred. Must be a Veteran.
First Church Shelter 11 Garden Street Cambridge, MA 02138	Tel: 617-661-1873 FX: 617-492-7567	17 Beds. Emergency Shelter. Stay is Variable	6:00 pm – 7:00 am	Referral to other shelters.	Referrals: Hospital, Cambridge Multi-Service Center, social worker. Be clean and sober.
Harbor Inn P.O. Box 690327 Boston, MA 02269	Tel: 617-472-7367 FX: 617-328-6958	8 Bed Shelter. Stay is 1 year.	24 hrs.	HCH Nurse. 24 hours. Just medications.	DMH assigned. On Long Island.
Holy Family Shelter P.O. Box 180190 Boston, MA 02118	Tel: 617-892-9270 FX: 617-521-7669	65 Men's beds. Overflow from Pine Street Inn.	24 hrs. Sat./Sun will be closed 7am-3pm	Case management Nurse @ Pine Street	Referred by Pine Street Men's Unit. Screened emergency shelter. All sober.

WOMEN OF MEANS, INC
SHELTER RESOURCE DIRECTORY

SHELTER FOR MEN	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Jeremiah's Inn P.O. Box 30035 Worcester, MA 01603	Tel: 508-755-6403 FX: 508-793-9568	28 Beds. Stay 6 mos. to 1 year. Transitional Shelter. 1 Emergency bed	24 hrs.	Use Community Resources. In-House Counseling	Referred by social services, corrections facilities. Education & training offered.
Loreto House 51 Hamilton Street Holyoke, MA 01040	Tel: 413-533-5909 FX: 413-536-1137	20 Beds. Men over 18. Stay is 90 days with extensions.	24 hrs.	Nurse 2 X week.	Self or agency referred. Advocacy and counseling.
Market Ministries Shelter 60 Eighth Street New Bedford, MA 02740	Tel: 508-997-3202 FX: 508-987-1078	25 Beds. Men over 18 yrs old. First come, first serve. Community residence.	24 hrs. Guests up to 8:45pm	Use Community Resources.	Self-referred. Advocacy, referrals. Spanish and Portuguese spoken.
Pine St. Men's Inn 444 Harrison Avenue Boston, MA 02118	Tel: 617-521-7202 FX: 617-521-7187	293 Beds. Emergency Shelter. Can keep bed if return by 4:00 pm. Lottery at 5:00 pm.	4:00 pm – late morning. Inside in winter	HCH. RN. Clinic Hours: 5:00 am – 8:30 am and 4:30 pm – 7:00 pm. Tel: 617-521-7214 FX: 617-521-7104	Drop-in services. Meals. Get bed at 7:30 pm. Some regular beds available. Stay-in tickets offered.
PSI Men's Transitional Housing Program P.O. Box 240 No. Quincy, MA 02171	Tel: 617-745-4335 FX: 617-745-4309	60 Beds. Sobriety program.	24 hrs.	Nurse clinic weekdays.	Pay 1/3 income. Clean, transitional program. Case management and counseling offered.
Springfield Rescue Mission 19 Bliss Street Springfield, MA 01101	Tel: 413-732-0808 FX: 413-732-5512	32 Beds. Programs. Typical stay is 1 year. Christian Rehabilitative Program.	24 hrs.	Nurse refers to community Doctor, NP 1 x week. Counseling with Chaplin	Self, detox, jail, agency referred. Serves breakfast to men/ women 7:00 am. Mon-Sat.
St. Alphonsus Shelter 129 St. Alphonsus Street Roxbury, MA 02120	Tel: 617-739-3280 FX: 617-288-2855	6 Respite Beds. Stay is 29 days.	24 hrs.	Refer out	DMH Homeless Outreach (street, shelter, etc.) referred.
Sullivan House 65 Glen Road Jamaica Plain, MA 02130 MHSA	Tel: 617-524-4416 FX: 617-524-4450	25 beds. Halfway House. 5 criminal justice beds. Stay is 6 months.	24 hrs.	Use Community Resources. In-House Counseling, meetings.	Self, detox & holding facility referred. Be sober & working. Handicap access.
United Homes Adult Shelter 540 Columbia Road Dorchester, MA 02125	Tel: 617-265-4515 FX: 617-265-4921	105 beds. Overnight Shelter. Van pick up. Wet shelter. Call after Labor Day	5:30 pm-5:30 am	HCH 1 X Week. Monday	Van pick up at Woods Mullen, 784 Rear MA. Ave. Boston. BMC at 5:30 pm and drop off at 5:30 am.

WOMEN OF MEANS, INC
SHELTER RESOURCE DIRECTORY

SHELTERS FOR WOMEN

SHELTER FOR WOMEN	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Betty's Place YWCA 40 Berkeley Street Boston, MA 02116	Tel: 617-482-1126 FX: 617-482-7524	20 Beds. Transitional Housing. Stay is 6-8 months.	24 hrs.	None.	Application process. Waiting list.
Bristol Lodge Women's Shelter 205 Bacon Street Waltham, MA 02453 <i>MHSA</i>	Tel: 781-894-1225 (evenings only)	12 Beds. Stay is 6 months. Night shelter.	Opens at 6:00 pm – be in by 7:00 pm. Leave 7:45 in morning.		Self-referred. Sign up every morning for bed. No daytime services. Curfew enforced.
Faith House 142 Burncoat Street Worcester, MA 01606	Tel: 508-852-6610 FX: 508-438-5625	23 Beds. Stay is 6 months. Residential Program for Women with alcohol & drug abuse problems.	24 hrs.	Use Community Resources. Outside Counseling	Self and detox referred. Call by telephone, intake, face to face interview. Need TB test.
Parker Street West 90 Cushing Avenue Dorchester, MA 02125	Tel: 617-287-1164 FX: 617-287-2526	20 Beds. Stay is 3 months/until find permanent housing.	24 hrs.	Nurse.	DMH Homeless Outreach (street, shelter, etc.) referred.
Pine Street Women's Inn 444 Harrison Avenue Boston, MA 02118	Tel: 617-521-7202 FX: 617-521-7187	67 Beds. Women. Lottery 2:30-3:45 pm	1:00 pm - 8:00 am	Clinic Open 7 days. 11am-7pm. Tel: 617-521-7160 FX: 617-521-7138.	Leave in daytime, except in winter or with Doctor's note.
Project Cope 117 No. Common Street Lynn, MA 01902	Tel: 781-593-5333 FX: 781-581-2177	25 Beds. Stay is 6 months. Women's residential, substance abuse program.	24 hrs.	Use Community Resources.	Self, DSS, detox, court, holding facilities, shelters, programs referred. Must be sober.
PSI (Pine St. Inn) Women in Transition 363 Albany St. Boston, MA 02118 McKinney Program	Tel: 617-892-9312 FX: 617-521-7170	35 Beds. Transitional program. Maximum stay is 2 years. Program is for sobriety.	24 hrs.	Nurse clinic: 4:30-7:15 days. Psychiatric clinician 5 days.	Pay 1/3 income. 5 beds for pregnant women. 15 beds for women 50+. 15 beds for working women.
Queen of Peace Shelter 401 Quincy Street Dorchester, MA 02125	Tel: 617-288-4182	11/12 Beds. Emergency Shelter. Line up at 4 – 4:30 pm.	4:30 pm – 9:00 am	HCH 4:30 pm - 6:00 pm. Wednesday. Social Worker.	Self-referred. Need to line up. Can keep bed for 3 weeks. If miss night, lose bed.

WOMEN OF MEANS, INC
SHELTER RESOURCE DIRECTORY

SHELTER FOR WOMEN	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Rosie's Place 889 Harrison Avenue Boston, MA 02118	Tel: 617-442-9322 FX: 617-442-7825	22 Beds. Can stay long term. Can keep assigned room. Line up for room 7:00 a.m. First come, first served.	24 hrs.	Regis Nurses/ Women of Means, Inc.	Self-referred. Four to a room. Curfew 9:00 pm (except for job). Can stay in room during day. Other services available.
St. Patrick's Shelter 270 Washington Street Somerville, MA 02143	Tel: 617-625-1920 FX: 617-629-2246	Overnight Shelter. 36 Emergency Beds. 5 Transitional Beds - for 2 years.	4:30 pm- 7:30 am	NP 1 X week. Nothing chronic.	Self-referred. Show up at pick up site: Cambridge Multi-Service Center, 19 Brookline Street, Cambridge between 4:00 pm and 4:10 pm.
Sancta Maria House 11 Waltham Street Boston, MA 02118	Tel: 617-423-4366	10 Beds. Can stay 7 nights per month. Stay away for a month and eligible for 7 more nights.	7:00 pm – 8:00 am	Use Community Resources. Refer to larger shelters.	Call for bed. Drop-in services daily for women only: 10:30 am to 2:30 pm.
Women's Lunch Place 67 Newbury Street Boston, MA 02116	Tel: 617-267-1722 FX: 617-267-6803	Day Shelter. Women and children welcome. Open Monday through Saturday.	8:00 am – 4:00 pm	Women of Means Doctors/ Nurse. 6 Doctors rotate on regular basis. Schedule posted at shelter.	

WOMEN OF MEANS, INC
SHELTER RESOURCE DIRECTORY

SHELTERS FOR WOMEN IN CRISIS

WOMEN IN CRISIS	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Abbey's House 21 Crown Street Worcester, MA 01609	Tel: 508-756-5486 FX: 508-798-3299	72 Beds. Transitional Housing. Women and women with children. Typical stay is 3 weeks.	24 hrs.	Use Community Resources. www.Abbyshouse.org	Self-referred. Advocacy, food and clothing. Spanish spoken.
Alternative House P.O. Box 2100 Lowell, MA 01851	Tel: 978-937-5777 FX: 978-937-5595 HL: 978-454-1436 HL: 978-458-0274	5 Families. 3 Single Women and children. Boys up to age 12. Stay is 3 months.	24 hrs.	Use Community Resources.	Self-referred. Advocacy and referrals. Handicap access.
A Safe Place 24 Amelia Drive Nantucket, MA 02554	Tel: 508-228-0561 HL: 508-228-2111 FX: 508-228-8825 TTY: 508-228-7095	Safe home. 2 Women; 2 Children. 2 Nights.	24 hrs.	None	Any referral. Domestic Violence. Battered women and women with children.
Asian Shelter Advocacy P.O. Box 120108 Boston, MA 02112	Tel: 617-338-2350 HL: 617-338-2355 FX: 617-338-2354	5 Rooms/20 Beds Emergency Shelter. Stay is 90 days with extensions. Women & children.	24 hrs.	HCH/RN Therapist available.	Call hotline number for bed. Men are sometimes admitted.
Battered Women's Resources P.O. Box 1209 Leominster, MA 01453	Tel: 978-537-2306 HL: 978-537-8601 FX: 978-537-3502	6 Women and children. Emergency Shelter. Stay is 90 days.	24 hrs.	Use Community Resources.	Any referral. Just call. Domestic Violence. Counseling, support groups, court advocacy, shelter search.
Brockton Family and Community Resources 9 Belmont Street Brockton, MA 02301	Tel: 508-583-5200 FX: 508-583-3775	Safe Homes for women and children.	24 hrs.	Use Community Resources. Outpatient mental health. Substance abuse services.	Self-referred. Battered women and children. Certified batterers program. Support for adults and children. Advocacy.
Casa Myrna Vazquez P.O. Box 180019 Boston, MA 02118	Tel: 617-521-0100 FX: 617-521-0105	Emergency Shelters for women and children. Six different programs.	24 hrs.	Women of Means MDs and Nurses	Call Safelink 1-877-785-2020; Call to get Jane Doe update 617-249-0922.

WOMEN OF MEANS, INC
SHELTER RESOURCE DIRECTORY

WOMEN IN CRISIS	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Daybreak Resources for Women & Children YWCA P.O. Box 3093 Worcester, MA 01613	Tel: 508-755-5371 HL: 508-755-9030 Will accept collect calls. FX: 508-767-1301	25 Beds. Battered women and children Boys up to age 12. Stay is 6 months.	24 hrs.	Use Community Resources.	Self, Safelink, DSS, hospital, police, community referred. Advocacy, food, clothing, counseling, referrals. Spanish spoken.
Dove, Inc. P.O. Box 690267 Quincy, MA 02269	Tel: 617-471-1234 FX: 617-770-2206	Emergency Shelter and Transitional Living for women & women with children. ES = 6 rooms/ 18 beds, Stay is 90 days; TL = 9. Stay is 1 year.	24 hrs.	Use Community Resources.	Any referral. Battered women usually come from other emergency shelters. Legal and children's advocate. Crisis intervention.
Elizabeth Freeman Center (Western MA) 43 Francis Ave. Pittsfield, MA 01201	Tel: 413-499-2425 HL: 413-443-0089 HL: 413-663-9709 HL: 413-243-1119	10 Women and their children. Battered women. Stay is 4-6 weeks.	24 hrs.	Use Community Resources.	Self-referred. Advocacy, food, counseling, referrals, clothing.
Elizabeth Stone House P.O. Box 59 Jamaica Plain, MA 02130 8 Notre Dame St. Roxbury, MA 02119	Tel: 617-522-3417 FX: 617-427-6252	Emergency Shelter 2-3 Women with children fleeing domestic violence. Stay is 2 months. Therapeutic Community Program for 15-16 people. Stay is 5 months.	24 hrs.	Use Community Resources. MA Health.	Self-referred. Transition from emergency to temporary housing.
FINEX P.O. Box 1154 Jamaica Plain, MA 02130	Tel: 617-288-1054 FX: 617-288-1923	32 Bed Emergency Shelter 1 to 3 month stay. Women and/or women with children.	24 hrs.	HCH, BMC MD/RN	Self, hospital, shelter, police, social worker, and agency referred.
Harbor Cove P.O. Box 505754 Chelsea, MA 02150	Tel: 617-884-9909 FX: 617-884-9929	3 Single Women and 2 women with children Stay is 2 weeks.	24 hrs.	Use Community Resources	Any referral. Advocate available.
H.A.W.C. 27 Congress Street, Suite 201 Salem, MA 01970	Tel: 978-744-2299 HL: 978-744-6841 FX: 978-745-6886 Gloucester only: Tel: 978-283-8642 FX: 978-282-3251	6 Women. 12 Children. Stay is 6 weeks.	24 hrs.	Use Community Resources.	Any referral. Battered women and children. Hotline 24/7. Legal, housing, hospital advocates in Lynn & Salem. Counseling. Teen programs.

WOMEN OF MEANS, INC
SHELTER RESOURCE DIRECTORY

WOMEN IN CRISIS	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Independence House 160 Bassett Lane Hyannis, MA 02601	Tel: 508-428-4720 HL: 800-439-6507 FX: 508-778-0143 Office Number: 508-771-6507	28 Safe Homes. Stay is 5 days. Battered women and their children.	24 hrs.	Use Community Resources.	Any referral. Domestic Violence. Sexual Assault. Counseling, legal and medical advocacy. Outreach to schools.
NELCWIT 10 Park Street Greenfield, MA 01301	Tel: 413-772-0871 HL: 413-772-0806 HL: 888-249-0806 FX: 413-772-2732	18 Bed Shelter. Women and children. Stay is 90 days.	24 hrs.	Use Community Resources.	Call crisis hotline. Assess/Intake. Domestic Violence. Sexual Assault. Housing advocate.
New Beginnings P.O. Box 1835 Westfield, MA 01086	Tel: 413-562-5739 FX: 413-572-2649 HL: 413-562-1920 HL: 800-479-6245	4 Rooms. Housing referrals.	24 hrs.	Use Community Resources.	Any referral. Battered women. Individual and group counseling.
New Hope 140 Park St. Attleboro, MA 02703	Tel: 508-226-4015 HL: 800-323-4673	3-5 Women and children. Stay is 90 days.	24 hrs.	Use Community Resources.	Any referral. Battered Women. Rape Crisis. Safety planning. Counseling and advocacy. Accompany to hospital or police.
Our Sister's Shelter P.O. Box 4236 Fall River, MA 02723 Director: Jean McLaughlin	Tel: 508-677-0224 FX: 508-677-2286	6 Women. 8 Children. Hidden Shelter. Stay is 3 months. Imminent Danger.	24 hrs.	Use Community Resources.	Battered Women. Call Safelink 1-877-785-2020; Call to get Jane Doe update 617-249-0922. Advocacy. Counseling.
Queen of Peace Shelter 401 Quinn Street Dorchester, MA 02125	Tel: 617-288-4182	11/12 Emergency Beds. Emergency Shelter for Women and women with children. Girls o.k. Boys under 5 years old. Line up at 4 – 4:30 pm.	4:30 pm – 9:00 am	HCH 4:30 pm -- 6:00 pm. Social Worker	Self-referred. Need to line up. Can keep bed for 3 weeks. If miss night, lose bed.
Renewal House P.O. Box 919 Roxbury, MA 02120	Tel: 617-566-6881 FX: 617-566-4002	5 Room Emergency Shelter. 2 for single women. 3 for women with children. Stay is 3 months.	24 hrs.	HCH, BMC, MD/RN	Self, shelter, social worker, hospital, police, agency referred. Need to call.

WOMEN OF MEANS, INC
SHELTER RESOURCE DIRECTORY

WOMEN IN CRISIS	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Respond P.O. Box 555 Somerville, MA 02143	Tel: 617-625-5996 FX: 617-623-4377 HL: 617-623-5900	Emergency Shelter for women or women w/ children. 10-15 beds. Stay up to 3 months. Safe Home Program (1 family up to 3 days.)	24 hrs.	RN	Any referral. Suggest go through Safelink 1-877-785-2020
Safe Passage 43 Center Street Suite G N. Hampton, MA 01060	Tel: 413-586-1125 HL: 413-586-5066 FX: 413-586-3742	4 Families and 1 Single Woman. Battered women. Boys up to age 13. Stay is 6 months.	24 hrs.	Use Community Resources.	Self and DTA referred. Advocacy, counseling, referrals. Spanish spoken.
South Shore Women's Center P.O. Box 6237 N. Plymouth, MA 02362	Tel: 781-582-0078 Tel: 508-746-2664 TF: 888-746-2664 FX: 781-582-0170	Emergency Safe Home up to 14 days. Battered women and women with children.	24 hrs.	Use Community Resources.	Any referral. Clinical and peer counseling for children and women. Advocacy.
SSTAR 386 Stanley Street Fall River, MA 02720	Tel: 508-675-0087 FX: 508-673-3182	Refer to Our Sister's Shelter. Stay is 3 days. Safe Homes.	24 hrs.	Outpatient/Ambulatory Service.	Battered Women's Program. Counseling, advocacy, education, referrals, babysitting. French, Portuguese, Spanish spoken.
Transition House 46 Pleasant Street Cambridge, MA 02139	Tel: 617-661-7203 FX: 617-497-4836	8 Room Emergency Shelter. For women and women with children. Stay is 3mos.	24 hrs.	Use Community Resources.	Referred by self, Safelink (1-877-785-2020) and other agencies.
Voices Against Violence 300 Howard Street Framingham, MA 01702	Tel: 508-820-0834 HL: 508-626-8686 HL: 800-593-1125 FX: 508-872-4264	5 Room Battered Women's Shelter. Families or single women. Stay is 3 months. 14 Safe Home Referrals. Scattered Sites Section 8.	24 hrs.	Use Community Resources.	Any referral. Domestic Violence. Call. Can arrange for transport. Criteria = Imminent Danger. Legal/medical advocacy, counseling, referrals. Spanish and Hindu spoken.
Waltham Support Committee P.O. Box 540024 Waltham, MA 02454	Tel: 781-891-0724 HL: 800-899-4000 FX: 781-891-3861	9-11 Bed Emergency Shelter. Stay is 3 months. Women and women with children including boys over 12 years old.	24 hrs.	Use Community Resources. Social worker for children.	Any referral. Intake procedure. Domestic Violence. Outreach services and support groups.

WOMEN OF MEANS, INC
SHELTER RESOURCE DIRECTORY

WOMEN IN CRISIS	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Woman Shelter / Companeras P.O. Box 1099 Holyoke, MA 01041	HL: 413-536-1628 Tel: 413-536-1629 FX: 413-536-0458	6 Rooms for women and children. 3-4 beds in rooms and crib in each. Stay is 4-6 weeks. Possible extension.	24 hrs.	Use Community Resources.	Self-referred. Intake process. Counseling and housing advocacy. Spanish spoken.
Woman's Place Crisis Center P.O. Box 4206 Brockton, MA 02303	Tel: 508-588-2041 FX: 508-588-1534	11-12 Women and women with children. Boys to age 12. Stay is 90 days.	24 hrs.	Use Community Resources.	Any referral. Domestic Violence. Sexual Assault. Counseling and advocacy.
Women's Center of New Bedford 252 County Street New Bedford, MA 02740	Tel: 508-996-3343 HL: 508-999-6636 FX: 508-999-7139	2 Families – Safe Home – Apartment. 2 Families – Safe Home - House. 10+ Women and children in shelter.	24 hrs.	Use Community Resources.	Any referral. Domestic Violence. Battered women and women w/ children. Advocacy and counseling.
Women's Resource Center 599 Canal Street Lawrence, MA 01840 107 Winter Street Haverhill, MA 01830	HL: 800-400-4700 FX: 978-688-5602 Tel: 978-685-2480 Tel: 978-373-4041	4 Family Shelter with 15 Beds. 3 month stay.	24 hrs.	Use Community Resources.	Any referral. Battered Women's Program. Sexual Assault. Support groups and counseling.
Women's Resources Inc. P.O. Box 2503 Fitchburg, MA 01420	Tel: 508-342-2919 HL: 508-342-9355 HL: 508-630-1031 HL: 508-368-1311	12 Beds. Battered women and their children. Stay is 90 days.	24 hrs.	Use Community Resources.	Self-referred. Food, clothing, referrals, counseling, advocacy.
Women's Support Services 111 Edgardtown Rd. Vineyard Haven, Ma 02568	Tel: 508-693-7900 X 221 HL: 508-696-7233	Emergency Housing for 1 or 2 nights. Safe House.	24 hrs.	None.	Any referral. Domestic Violence. Battered women. Counseling and advocacy. Connect to DTA.
YWCA Arch P.O. Box 80632 Springfield, MA 01138 1 Clough St. Springfield, MA 01118	Tel: 413-732-3121 Tel: 800-796-8711 HL: 413-733-7100 FX: 413-737-1534	9 Women and 13-14 children. Stay up to 3 months.	24 hrs.	Use Community Resources.	Any referral. Domestic violence. Outreach counseling and support groups. Legal and medical advocacy.

WOMEN OF MEANS, INC
SHELTER RESOURCE DIRECTORY

SHELTERS FOR MEN AND WOMEN

SHELTER FOR ADULTS	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Action Emergency Shelter (The) 370 Main Street Gloucester, MA 01930	Tel: 978-283-4125 FX: 978-283-2815	20 beds. 16 Men, 4 Women. Overnight Shelter. First come, first serve.	5:00 pm– 8:00 am	VNA Nurse 1 day (Monday) Access to MD.	Come close to 5 p.m. for bed.
Albany Street Lodge 85 East Newton Street Boston, MA 02118	Tel: 617-626-8876 FX: 617-626-8924	22 Beds. 15 Men. 7 Women. Stay is 3 months/. Until permanent housing found.	24 hrs.	Nurse.	DMH Homeless Outreach (street, shelter, etc.) referred.
Barton's Crossing Homeless1307 N. St. Pittsfield, MA 01201 Director: Dave Christopolis	Tel: 413-442-1445 FX: 413-442-0214	24 Beds. Men/Women over 18 years old. 8 Emergency Beds. Stay is overnight to 10 days. 16 Transitional Beds. Stay is 90-180 days.	24 hrs.	Use Community Resources.	Self/Police/Community referred. Substance free. Advocacy, referrals, handicap access.
Boston Night Center Behind District 1 Police Station 31 Bowker St Boston, MA	Tel: 617-248-1998 FX: 617-248-9587	60 slots. No beds. Drop-in center. Men & Women.	8:30 pm – 6:00 am	Referrals. Substance abuse clinician.	Self-referred. Preference to current guests. Doors stay open until capacity.
Boston Rescue Mission 39 Kingston Street Boston, MA 02111	Tel: 617-482-8819 FX: 617-482-6623	76 Emergency Beds. 30 Women's Beds. 46 Men's Beds. Wet Shelter.	Arrive by 7 pm each evening.	HCH RN few times. MD on Tues. night.	Self, agency and community referred. Rules. Two other programs: Detox and Life Growth. Referrals, advocacy. Spanish spoken.
Cardinal Medeiros Center 140 Shawmut Avenue Boston, MA 02118	Tel: 617-451-0331 FX: 617-542-4065	Day Shelter M-Th-9-4. Friday 9-3. Sober men and women 45 or older.	M-F Day Programs	Small Nurse's Clinic.	Housing counseling, alcohol counseling, referrals. Lunch served. Spanish.
CASPAR Emergency Center 240 Albany Street Cambridge, MA 02139	Tel: 617-661-0600 FX: 617-492-3939	107 Beds for men and women under the influence. Separate beds for "recovery" guests.	Line up at 4:30 pm.	HCH Nurse Every Tuesday and Thursday at 5 pm.	Emergency wet shelter. Go there. Wait in line.

WOMEN OF MEANS, INC
SHELTER RESOURCE DIRECTORY

SHELTER FOR ADULTS	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
College Avenue Adult Shelter P.O. Box 440436 14 Chapel St. Somerville, MA 02144 <i>Somerville Homeless Coalition</i>	Tel: 617-623-2546 FX: 617-623-2735	8 beds. 4 for men. 4 for women. Stay is 6 weeks with extensions. Keep bed once admitted.	6:00 pm-9:00 am	Use Community Resources.	Need sponsor: Doctor, nurse, counselor. Be in by 10 pm. Dry shelter, no alcohol, no drugs. Advocacy, counseling referrals.
Daybreak 75 North Parish Road Lawrence, MA 01843	Tel: 978-975-4547 FX: 978-975-2672	38 Beds. Men and women over 18 yrs old. Stay is variable. Typical 90 days.	24 hrs.	Doctor 1 X week	Self-referred. Advocacy, referrals, counseling. Handicap access. Spanish spoken.
Elder Services of Merrimack Valley 360 Merrimack St. Bldg 5 Lawrence, MA 01843	Tel: 978-683-7747 FX: 978-687-1067	6 Men and women in 2 locations. Ages 60+. Stay until permanent housing found.	24 hrs.	Nurses.	Self and Community referrals. Advocacy. Handicap access.
Father Bill's Place 38 Broad Street Quincy, MA 02169	Tel: 617-770-3314 FX: 617-773-3146	30-40 beds for women. 100+ beds for men. Overnight shelter.	4:30 pm – 5:30 am	RN comes 3 X week. Case manager.	Line up each day at 4:30-5:30 pm. Stay in during daytime with Case Manager's OK.
Harbor Lights 407 Shawmut Avenue Boston, MA 02118	Tel: 617-536-7469 FX: 617-424-1498	42 Beds. 21 Women & 21 Men. Detox Shelter. 6 Mo Program. Wait list list.	24 hrs.	Use Community Services.	No referral needed. Appt.interview needed 1st 42 days stay in facility. Meetings.
Harvard Square Homeless Shelter 66 Winthrop Street Cambridge, MA 02139	Tel: 617-547-2841	24 beds. 18 for men. 6 for women. 18 two-week beds. First come, first serve. 6 work contract beds. Can have for 2 months. If not in by 9:30 pm, bed given out for night.	7:00 pm–8:00 am M-F	HCH. Thursday 3:00 - 6:00 pm. Open to the public.	Call at 7:30 am for two-week bed. Interview for work contract beds. Call at 9:30 pm for possible emergency bed.
Long Island Shelter 1 Brackstone Road Boston, MA 02122 Located on Long Island in Boston Harbor/get bus from Woods-Mullen shelter	Tel: 617-534-2526 FX: 617-534-9599	344 Beds. 305 for men. 39 for women. Line up nightly. Work Experience Program 2 Dorms: M=16 beds. F=12 beds.	3:45 pm–8:45 am	HCH Weekdays 7am– pm. and 3pm–5pm. RN. Telephone: X320.	Self-referred. Room for night or longer if sick. Stay in during day with note from doctor.

WOMEN OF MEANS, INC
SHELTER RESOURCE DIRECTORY

SHELTER FOR ADULTS	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Lynn Emergency Shelter 100 Willow Street Lynn, MA 01901	Tel: 781-581-6600 FX: 781-581-2209	56 beds for men. 20 for women. Wet Shelter. No time limit on stays.	6:00 pm-8:00 am	Willow St. Clinic Upstairs.	Self-referred. Line up nightly for beds. Can keep bed next night.
Marlboro Shelter 57 Mechanic Street Marlboro, MA 01752	Tel: 508-481-7847 FX: 508-485-0851	18 Beds. 2 Emergency Beds. 16 for men. 4 for women. Stay is 1 week intervals up to 60 days.	24 hrs. in winter. Summer: 2:00 pm-9:00 am	Use Community Resources.	Self, agency, hospital referred. Advocacy and referrals.
MA Veterans Shelter 69 Grove Street Worcester, MA 01605	Tel: 508-791-5348 FX: 508-791-5296	75 Beds. Transitional Shelter. 3 Beds for women.	24 hrs.	Use Community Resources.	DMH, Detox referred. Employment and other life programs. No time limit on stays.
Middlesex Shelter, Inc. 189 Middlesex Street Lowell, MA 01852	Tel: 978-458-9888 FX: 978-458-3222	90 Beds. Men and Women over 18 yrs old. No limit on stay for Lowell area residents. 3 day stay for others.	24 hrs.	Doctor 1 X week.	Self-referred. Advocacy, referrals, counseling, Spanish spoken.
Moore's Way 23 Duncan Street Gloucester, MA 01930	Tel: 978-283-3078 FX: 978-283-7598	30 Rooms. Halfway House. Stay is 6 months – 3 years.	24 hrs.	Use Community Resources.	Self-referred. Must be 90 days clean. Go to work, school, therapy during the day.
New England Shelter for Homeless Veterans 17 Court Street Boston, MA 02108	Tel: 617-248-9400 FX: 617-371-1755	312 Beds. 300 Men. 12 Women Veterans. Sign up to get in. Keep beds.	24 hrs.	Have small clinic.	Any referral. Training. Be clean and sober.
Noah Shelter 77 Winter Street Hyannis, MA 02601	Tel: 508-778-5255 FX: 508-778-7522	50 Beds. 35 Men and 15 Women over 18 years old. Stay is indefinite. Have to get in line each night.	4:30 pm-5:00 am	Clinic. Nurse Practitioner. Psychiatrist. Dentist.	Self-referred and community agency referred. Advocacy. Work and housing placement. Spanish spoken.
Public Inebriate Program (PIP) 701 Main Street Worcester, MA 01610	Tel: 508-797-9554 FX: 508-753-2271	68 Beds. Allow up to 200 (no beds). At 7pm sign up for beds. Can stay as long as need be. (Mostly men)	24 hrs.	MD on Thursday at 6:00 pm.	Self-referred. Substance abuse, detox shelter.

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SHELTER FOR ADULTS	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Safe Harbor Program Long Island Shelter Campus, Boston Harbor P.O. Box 158 Boston, MA 02122	Tel: 617-534-2526 X 5 FX: 617-534-3523	21 Beds. HIV and Substance Abuse. Typical stay 3 months. Out for appointments. Back by 2 pm.	24 hrs.	In-house clinical services.	General referrals. Confidential. Clients can stay in during day.
St. Francis House 39 Boylston Street Boston, MA 02116	Tel: 617-542-4211 FX: 617-542-4705	Day Shelter for men and women. Serves 400 per a day.	7:00 am – 3:00 pm	HCH Clinic M-F RN 9:00 am – 1:00 pm	Serves breakfast and lunch.
Saint James Summer Shelter Porter Square Cambridge, MA	Tel: 617-495-5526 FX: 617-496-2461	7 ½ Week Transitional Program (June-August) Student run.	24 hrs.	Use Community Resources.	Self and agency referred. 3 meals a day. Case manager. Numerous services.
Salvation Army (Cambridge) 402 Massachusetts Avenue Cambridge, MA 02139	Tel: 617-547-3400	80 Beds. 40 Permanent Beds. 4 -90 day stay for emergency shelter. Substance abuse 6 months - 2 yrs.	24 hrs.	HCH. MD & RN 3 X Week.	Self-referred. 7:00 pm curfew. Drop-In shelter.
Salvation Army 100 North Street PO Box 369 Hyannis, MA 02601	Tel: 508-775-0364 FX: 617-971-3121	Day Shelter for men and women. M-F from 8:30am-4:00 pm. Lunch served. Dinner served at 4:00 M-Sunday.	8:30 am- 4:00 pm	Use Community Resources.	General referrals. Social services, emergency food and clothing.
Shattuck Shelter 170 Morton Street Jamaica Plain, MA 02130	Tel: 617-522-8110 x3229 FX: 617-983-2062	122 Beds. 100 Men. 22 Women. Stay: 1 week – 13 yrs. Can be permanent if return on time. Job lateness exception. Sober.	3:00 pm – 8:00am M - F 3:00 pm – 9:00 am Sat. & Sun.	HCH. Few hours. Monday-Friday.	General referrals: jail, hospital, etc. If accepted, do not wait in line.
Shelter Inc. 109 School Street Cambridge, MA 02139	Tel: 617-547-1885 FX: SAME	21 Beds. 15 Men. 6 Women. Initial stay: 1-3 days; Extension 6 months or more. Start accepting referrals at 10:00 am.	8:00 pm– 8:00 am	Cambridge Hospital & local services.	General referrals. Doctor, Nurse, Case Manager, etc.

WOMEN OF MEANS, INC
SHELTER RESOURCE DIRECTORY

SHELTER FOR ADULTS	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Silver Street Inn 219 Silver Street Greenfield, MA 01301	Tel: 413-774-7234 FX: 413-773-8518	11 Beds for Men and Women. Stay is from 6 mos. to 2 years. Also has transitional housing program.	24 hrs.	Downtown office has a visiting nurse.	Self and agency referred. Need verification of homelessness. Housing advocacy and case mgmt.
Turning Point 3 Merchant Rd. Framingham, MA 01702	Tel: 508-875-6429 FX: 508-620-2391	18 Beds. 2 Emergency Beds. Stay is 60-90 days. All male.	24 hrs.	Use Community Resources.	Self-referred. Dry shelter. Advocacy and referrals.
United Homes-Second Home 9 Codman Park Roxbury, MA 02119	Tel: 617-427-4244 FX: 617-265-4921	20 Beds. Typical stay 18 months. For men and women in Recovery.	24 hrs.	Have case manager.	Recovery program. Alcohol/Drugs. Attend meetings.
West End Shelter 25 Staniford Street (Lindemann Center) Boston, MA 02114	Tel: 617-626-8628 FX: 617-626-8634	60 Beds. 40 Men. 20 Women. Until permanent housing found.	24 hrs. Admission M-F prior to 2pm.	Nurse.	DMH Homeless Outreach (street, shelter, etc.) referred.
Woods Mullen ("Intake") 784 Rear Mass. Avenue Boston, MA 02118	Tel: 617-534-7100 FX: 617-534-7098	160 Beds. M = 100, W = 60. Sign up each day at 3:30 pm to go to L.I. Shelter.	4 pm-8 am	RN/NP Clinic Tel: 617-534-7110 3-8:30 pm	Get up at 6:00 am for breakfast. Go to lobby by 8:00 am. Can stay in lobby during the day.

WOMEN OF MEANS, INC
SHELTER RESOURCE DIRECTORY

SHELTERS FOR FAMILIES

SHELTER FOR FAMILIES	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Angel House 309 South Street Hyannis, MA 02601	Tel: 508-775-8045 FX: 508-778-7531	5 "Recovering" Women and their children (under age 15) Stay is 6-9 months.	24 hrs.	Use Community Resources. Clinical therapy group and individual.	DTA referred. Meet DTA criteria. Advocacy, counseling, referrals.
Boston Family Shelter 656 Mass. Avenue Boston, MA 02118	Tel: 617-267-8081 FX: SAME	9 Families. 6 DTA referred. 6-12 mo. stay until find permanent housing. Boys over 12, men. 1 traveler's aid. 2 community rm. Referred	24 hrs.	HCH Nurse and MD Part time. Depends on need. Referrals to work programs.	DTA referred. Meet DTA criteria. Advocacy and referrals.
Bridge House 24 Baker Street Lynn, MA 01902	Tel: 781-593-3898 FX: 781-593-3899	11 Families. Stay until find permanent housing.	24 hrs.	Use Community Resources. Refer out.	DTA referred. Meet DTA criteria. Advocacy, referral, counseling and transportation.
Broderick House 56 Cabot Street Holyoke, MA 01040	Tel: 413-534-7610 FX: 413-536-8536	12 Families. 33 Beds. Sober families and pregnant women. Stay is variable.	24 hrs.	HCH Nurse.	DTA referred. Meet DTA criteria. Self, agency referred. Advocacy, counseling, and transportation. Spanish spoken.
Brookview House 2 Brookview Street Dorchester, MA 02124	Tel: 617-265-2965 FX: 617-265-7229	Transitional Living. Shelter. 12 Families. Women and children.	24 hrs.	Use Community Resources. Clinical Therapist and Referral.	DTA referred. Meet DTA criteria. Job training, life skills. Children's programs. Rentals.
Cambridge YWCA Family Shelter 7 Temple Street Cambridge, MA 02139	Tel: 617-491-6050 X 225	10 Families. Long term one year stay. Mostly women and children.	24 hrs.	Use Community Resources.	DTA referred. Meet DTA criteria. 1 room for complete family. 9 for women and their children.
Carolina Hill Shelter 728 Main Street Marshfield, MA 02050	Tel: 781-837-1377 FX: 781-834-1887	16 Families. 40 Beds. Mostly female head of family. Stay is variable.	24 hrs.	Physician Assistant 1 X week.	DTA referred. Meet DTA criteria. Child care, referrals, advocacy.

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SHELTER FOR FAMILIES	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Carriage House 294 Old Main Road N. Falmouth, MA 02556	Tel: 508-564-6485 FX: 508-564-6673	8 Families. Young women and children. Pregnant women	24 hrs.	VNA and other Community Resources. Counseling 1 X week.	DTA referred. Meet DTA criteria. Referrals, advocacy, transport, child care, education.
Casa Nueva Vida 53 Glen Road Jamaica Plain, MA 02130	Tel: 617-524-6332 FX: 617-524-5889	14 Families. Women and children. Stay until permanent housing found.	24 hrs.	HCH Nurse occasionally. Outsource. Most folks have insurance coverage. Referrals.	DTA referred. Meet DTA criteria. One Community Room. Stay as long as rules obeyed. Advocacy, counseling.
Children's Services of Roxbury 520 Dudley Street Roxbury, MA 02119	Tel: 617-445-6655 FX: 617-445-0940	50 Families. Stay is variable. Transitional Housing. Families with children.	24 hrs.	Use Community Resources	DTA referred. Meet DTA criteria. Some handicap access. Counseling, referrals.
Crittenton Hastings House 10 Perthshire Road Brighton, MA 02135	Tel: 617-782-7600 FX: 617-254-7966	58 Families in 3 programs.	24 hrs.		DTA referred only Go out during day for programs, work, school, housing search.
Crossroads Family Shelter 56 Harvre Street E. Boston, MA 02128	Tel: 617-567-5926 FX: 617-567-1001	14 families. Stay until permanent housing found.	24 hrs.	HCH Nurse 1 X week. Onsite social worker.	Mostly DTA referred. 1 community rooms. Self-refer. Call. Intake process.
Cross Street Family Shelter P.O. Box 440436 Somerville, MA 02144	Tel: 617-776-6661 FX: 617-666-2762	5 Families. Stay until permanent housing found.	24 hrs.	Case management.	DTA referred. Meet DTA criteria.
David Jon Louison Child Center 137 Newbury Street Brockton, MA 02401	Tel: 508-584-4315 FX: 508-587-6065	16 Families. Women and their children. 15 DTA Rooms. 1 Community Room. Stay is variable.	24 hrs.	Use Community Resources.	DTA referred. Meet DTA criteria. Self or agency referral. Day program, counseling, referrals, handicap access.
Dennis McLaughlin House 150 2 nd Ave. Rm. 214 Charlestown, MA 02129	Tel: 617-242-0251 FX: 617-242-4869	10 Efficiency Rooms. Women and children. Up to 2 children. Up to 10 years of age. Stay usually 18 months. 6 month grace period.	24 hrs.	Use Community Resources MGH referral. Pay 30% of income.	Referred by any Social Service Org., Therapist, Counselor, etc. 6 mos. clean and sober. Attend AA or NA meetings.

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SHELTER FOR FAMILIES	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Fall River Family Resource Center 177 Rockland Street Fall River, MA 02724	Tel: 508-679-2109 FX: 508-676-6694	7 Families. Stay until find permanent housing.	24 hrs.	Use Community Resources Handicap & regular rooms available	DTA referred. Meet DTA criteria. Dry shelter. Advocacy, referrals, transport, vouchers.
Families in Transition YMCA 316 Huntington Avenue Boston, MA 02115	Tel: 617-927-8290 FX: 617-267-4653	22 Families. Stay until permanent housing found.	24 hrs.	HCH Nurse Wednesday	DTA referred only. Meet DTA criteria.
Family House Shelter Address not available.	Tel: 617-541-2731 FX: 617-541-9455	24 Rooms. 53 Beds. Families include men. Boys under 13. Stay is 4-6 months.	24 hrs.	HCH Nurse when needed Social worker. Workshops, Horizon program.	DTA referred. Meet DTA criteria. Counseling, referrals.
Family Resource Center 11 Peck Street Attleboro, MA 02703	Tel: 508-226-5722 FX: 508-226-2896	7 Families. 37 Beds. Single pregnant women. 6 DTA rooms. 1 Community room.	24 hrs.	Referrals.	DTA referred. Self or agency referred. Day program. Advocacy, referrals, counseling.
Horizons 764 Alden Street Springfield, MA 01109	Tel: 413-782-8654	5 Families. 11 Beds.	24 hrs.	HCH Nurse 1 X week.	DTA referred. Meet DTA criteria. Advocacy, referrals.
House of Hope 812 Merrimack Street Lowell, MA 01854	Tel: 978-458-2870 FX: 978-458-6679	18 Families. 16 DTA rooms. Stay until permanent housing found.	24 hrs.	Well Clinic. Nurse once a week or as needed.	DTA referred. Meet DTA criteria. Self or agency referral. Dry shelter. Advocacy, referrals.
Inn Between 25 Holten Street Peabody, MA 10960	Tel: 978-532-2372 FX: 978-531-6548	6 Families. 5 DTA rooms, 1 Community room. Stay until permanent housing found.	24 hrs.	Use Community Resources. 1 X weekly health education.	DTA referred. Meet DTA criteria. Self or agency referral. Advocacy, referrals.
Inn Transition 42 Washington Street Peabody, MA 01960	Tel: 978-531-9951 FX: 978-977-9008	7 "Recovering" Families (including men). Stay is 9-12 months.	24 hrs.	Use Community Resources.	DTA/DSS referred. Alcohol and drug recovery.
Jefferson Avenue Shelter 95 Jefferson Avenue Springfield, MA 01107	Tel: 413-736-2263 FX: 413-731-5964	7 Families. Women and children. Boys under 12 yrs old. Stay is variable.	24 hrs.	HCH Nurse 1 X week.	DTA referred. Meet DTA criteria. Advocacy, referrals.
Jessie's House 17 Seelye St. Amherst, MA 01102	Tel: 413-658-0065 FX: 413-256-4558	6 families. Stay until find permanent housing.	24 hrs.	Use Community Resources.	DTA referred. Meet DTA criteria & case management. Counseling, referrals, handicap access. Spanish spoken.

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SHELTER FOR FAMILIES	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Lazarus House 48 Holly Street Lawrence, MA 01842	Tel: 978-689-8575 FX: 978-682-7004	40 Beds. 7 Cribs. Stay is variable.	Evening hours. Clients out by 7:50 am Home by 5pm	Use Community Resources.	DTA, DSS, agency referred. Advocacy and referrals. Day program through Shepard Center. Spanish spoken.
Life House Family Shelter 145 Stoughton Street Dorchester, MA 02125	Tel: 617-265-7700 FX: 617-265-2605	10 Families. Stay until permanent housing found.	24 hrs.	Use Community Resources.	DTA referred only. Meet DTA criteria. Advocacy, referrals.
Mainspring Coalition for the Homeless 54 North Main Street Brockton, MA 02401	Tel: 508-587-5441 FX: 508-586-2348	5 Families. Stay is variable. Scattered site family housing. Plus 100 diff. individuals in bldg., but diff. program	24 hrs.	Use Community Resources. Therapist on staff. Case management for Mass Health.	DTA referred. Meet DTA criteria. Advocacy, referrals. adult education. Spanish spoken.
Main Street Shelter 319 Main Street Holyoke, MA 02040	Tel: 413-534-2466 FX: 413-536-3299	11 Families. Stay is variable.	24 hrs.	Nurse weekly.	DTA referred. Meet DTA criteria. Day program. Referrals. advocacy, counseling. Spanish spoken.
Mary's House 62 Church Street Waltham, MA 02452 <i>MHSA</i>	Tel: 781-647-9957 FX: 781-647-9358	6 Families. Stay up to 1 year. Allows intact families.	24 hrs.	Women of Means MD 1 X per month.	DTA referred only. Meet DTA criteria. Housing search, work. rules, curfew. Handicap access.
Mary Martha Learning Center 1045 Main Street Hingham, MA 02043	Tel: 781-749-5441 FX: 781-749-3013	9-10 Families. 20 Beds. Women and children under 5 years old. Stay is variable.	24 hrs.	Use Community Resources.	DTA referred. Meet DTA criteria. Advocacy, referral, educational program.
Medford Family Life Education Center 2 Central Avenue Medford, MA 02155	Tel: 781-391-9116	8 Families. Stay until permanent housing found. 7 community. 1 DTA	24 hrs.	Use Community Resources. Psychiatric Therapy	DTA referred. Meet DTA criteria. Advocacy. Handicap access.
Merrimack House 423 Pawtucket Street Lowell, MA 01854	Tel: 978-937-2418 FX: 978-454-9919	6 Families. Stay is variable. 1 community. 5 DTA	24 hrs.	Use Community Resources.	DTA referred. Meet DTA criteria. Advocacy, counseling and referrals. Spanish spoken.

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SHELTER FOR FAMILIES	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Metro Boston Housing Partnership Scattered Site Family Shelter 125 Lincoln Street Boston, MA 02118	Tel: 617-859-0400 FX: 617-426-4256 TF: 800-272-0990	47 Families. Typical stay 6-8 months. Stay until permanent housing found. Scattered sites.	24 hrs.	Use Community Resources.	DTA referred only. Meet DTA criteria. Advocacy, counseling, referrals. Foreign languages spoken.
Nazareth House 91 Regent Street Roxbury, MA 02119	Tel: 617-541-0100 FX: 617-541-8781	Room for 10 families and 2 single women (HIV affected).	24 hrs.	HCH/ RN Tuesdays 1X per month. HIV Support group.	DTA referred, but not all. Substance abuse, mental health services.
New Chardon Temporary Home Family Shelter 41 New Chardon Street Boston, MA 02114	Tel: 617-720-3611 FX: 617-723-7486	13 Rooms. 15-20 Women and children; Typical stay is 6 months until find permanent housing.	24 hrs.	HCH NP 1 X week. MA General weekly volunteer.	DTA referred. DSS, other social service organizations. Meet DTA criteria. Programs. Work. School. Housing Search. Case by case review. Child care.
North Shore Community Action Programs 75 Central St Peabody, MA 01960	Tel: 978-532-8620 FX: 978-531-1012	12 Families. Stay is variable. Scattered sites in North Shore area.	24 hrs.	Use Community Resources.	DTA referred. Meet DTA criteria. Advocacy, counseling, transportation. Spanish spoken.
Our Friends House 292 West Street Pittsfield, MA 01201	Tel: 413-499-2877 FX: 413-499-3779.	8 Families. 22 Beds. Stay is variable. 3 Community Rooms.	24 hrs.	Use Community Resources.	DTA referred. Meet DTA criteria. Self and Agency referred. Advocacy, referrals. Handicap access.
Pathways Family Shelter 248 Edger Road Framingham, MA 01702	Tel: 508-879-5047 FX: 508-620-2636	14 Families. Stay until permanent housing found.	24 Hrs.	Use Community Resources	DTA referred. Meet DTA criteria. Advocacy, referrals. Spanish spoken.
Milly's Place 360 Pawtucket Street Lowell, MA 01854	Tel: 978-452-5410 FX: 978-459-4558	6 Families. Stay until permanent housing found. 1 Community. 5 DTA.	24 hrs.	Use Community Resources.	DTA referred. Meet DTA criteria. Advocacy, counseling, referrals. Spanish spoken.

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SHELTER FOR FAMILIES	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Pilgrim's Hope 149 Bishop's Highway Kingston, MA 02364	Tel: 781-582-2010 FX: 781-585-2869	10 Families. Stay until permanent housing found.	24 hrs.	Use Community Resources.	DTA referred. Meet DTA criteria. Day program, child care, advocacy, referrals. Handicap access.
Project Hope 45 Magnolia Street Dorchester, MA 02125	Tel: 617-442-1880 FX: 617-442-1356	8 Rooms. 6 DTA rooms, 2 Community rooms. Shelter for women with children or 7 months + pregnant. Stay until permanent housing found.	24 hrs.	RN 1 X week as needed.	DTA referred only. Meet DTA criteria for DTA rooms. Rules to follow. Programs, work, school, housing search.
Prospect House 103 Prospect Street Springfield, MA 01107	Tel: 413-737-5518 FX: 413-731-3077	9 Families. Stay is variable.	24 hrs.	HCH Nurse 1 X week. Community resource workshops every 2 weeks.	DTA referred. Meet DTA criteria. Dry shelter. Advocacy, referrals. Spanish & French spoken.
Revision House 38 Fabyon Street Dorchester, MA 02124	Tel: 617-825-8642 FX: 617-282-7757	22 Families. Young women (18-25) with baby. Stay is variable	24 hrs	HCH 1 X week on Thursday.	DTA referred only. Meet DTA criteria. Rules to follow. Programs, work, school, housing search.
Roxbury Family Shelter 23 Vernon Street Roxbury, MA 02119	Tel: 617-427-6700 FX: 617-541-2160	19 Beds. 5 Families. 4 Cribs. Families with children up to age 13. Variable length of stay.	24 hrs.	Use Community Resources.	DTA referred. Meet DTA criteria. Advocacy, counseling, referrals. Spanish spoken.
Sage House 61 Clinton Street Framingham, MA 01702	Tel: 508-626-2586 FX: 508-370-7339	15 Families. Recovering women and their children to age 16. Stay is 9 mos. to 1 year.	24 hrs.	Use Community Resources.	DTA/DSS referred. Not all DTA. Meet DTA criteria. Advocacy, counseling, referrals. Spanish spoken.
St. Ambrose Family Shelter 25 Leonard Street Dorchester, MA 02122	Tel: 617-288-7675 FX: 617-288-7037	13 Families. Typical stay is 6-8 months until permanent housing found.	24 hrs.	Clinician every other Thursday. RN on Wednesday.	DTA referred only. Meet DTA criteria Programs, work, school, housing search, counseling, referrals.

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SHELTER FOR FAMILIES	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
St. Mary's Women & Infants Center 90 Cushing Avenue Dorchester, MA 02125	Tel: 617-436-8600 Ext. 235 FX: 617-288-8961	32 Adult Women Families. Women and children. Typical stay 9 months until permanent housing found. Plus 18 teens and children	24 hrs.	HCH 1 x week Clinical Director on site.	DTA referred only. Meet DTA criteria. Emergency status. Counseling, advocacy, referrals.
Salvation Army Family Shelter 23 Vernon Street Roxbury, MA 02119	Tel: 617-427-6700 FX: 617-541-2160	5 Families. No time limit. Stay until permanent housing found.	24 hrs.	Use Community Resources.	DTA referred only. Meet DTA criteria. Programs, work, school, housing search.
Sandra's Lodge Walter E. Fernald Center 200 Trapelo Road Waltham, MA 02452 MHSA	Tel: 781-899-7311 FX: 781-899-8304	67 Families. Family Shelter. Single women with children. Stay until permanent housing found.	24 hrs.	WOM Doctors and Nurses	DTA referred only. Meet DTA criteria. Cafeteria for meals.
Shepherd's Place 133 Paine St. Worcester, MA 01610	Tel: 508-757-5198 FX: 508-754-4691	13 Families. Women and children. Typical stay 6-12 months until permanent housing found.	24 hrs.	Use Community Resources.	DTA referred. Meet DTA criteria. Advocacy and referrals.
Sojourner House 85 Rockland Street Roxbury, MA 02119	Tel: 617-442-0590 FX: 617-442-1367	Family Shelter. 9 Families. Most DTA rooms. 1 School Community room. Pay according to means.	24 hrs.	HCH 1 X Week as needed.	Some DTA referred. Travelers Aid referral. Advocacy. referrals. Handicap access. Spanish spoken.
Spin (Serving People in Need) 100 Willow St. Lynn, MA 01901	Tel: 781-598-9417 FX: 781-598-9153	24 Family apartments. Scattered sites. Stay is variable. DSS referred programs: Teen living (13 teen girls with children); HIV Congregate House; Shelter & Care; Service Coordination Center Step Program: 8 Families for post-teen I	24 hrs.	Community Resources.	DTA referred only. Meet DTA criteria. Programs, work, school, housing search. DSS Service Coordination Center. Drop in Breakfast & lunch from 7:30 am to 5:00 pm.

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SHELTER FOR FAMILIES	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Taking Care of Business 64 Eastern Point Road Gloucester, MA 01930	Tel: 978-281-3328 FX: 978-281-2154	9 Families. Recovering women and children under 16. Stay is variable.	24 hrs.	Use Community Resources.	DTA referred. Meet DTA criteria. Counseling, day program, Spanish spoken.
Temporary Home 41 New Chardon Street Boston, MA 02114	Tel: 617-523-2337	Temporary Housing	24 hrs	Community Resources	DTA referred. Meet DTA criteria
Travelers Aid Society 17 East Street Boston, MA 02111	Tel: 617-542-7286 FX: 617-542-9545 After Hours: 617-635-4500	Assist homeless families with shelter and transport. 3 rooms for emergency (night). 10 rooms long term. Typical stay 6 weeks until find permanent housing (hotels/motels).	24 hrs.	HCH partnership.	Every family having been rejected by DTA with rejection letter in hand. Families with children under DTA. Law suits with DTA.
Tri-City Family Shelter 350 Cross Street Malden, MA 02148	Tel: 781-322-9119 Tel: 781-324-1303 FX: 781-332-5262	Men, women & children. Congregate housing 24 families, Scattered sites 24 families. Stay is 9–14 mos until permanent housing is found.	24 hrs.	Community Resources.	DTA referred only. Meet DTA criteria. Programs, work, school, housing search.
Wellspring Connection 302 Essex Avenue Gloucester, MA 01930	Tel: 978-281-3271 FX: 978-281-6092	6 Families. Stay until find permanent housing.	24 hrs.	Use Community Resources.	DTA referred. Meet DTA Criteria.
Winterhaven Shelter 10 N. Bow Street Milford, MA 01757	Tel: 508-478-2333 FX: 508-478-7426	7 Families and 5 Single Women. 26 Beds. Stay is variable.	24 hrs.	Use Community Resources.	DTA and self referred. Dry shelter. Advocacy, referrals, transport.
Worthington House 769 Worthington Street Springfield, MA 01105	Tel: 413-732-3069 FX: 413-732-0775	111 Beds + Overflow. Stay is not limited except for detox beds which is 90 day stay.	24 hrs.	Nurse M-F 8:30 am – 12:00 noon.	Self or detox centers referred. Advocacy, counseling, referrals, Spanish spoken.
Youville House 133 Granite Street Worcester, MA 01604	Tel: 508-753-3084 FX: 508-754-0139	16 Families. Stay is up to 1 year.	24 hrs.	Use Community Resources	DTA referred. Meet DTA criteria. Need interview with supervisor.

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SHELTERS FOR ADOLESCENTS

ADOLESCENT SHELTER	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Attleboro Youth Shelter 200 S. Main Street Attleboro, MA 02703	Tel: 508-226-6031 FX: 508-223-4128	13-17 Beds. Teen females. 12-18 years old and pregnant. Stay 30-45 days.	24 hrs.	Psychiatrist on staff. Therapy – individual and group.	DSS, DMH, DYS, referred. Private insurance. Advocacy, counseling. Translation through community agency.
Bridge Over Troubled Waters 47 West Street Boston, MA 02111	Tel: 617-423-9575 FX: 617-482-5459	16 Beds. Teens. Stay is 9 months to a year. Also has Day Shelter 9-5. M-F	24 hrs.	MD. 9-5 M-F. Dental.	Meet with counselor for admission.
Brigid's Crossing 221 Pawtucket Boulevard Lowell, MA 01854	Tel: 978-454-0081 FX: 978-454-0210	7 Teens mothers. 8 Children. Pregnant and parenting teens. 14-22 yrs old. Stay is variable. 3 community beds	24 hrs.	Use Community Resources. Clinician visits.	DSS referred. Advocacy, counseling, handicap access, transport.
Cambridge Street Teen Living 414 Cambridge Street Worcester, MA 01610	Tel: 508-756-2396 FX: 508-756-7173	8 Families. Teen mothers. Ages 15-20 and their children.	24 hrs.	Use Community Health Centers. Counseling	DTA referred. Meet DTA criteria. Run by Florence House
Community Care Services Young Parents Program 167 Maple Street Attleboro, MA 02703	Tel: 508-223-4135 X 338 FX: 508-223-4142	7 Families. Teen mothers. Ages 16-22 and their children. Typical stay is 1 year. Until housing is found.	24 hrs.	Use Community Resources.	DSS referred.
Gentle Arms Teen Living Program 429 Winter Street Fall River, MA 02720	Tel: 508-646-2760 FX: 508-324-4558 Director: Sue Call in a.m.	5 Families. Parenting or pregnant teen females. Stay up to age 20.	24 hrs.	Use Community Resources.	DTA referred. Meet DTA criteria. Advocacy, counseling, referral. Handicap access.
Harbinger House 85 Edgell Rd. Framingham, MA 01701	Tel: 508-872-6002 FX: 508-872-7753	24 Beds. Teen females. Ages 12-18 and pregnant. Stay is 30-45 days.	24 hrs.	Nurse.	DSS referred. Advocacy, referrals, counseling. Spanish spoken.

WOMEN OF MEANS, INC
SHELTER RESOURCE DIRECTORY

ADOLESCENT SHELTER	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Just-A-Start House 16 Butler Drive Somerville, MA 02145	Tel: 617-776-8353 FX: 617-623-9864	10 Families. Parenting and pregnant females Programs, work, school, housing search. Ages 13-20 and their children. Stay is variable. Up to 20yrs old	24 hrs.	Use Community Resources.	DTA/DSS referred. Meet DTA criteria. GED, advocacy, counseling, parenting classes, case management. Some Spanish spoken.
Key Emergency Shelter 369 West Street Pittsfield, MA 01201	Tel: 413-442-1503 FX: 413-447-6976	10 Beds. Ages 11-17. Stay is 45 days.	24 hrs.	Clinic.	DSS and self-referred. Counseling, advocacy, transportation.
Lutheran Community Service Teen Living Program 414 Cambridge Street Worcester, MA 01610	Tel: 508-756-2396 FX: 508-756-7173	7 Families. Parenting and pregnant females. Ages 13-20 and their children. Stay until age 20.	24 hrs.	Use Community Resources.	DTA referred. Meet DTA criteria. One DSS room. Advocacy, counseling, transport. Spanish spoken.
Ruth House 553 North Main Street Brockton, MA 02401	Tel: 508-580-5773 FX: 508-580-2273	10 Families. Pregnant or parenting females. Stay until age 20.	24 hrs.	Use Community Resources.	DSS/DTA referred. Meet DTA criteria. GED support, parenting and life skills, advocacy, counseling, transport
St. Mary's Home 90 Cushing Avenue Dorchester, MA 02125	Tel: 617-436-8600 FX: 617-288-9476	24 Families. Pregnant and newly parenting female teens.	24 hrs.	HCH 1 x week	DTA referred. Meet DTA criteria.
Short Stop Inc. 1323 Broadway Somerville, MA 02144	Tel: 617-776-3377	12 Beds. Emergency shelter for children 8-18. Transitional housing for youth 18-21. Stay up to 45 days.	24 hrs.	Use Community Resources.	DSS referred. Meet DTA criteria. Community referrals.
Spin (Serving People in Need) 248 So. Common Street Lynn, MA 01905	Tel: 781-598-9417 FX: 781-598-9153	24 Family apartments. Scattered sites. Typical stay is 1 year until find permanent housing. DSS referred programs: Teen living (9 teen girls with children); HIV congregate house; Shelter and care; Service Coordination Center.	24 hrs.	Use Community Resources.	DTA referred only. Meet DTA criteria. Programs, work, school, housing search. DSS Service Coordination Center. Drop in Breakfast and lunch from 7:30 am to 5:00 pm.

WOMEN OF MEANS, INC
SHELTER RESOURCE DIRECTORY

ADOLESCENT SHELTER	CONTACT	SERVICES	HOURS	CLINICAL SERVICES	NOTES
Summerhill House 137 Vernon Street Norwood, MA 02062	Tel: 781-769-4343 FX: 781-769-2332	7 Families. Parenting females and their children. Currently all emergency beds. Stay up to age 20.	24 hrs.	Use Community Resources.	DTA referred. Meet DTA criteria. Advocacy, counseling. No substance abuse.
Teen Living at Family Independence 11 Mt. Pleasant Avenue Roxbury, MA 02119	Tel: 617-541-0944 FX: 617-541-8052	8 Rooms. Pregnant and parenting females. Ages 13-19. Can stay until 20 years old.	24 hrs.	Use Community Resources.	DTA/DSS referred. Meet DTA criteria. Advocacy, counseling, food stamps, foreign languages spoken.
The Bridge Home 90 Cushing Avenue Dorchester, MA 02125	Tel: 617-436-8600 FX: 617-288-9476	Emergency residential program for children.	24 hrs.	HCH 1 x week	DTA referred. Meet DTA criteria.
Village (YOU, Inc.) 979 Milbury Street Worcester, MA 01607	Tel: 508-757-5579	16 Beds. Ages 11-18. Stay is 30 days.	24 hrs.	Use Community Resources.	DSS referred. Meet DTA criteria. Handicap access for 1 st floor.
Visions 225 Station Avenue South Yarmouth, MA 02664	Tel: 508-398-4034 FX: 508-394-4577	8 Mothers and 9 babies Females. Ages 14–20 years old. Stay is variable.	24 hrs.	Use Community Resources.	DTA/DSS/DYS and Commonworks referred. Advocacy. Counseling, transport Handicap access.
You, Inc. 18 Plantation Street Worcester, MA 01604	Tel: 508-853-2487 FX: 508-849-5618	Teen/Parent Apartment Program. Ages 16-20. Mothers & children. Stay is 30 days.	24 hrs.	Use Community Resources	DSS referred. Adolescent programs.
You, Inc. Wetzel Center 2 Granite Street, Worcester, MA 01604	Tel: 508-849-5640 FX: 508-363-0547	15 Beds. Male and female 13-18 years old. Stay varies from 2 weeks to 6 months.	24 hrs.	Doctor and Nurse.	DSS, DMH referred. Adolescent programs.
YWCA Teen Living Program 2 Museum Square Apt. 205 Lawrence, MA 01840	Tel: 978-688-4046 FX: 978-688-7867	8 Beds. Pregnant or parenting females. Stay until 20 years old.	24 hrs.	Use Community Resources.	DTA/DSS referred. Parenting and life skills assistance. Advocacy, counseling, referrals. Handicap access.

WOMEN OF MEANS, INC
SHELTER RESOURCE DIRECTORY

KEY:

BMC = Boston Medical Center
DMH = Department of Mental Health
DSS = Department of Social Services
DTA = Department of Transitional Assistance (Welfare)
YS = Department of Youth Services
HCH = Health Care for the Homeless
HL = Hotline
MHSA = Middlesex Human Service Agency

Coordinated Entry Vulnerability Assessment Tool

Demographic Information		Total Score
Date:	Interviewer/Advocate/Case Manager's Name:	
Referring Agency/Organization Name:	Interviewer/Agency Contact Phone #	
Preferred (Primary) Language:	Secondary Language:	
Full Name of Head of Household	SSN (Optional- last 4 ONLY)	
Date of Birth (xx/xx/xxxx)	Household Description:	
	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Couple	
How do you prefer to be contacted?	Phone Number:	
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail		
Email:	Address:	
Alt. Contact Name & Relationship to you:	Alt. Contact Information (Phone/Email/Address):	
Are you fleeing a domestic violence situation?	Gender you identify as:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Agender <input type="checkbox"/> Other	

Household Composition (Use back of page section if more room is needed)			
Name	Gender	Relationship	DOB
		Head of Household	

Coordinated Entry Vulnerability Assessment Tool

Please complete all 7 sections included in this assessment.

Section 1: Misc. Vulnerability Points	
Have you ever served in the military? (for placement and veteran's services referral only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Town or Zip code of last permanent address? (do not include shelter/other programs)	
Score 1 point if household had 6 or more members	
Score 1 point if Domestic Violence is the cause of the homelessness (within 1 year)	
Score 1 point if applicant is over 60 years old	
Score 3 point if applicant is 18-24 years old	
Section 1 Total:	

Section 2: Housing/Homelessness	
In this section choose only ONE answer in each Part	
Part A.	Tell me about where you have been staying at night (Choose where you have been sleeping most often)
5	Homeless in a place not meant for human habitation
4	Homeless in a shelter
3	In Transitional Housing
2	In substandard housing and/or rent is not affordable (over 30% of income)
1	In stable housing that is only marginally adequate
0	Housing is safe, adequate, and affordable

Part B.	If in Shelter or a place not meant for human habitation, how long have you been staying there?
3	More than 1 year
2	6 months to 1 year
1	1 to 6 months
0	Less than 30 days

Part C.	**Answer Part C ONLY if Part B is Less than 1 year**
If homeless now, have you experienced periods of homelessness at least 4 times in the past 3 years?	
1	Yes
0	No
Section 2 Total:	

Coordinated Entry Vulnerability Assessment Tool

Section 3: Income/Employment		
In this section choose only ONE answer in each Part		
Part A.	Do you have a steady income?	
4	No Income	
2	Some income, not stable, insufficient to afford unsubsidized housing	
1	Income from mainstream benefits, insufficient to afford unsubsidized housing	
0	Income from employment or mainstream benefits, sufficient to afford unsubsidized housing	

Part B.	Do you have a job?	
5	No, I can't work due to disability	
4	No, I have significant barriers e.g. language barrier, no childcare, no transportation, etc.	
2	Yes, but only a few hours a week and sometimes there is no work available/ No, but seeking a job	
1	Yes, I have a disability but work limited hours to supplement SSI/SSDI income	
1	Yes, I work part-time and have regular hours	
0	Yes, I work full-time	
Section 3 Total:		

Section 4: Mental Health/Substance Abuse		
In this section choose only ONE answer in each Part		
Part A.	Have you been diagnosed with a mental illness?	
3	Yes, I am not currently being treated for it	
2	Yes, I am under a doctor's care but I don't always take my medications / follow their instructions	
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instructions	
0	No I do not have a mental illness	

Part B.	Please tell us if you have a history of substance use disorder (SUD)	
4	Yes and I am currently using alcohol or drugs and not in recovery	
3	Yes, but I have been in recovery for less than 6 months	
2	Yes, but I have been in recovery for 6 months to 1 year	
1	Yes, but have been in recovery for more than 1 year	
0	I do not have a substance abuse problem	
Check the box if you wish to be referred ONLY to programs providing substance abuse services <input type="checkbox"/>		

Part C.	Please tell us if you have overdosed on drugs or alcohol.	
2	I have had an overdose (OD) or alcohol poisoning within the past 12 months.	
Section 4 Total:		

Coordinated Entry Vulnerability Assessment Tool

Section 5: Physical Health		
<i>In this section choose only ONE answer in each Part</i>		
Part A.	Do you have any chronic health conditions?	
3	Yes, I am not currently being treated for it/them	
2	Yes, I am under a doctor's care but I don't always take my medications / follow their instructions	
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instructions	
0	No I do not have a chronic health condition	

Part B.	Do you have trouble getting around due to a chronic health condition?	
3	Yes, I am in a wheelchair	
2	Yes, I depend on a cane / crutches for mobility	
1	Yes, I can walk a short distance without assistance, but with difficulty	
0	No, I don't have any trouble getting around	

Part C.	Have you ever been diagnosed with HIV/AIDS? (We are only asking you this question as some programs are specifically for people living with HIV/AIDS and we want to know if you are eligible for them.)	
2	Yes	
0	No	

Part D.	How many times have you visited a hospital emergency room in the past 12 months?	
3	10 or more times	
2	5 to 9 times	
1	1 to 4	
0	I have not gone to the emergency room in the past 12 months	
Section 5 Total:		

Section 6: Sexual Orientation/Gender Identity		
Do you identify as LGBTQ?		
2	Yes	
0	No	
Section 6 Total:		

Coordinated Entry Vulnerability Assessment Tool

Section 7: Youth and Young Adult Please complete ONLY if you are less than 25 years old		
Part A: If staying in a shelter or place for human habitation, how long have you been staying there?		
3	More than a year	
2	6 months to 1 year	
1	1 to 6 months	
0	Less than 30 days	
At what age did you first leave home?		

Part B; What type of programming are you interested in?		Place an X in the box
to the right of any answer that fits you.		
Programs that serve only young people		
Programs that serve all people		
Transitional Housing programs (18-24 months with wrap around services and support)		
Rapid Rehousing programs (6-24 month subsidy with fewer services and supports)		
Permanent Supportive Housing programs (I		

Section 7 Total:	
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Total Vulnerability Score: Sections 1-7A	
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Coordinated Entry Vulnerability Assessment Tool

Section 7: Any Further Comments

Under federal and state law the Massachusetts Department of Housing and Community Development does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, national origin, religion, creed, age, disability, familial status, children, marital status, military/veteran status, receipt of public assistance/housing subsidy, ancestry, and genetic information. To file a complaint of discrimination, you may contact the Associate Director, Division of Housing Stabilization, DHCD, 100 Cambridge St., 4th Floor, Boston, MA 02114, tel. (617) 573-11370, TTY (617) 573-1140 for the deaf or hard-of-hearing.

**MA BALANCE OF STATE CONTINUUM OF CARE COORDINATED ENTRY SYSTEM FOR HOMELESS SERVICES
CONSENT TO PARTICIPATE IN A SCREENING AND
AUTHORIZATION TO SHARE PROTECTED HEALTH INFORMATION**

Participant First Name	Participant Last Name	DOB (mm/dd/yyyy)
Interviewer's Name and Title	Interviewer's Organization	Date of Interview

We are asking you to participate in an interview and screening to enable us to share information about you with the Massachusetts Balance of State Continuum of Care (the **CoC**) for the purpose of enrolling you in the CoCs Coordinated Entry System.

Information about the Coordinated Entry System for Homeless Services: In the Massachusetts Balance of State Continuum of Care, homeless services, transitional housing, and other homeless resources are accessed through the Coordinated Entry System administered by the CoC. Services and housing in the CoC are prioritized for individuals and families who have been homeless for long period of time and have high service needs. The Coordinated Entry System allows for speedy matching of homeless individuals with the most appropriate housing resources. In addition to housing, supportive case management services are available to help individuals get the services they may need, such as primary health care, substance use treatment, and substance abuse recovery support services, to successfully stay in housing.

The CoC is a collaborative of state, county and local government agencies, social service providers, housing agencies, businesses, law enforcement and other organizations that serve homeless and formerly homeless persons in the Area. **Attached to this Authorization is a list of organizations that are currently members of the Network.** The organization conducting the interview is a member of the CoC. The CoC membership may change over time. **At any time you may ask for a complete list of participating members by contacting the CoC at (617) 573-1390.**

Screening: With your authorization, you will be interviewed today about your health and housing for the purpose of entering you into the CoC Coordinated Entry System. This should take about 20-30 minutes. You will be asked questions about your substance use, about your medical and mental health issues, about where you have lived and worked, and about any involvement with the criminal justice system. Most of the questions only require a “yes” or “no”. Some questions require one-word answers.

Participation is Voluntary: Participation in the screening and the CoC Coordinated Entry System are completely voluntary. If you decide not to participate in the screening or to sharing your information, those decisions will: (1) not impact the services you may be receiving from the organization wanting to conduct your interview today; or (2) prevent you from participating in the Coordinated Entry System, but the ability of the Coordinated Entry System to help you will be substantially limited. To participate in the Coordinated Entry System without participating in the screening, contact the CoC at **(617) 573-1390** or by writing to DHCDcocapplications@mass.gov

If you agree to participate in the interview, you may ask to take a break or stop the interview at any time. If at any point you do not understand what is being asked, let the interviewer know and they will help you.

Enrollment in to the Coordinated Entry System - Who Will Be Receiving the Information from the Interview: With your authorization, the information collected from the interview will be enroll you into CoC Coordinated Entry System, determine your eligibility for various housing programs, and make referrals for other services on your behalf.

Important Rights and Other Information You Should Know.

- You may revoke your authorization to share the information with the CoC at any time by contacting the CoC at (617) 573-1390. If you revoke this authorization, the revocation will not apply to information that has already been used or disclosed.
 - You may stop your participation in the Coordinated Entry System at any time by contacting the CoC at (617) 573-1390.
 - The information shared with the CoC based on this authorization may be re-disclosed and may no longer be protected by federal or state privacy laws. Not all organizations and persons have to follow these laws.
 - You have a right to a copy of this authorization once you have signed it. To obtain a copy, please ask the person who is interviewing you or contact the CoC at **(617) 573-1390**.
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SIGN BELOW IF AGREEING TO BE INTERVIEWED AND TO SHARING YOUR INFORMATION

I have read (or have been read) the authorization and I agree to and understand the following:

1. My responses to this interview, which consists solely of the completion of the Assessment Tool that is attached to this authorization, namely, the Coordinated Entry Vulnerability Tool. The last 4 digits of my Social Security number, collected for identification purposes, will be shared by the Interviewer with the CoC and the referral agency.
2. My participation in this interview and the Coordinated Entry System does not guarantee that I will be eligible for a service or program, such as a housing program. I understand that if I am eligible for a service or program, it does not guarantee that I will receive them.
3. The information I provide in the interview is true and complete to the best of my knowledge. I understand that the information I provide may be verified.
4. This authorization will remain in effect until it is otherwise revoked or terminated.

My signature (or mark) below indicates that I have read (or have been read) and agree to the statements above and I agree to be interviewed and for my information to be shared with the Network. It also indicates that I have received a copy of this Authorization Form.

Date

Signature (or mark) of Participant

Signature of Interviewer

IMPORTANT: The additional Authorization for Release of Confidential Information for Individuals and Families with Histories of Substance Use Disorders, which is below, needs to be completed for the entry of any drug or alcohol information in the Balance of State Coordinated Entry System or the release of such information to the Network.

List of Organizations that make up the Massachusetts Balance of State Continuum of Care

Action for Boston Community Development (ABCD) Advocates Inc.
Bay Cove
Boston Community Capital
Bread of Life
Bridgewell
Brookline Community Mental Health Center
Brookline Housing Authority
Cambridge Health Alliance (CHA) CAPIC Chelsea
Caritas Communities
CHA/Everett Community Health
City of Lowell
Commonwealth Land Trust Community Health Link
Community Service Network Community Teamwork Inc. (CTI)
Massachusetts Department of Housing and Community Development (DHCD) Massachusetts Department of Mental Health (DMH)
Massachusetts Department of Public Health (DPH)/Bureau of Substance Abuse (BSAS)
Massachusetts Department of Veterans Services (DVS) Massachusetts Department of Children and Families (DCF) Eliot Community Human Services
Emmaus
Father Bills & Mainspring
Family Promise Metrowest
Greater Lawrence Community Action Council;
Hallmark Health
HarborCOV Heading Home HomeStart
Housing Families
Housing Solutions of Southeastern MA
Just – a - Start
Justice Resources Institute Inc.
Massachusetts Housing and Shelter Alliance (MHSA)
Merrimac Valley YMCA
Metropolitan Boston Housing Partnership (MBHP)
Middlesex Human Service Agency including Bristol Lodge
Navicore Solutions
North Shore Community Action Program
Pine Street Inn
Psychological Center
Resources for Communities and People (RCAP) Seven Hills Behavioral Health
Somerville Homeless Coalition
South Middlesex Opportunity Council (SMOC)
The Neighborhood Developers
The Second Step
Veterans Administration
Veterans Inc.
Veterans Northeast Outreach Center
Vinfen
Way Finders, Inc.
Wayside Youth
Youth Harbors
YWCA of Greater Lawrence

COORDINATED ENTRY SYSTEM

BALANCE OF STATE CONTINUUM OF CARE

CONSENT TO PARTICIPATE AND AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION FOR INDIVIDUALS AND FAMILIES WITH HISTORIES OF SUBSTANCE USE DISORDERS

ABOUT THE COORDINATED ENTRY SYSTEM

You are invited to participate in the Coordinated Entry System of the Balance of State Continuum of Care (BoS CoC). The BoS CoC is funded by the federal Department of Housing and Urban Development (HUD) through the Massachusetts Department of Housing and Community Development (DHCD). The purpose of the BoS CoC is to establish and maintain HUD-funded housing programs for Homeless and Chronically Homeless individuals and families within its geographical area (most of Suffolk, Middlesex, and Norfolk counties). The purpose of the Coordinated Entry System is to identify Homeless and Chronically Homeless individuals and families and to place them in housing as quickly as possible. If you choose to participate in the BoS CoC Coordinated Entry System administered by DHCD, you will be assisted to find appropriate housing as quickly as possible. You will be offered Supportive Case Management services along with the housing to help you find and keep the services you need, such as primary health care, substance abuse treatment, and substance abuse recovery support services, to stay in the housing successfully.

Your participation in the Coordinated Entry System is strictly voluntary.

You do not have to take part in this program. If you do take part in this program, you can leave the program at any time. If you decide to participate in this program, then information about you will be collected so the program can help place you in housing. With your permission, your information will be shared only with organizations that will help find you a place to live. If you do not give your permission to share your information, you can still participate in the Coordinated Entry System, but that will limit the amount of help the Coordinated Entry System will be able to give you.

COLLECTION AND USE OF INFORMATION

SCREENING AND ASSESSMENT

With your permission, the Coordinated Entry System worker will do a face-to-face interview with you to help find out which housing programs fit your needs. That worker will ask questions about your substance use, about your medical and mental health issues, about where you have lived and worked, and about any involvement with the criminal justice system.

42 CFR PART 2 REQUIREMENTS

When the Coordinated Entry System collects information on you, the government requires that information to be protected. When that information includes information about substance abuse, a diagnosis of substance use disorder, or treatment for substance use disorder, then there are special requirements to protect your substance-use information. Those special requirements are described on the next page. Your information can be shared with other organizations only with your permission. It will be used only to help place you in housing. To do that, your information will be entered into DHCD's Coordinated Entry System's data system. If you consent, we would like you also to provide us with the name, address, and phone number of another individual who will know how we can get in touch with you.

We take steps to protect the privacy and the security of the information collected about you. Information regarding substance use and treatment collected about you for the BoS CoC Coordinated Entry System is protected under federal laws: Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR Parts 160 & 164). Your information cannot be shared without your permission, unless otherwise permitted by those laws.

I, _____,
(Print the name of the person giving consent to this release of information on the line above)
have read and fully understand this consent form and I wish to participate in the BoS CoC Coordinated Entry System.

I agree to the following:

- I authorize the BoS CoC Coordinated Entry System to do screening and assessment in order to refer me to appropriate housing programs;
- I understand that the BoS CoC Coordinated Entry System is required to collect information and enter that information into DHCD's Coordinated Entry System's data system; I agree to allow the BoS CoC Coordinated Entry System to collect my information and enter it into DHCD's Coordinated Entry System's data system;
- I also agree to provide my contact information and the contact information of someone else who will know how to get in touch with me for follow-ups and referrals to appropriate housing programs;
- I understand my information and records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR Parts 160 & 164); I understand my information cannot be shared without my written consent unless otherwise provided for in the laws and regulations;
- I agree information about my substance use disorder can be released and shared with the designated staff persons at the Coordinated Entry System and at one or more of the following organizations only to the extent that information is necessary for the referral System to housing programs appropriate for me:
 - Bay Cove Human Services/Kit Clark Senior Services;
 - High Point/SEMCOA;
 - The Institute for Health and Recovery;
 - Massachusetts Sober Housing Corporation;
 - South Middlesex Opportunity Council;
- I understand that I may cancel this consent at any time, except to the extent that action has been taken in reliance on it. I also understand that, in any event, this consent automatically expires 90 days upon the completion of my participation in the BoS CoC Coordinated Entry System. If I decide to cancel this consent before the automatic expiration date, I can do so by contacting the CoC Grants Coordinator at DHCD at:
1-617-573-1390.

I acknowledge that I have received a copy of this consent-to-release-information form.

Participant's Signature

Date

Staff Person's Signature

Date

Staff Person's Printed Name and Title: _____

Optional Contact Information: I authorize the CoC to contact the person whose contact information I have provided below who will know how to get in touch with me for follow-ups and referrals to appropriate housing programs.

Print Name: _____

Print Address: _____

Phone Number: _____

Email Address: _____

**Balance of State Continuum of Care Coordinated Entry System
Housing Preference Form**

Participant First Name	Participant Last Name	DOB (mm/dd/yyyy)
Interviewer's Name and Title	Interviewer's Organization	Date of Interview

This form will accompany your CE vulnerability and release forms to help us better understand what your housing needs and preferences are. The Balance of State Continuum covers a large geographic area and we understand that for you to be close to your support systems, some communities will work better for you than others. We also understand that some people may have communities that they cannot live in. Please check the box next to any community in which you could live and be close to your support systems. When doing so, remember that choosing fewer towns will decrease your housing opportunities, but it will not affect your standing on the referral list.

<input type="checkbox"/>	Acton	<input type="checkbox"/>	Arlington	<input type="checkbox"/>	Ashby	<input type="checkbox"/>	Ashland
<input type="checkbox"/>	Avon	<input type="checkbox"/>	Ayer	<input type="checkbox"/>	Bedford	<input type="checkbox"/>	Bellingham
<input type="checkbox"/>	Belmont	<input type="checkbox"/>	Billerica	<input type="checkbox"/>	Boxborough	<input type="checkbox"/>	Braintree
<input type="checkbox"/>	Brookline	<input type="checkbox"/>	Burlington	<input type="checkbox"/>	Canton	<input type="checkbox"/>	Carlisle
<input type="checkbox"/>	Chelmsford	<input type="checkbox"/>	Chelsea	<input type="checkbox"/>	Cohasset	<input type="checkbox"/>	Concord
<input type="checkbox"/>	Dedham	<input type="checkbox"/>	Dover	<input type="checkbox"/>	Dracut	<input type="checkbox"/>	Dunstable
<input type="checkbox"/>	Everett	<input type="checkbox"/>	Foxborough	<input type="checkbox"/>	Framingham	<input type="checkbox"/>	Franklin
<input type="checkbox"/>	Groton	<input type="checkbox"/>	Holbrook	<input type="checkbox"/>	Holliston	<input type="checkbox"/>	Hopkinton
<input type="checkbox"/>	Hudson	<input type="checkbox"/>	Lawrence	<input type="checkbox"/>	Lexington	<input type="checkbox"/>	Lincoln
<input type="checkbox"/>	Littleton	<input type="checkbox"/>	Lowell	<input type="checkbox"/>	Malden	<input type="checkbox"/>	Marlborough
<input type="checkbox"/>	Maynard	<input type="checkbox"/>	Medfield	<input type="checkbox"/>	Medford	<input type="checkbox"/>	Medway
<input type="checkbox"/>	Melrose	<input type="checkbox"/>	Millis	<input type="checkbox"/>	Milton	<input type="checkbox"/>	Nahant
<input type="checkbox"/>	Natick	<input type="checkbox"/>	Needham	<input type="checkbox"/>	Newton	<input type="checkbox"/>	Norfolk
<input type="checkbox"/>	Norwood	<input type="checkbox"/>	Pepperell	<input type="checkbox"/>	Plainville	<input type="checkbox"/>	Randolph
<input type="checkbox"/>	Reading	<input type="checkbox"/>	Revere	<input type="checkbox"/>	Sharon	<input type="checkbox"/>	Sherborn
<input type="checkbox"/>	Shirley	<input type="checkbox"/>	Somerville	<input type="checkbox"/>	Stoneham	<input type="checkbox"/>	Stoughton
<input type="checkbox"/>	Stow	<input type="checkbox"/>	Sudbury	<input type="checkbox"/>	Tewksbury	<input type="checkbox"/>	Townsend
<input type="checkbox"/>	Tyngsboro	<input type="checkbox"/>	Wakefield	<input type="checkbox"/>	Walpole	<input type="checkbox"/>	Waltham
<input type="checkbox"/>	Watertown	<input type="checkbox"/>	Wayland	<input type="checkbox"/>	Wellesley	<input type="checkbox"/>	Westford
<input type="checkbox"/>	Weston	<input type="checkbox"/>	Westwood	<input type="checkbox"/>	Winchester	<input type="checkbox"/>	Winthrop
<input type="checkbox"/>	Woburn	<input type="checkbox"/>	Wrentham	<input type="checkbox"/>		<input type="checkbox"/>	

We also know that people do better in different types of housing. Please check the box for those types of housing that you believe will be successful for you.

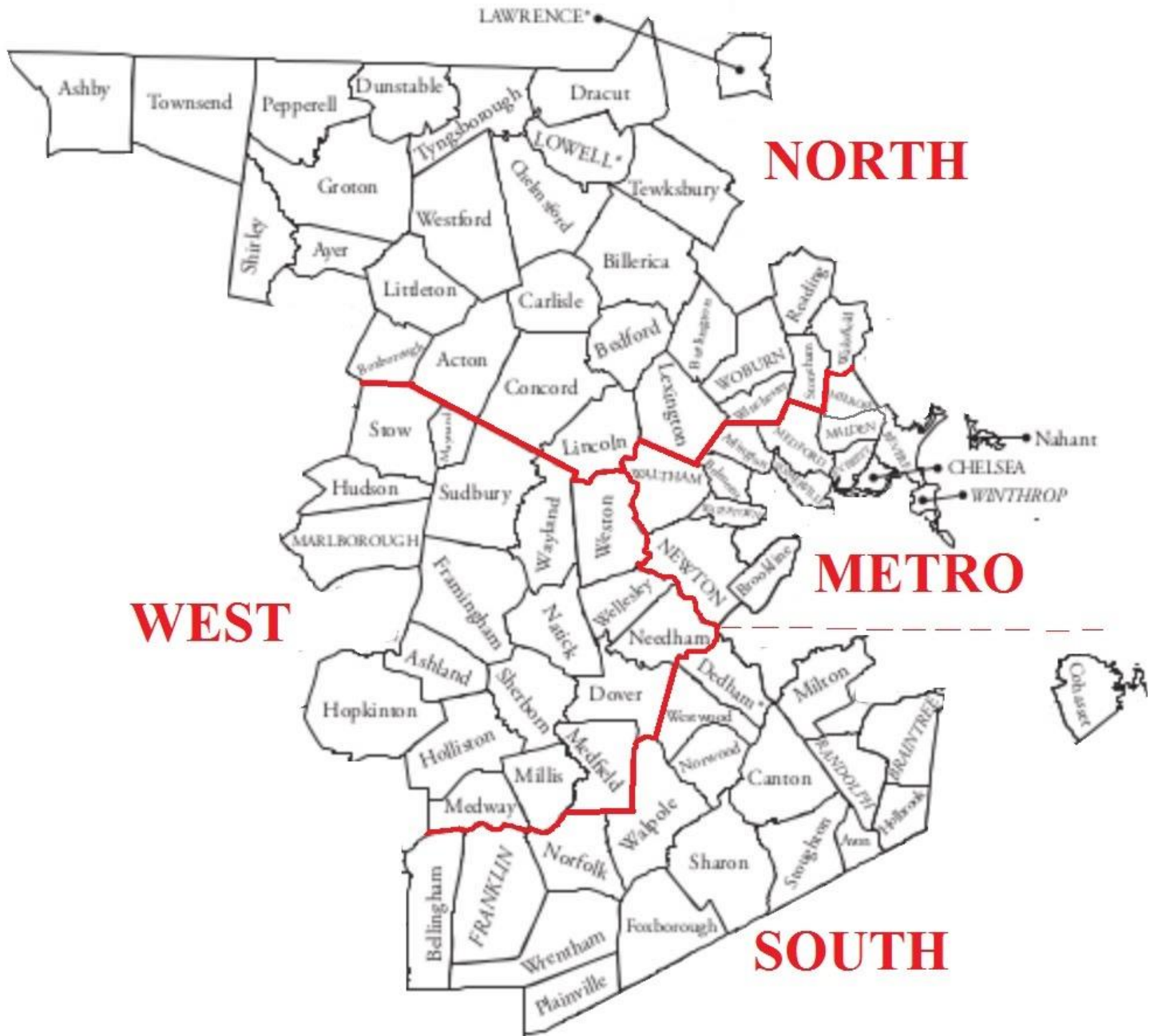
☐ SROs ☐ Congregate ☐ Clustered units ☐ Scattered Site


Rapid Rehousing helps with rent, security deposit and other financial needs as well as supportive services to help people enter into an apartment. Both the financial assistance and supportive services end within six months of entering the apartment. **Check the box if you would be interested in Rapid Rehousing** ☐

Finally, we know that some people have very specific needs related to their disabilities. Please check if you need any of the following:

☐ Handicapped Accessible Unit ☐ First Floor unit
☐ Devices for the hearing Impaired ☐ Devices for the Visually Impaired

Balance of State Continuum of Care Coordinated Entry System
Housing Preference Form



From: Michelle Daniels MDaniels@smoc.org 
Subject: FW: Pre-assessment for Shelter / Opportunity Center Services
Date: February 14, 2018 at 12:40 PM
To: Adrienne Cassidy ACassid@advocates.org

MD

In order to apply for SMOC services, as a single individual with no children in household, please fill out the Pre-assessment, warrant release form and fax to 508-620-2472 with a copy of photo id.

The other attachments are a listing of catchment area (cities a client would need to be from in order to be eligible for our shelters), shelters other than SMOC, landlords in the Framingham area and some charities that may be of help.

The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you receive this in error, please contact the sender and delete the material from any computer.



catchment
area.docx



List of
Shelters.xlsx



Landlords in
Marlboro.doc



HCEC resource
guide.pdf



new warrant
release.docx



Preassessment
(OCT2017).docx



METROWEST CATCHMENT AREA

1. Acton
2. Ashland
3. Bellingham
4. Boxborough
5. Concord
6. Dedham
7. Dover
8. Framingham
9. Franklin
10. Holliston
11. Hopkinton
12. Hudson
13. Lincoln
14. Littleton
15. Marlborough
16. Maynard
17. Medfield
18. Medway
19. Milford
20. Millis
21. Natick
22. Needham
23. Northborough
24. Norwood
25. Sherborn
26. Southborough
27. Stow
28. Sudbury
29. Upton
30. Walpole
31. Wayland
32. Wellesley
33. Westborough
34. Weston
35. Westwood

List of Shelters

Provided by the Opportunity Center at SMOC

shelterlistings.org

Shelter	Street	City	Telephone	Accepts
Rosie's Place	889 Harrison Avenue	Boston	617-442-9322	Female
Long Island Shelter	South Hampton Street	Boston	617-534-6100	Male
Pine Street Inn	363 Albany Street	Boston	617-892-9100	Female
Pine Street Inn	444 Harrison Avenue	Boston	617-482-4944	Male
Homeless Services'	Boston Harbor	Boston	617-534-2526	Male
Woods Mullen Shelter	794 Mass Avenue	Boston	617-534-7100	Female
First Church Shelter	11 Gardan Street	Cambridge	617-661-1873	Male
Lutheran Shelter	66 Winthrop	Cambridge	617-547-2841	Co-Ed
Salvation Army	402 Mass Avenue	Cambridge	617-547-3400	Male
Shelter Inc	109 School St	Cambridge	617-547-1885	Male
Our Father's House	55 Lunenburg Street	Fitchburg	978-345-3050	Co-Ed
Daybreak	10 Winter Street	Lawrence	978-975-4547	Male
Middlesex Shelter-LTLC	193 Middlesex Street	Lowell	978-458-9888	Co-Ed
Sister Rose	71 Division	New Bedford	508-997-3202	Male
Father Bill's Place	38 Broad Street	Quincy	617-770-3314	Co-Ed

List of Shelters
Provided by the Opportunity Center at SMOC

[illegible]

➤ **CHARITABLE ORGANIZATIONS**

Blessed John Paul II.....508-765-3701

279 Hamilton Street, Southbridge MA

*Distribution: Tuesday 3pm-5pm; Thursday from 10am-12noon

*Senior Program: 2nd and 4th Wednesday 10am to 11:15am

Has utility programs when funding is available.

Catholic Charities.....508-647-5638

5 Wilson St. Natick MA 01760

*Helps families with emergency financial assistance

www.ccab.org

Catholic Charities.....508-478-9632

126 Main Street, Milford MA 01757

*1-800-649-4364

*Helps families with emergency financial assistance

www.ccab.org

Catholic Charities.....508-234-3800

9 Spring Street, Whitinsville MA 01588

*1-800-649-4364

*Helps families with emergency financial assistance

www.ccab.org

Marlborough Community Cupboard.....888-811-3291 x4902

Walker Building

255 Main Street, #113, Marlborough MA 01752

*Hours: Monday, Wednesday, Friday, 9am-1pm & Wed 5pm-7pm

*Distributes donated food; used clothing & household items FREE

*Marlborough residents ONLY

Medway Village Food Pantry.....508-533-6401

170 Village Street, Medway MA 02053

*Hours: Every Wednesday 3:45pm-4:45pm

Salvation Army.....508-473-0786

29 Congress Street, Milford MA 01757

*Distribution Available: Monday through Thursday, 9am to 4pm // Friday 4-7pm

*Based upon funding, they offer crisis housing and utility help. Currently, they can help with up to one month's rent

*Serving Milford, Mendon, Hopedale residents

Salvation Army.....508-875-3341

35 Concord Street, Framingham, MA 01702

*Hours: Monday – Saturday 9am-9pm

HCEC SMOC – Resources Guide – March 2016

- *Personal, Social counseling for families and individuals.
- *Emergency Financial Aid
- *Framingham residents only
- *"Good Neighbor Energy Fund" Provides fuel assistance based on income
- *Free supper available Sunday through Friday at 6pm

Salvation Army.....978-342-3300

739 Water Street, Fitchburg MA 01420

*Distribution: Monday through Friday 9am until 12pm & 1-4pm. PLEASE CALL FOR

APPOINTMENT

- *Rental assistance
- *Utility assistance
- *Program for at risk teens
- *Thanksgiving and Christmas list (for single people)
- *Summer Fun program – Young children

The Society of St. Vincent de Paul.....508-879-7873

444 Franklin Street, Framingham MA 01702

The Society of St. Vincent de Paul – STOUGHTON.....781-344-3100

18 Canton Street, Stoughton, MA 02072

*FAX: 781-341-4560

Thrift Store.....508-875-9106

215 Worcester Road, Rt. 9, Framingham MA 01702

*Hours: Monday – Saturday 9:30-5pm

Thrift Store.....508-234-4439

135 Providence Rd, Northbridge MA

United Neighbors of Fitchburg.....978-342-2069

Cleghorn Neighborhood Center: CNC

18 Fairmont Street, Fitchburg MA 01420

*Distribution: Tuesday and Thursday, 9:30am to 12pm. Appointments available for working clients. CALL FIRST

- *After Scholl Programs (5-12 year olds)
- *Clothes Closet
- *Classes: GED, ESL, Citizenship, Computer (starting 9/14), Spanish
- *Immigration Services (once a month)
- *Furniture Referrals
- *Computer Lab
- *Translation of Forms
- *Sach assistance when funds are available

United Way.....508-872-3291

46 Park St # 2 Framingham, MA 01702

Landlords in Marlboro/Framingham/Ashland/Milford

McKinnon Properties-Hudson	978-562-7542
Mano-Olvaro	774-286-9775
	774-286-1482
Mitrakas Properties	508-303-8600
Pearl St. Lodging, Framingham	508-314-0295
38 Maple St. Marlboro	508-481-1519
Mike Riggerio	508-476-8260
AMG Studios	508-485-1704
Milford Apartments	508-478-0768
MacDonald Hotel \$130 week	508-481-2646
Touchstone Apartments	508-485-0877
Jimmy-Framingham	508-922-2470
Jerry Dumais	508-481-1519
Andrea's BB Realty	508-485-7546
Martin Reilly Realty	781-894-2581



Opportunity Center Assessment Form

Date_____

First_____Last_____Middle_____

Address: _____City/Town_____Zip_____

☐ Permanent ☐ Temporary(friend/family) ☐ Mailing Only ☐ Other_____

Housing type: ☐ Own ☐ Rent ☐ Homeless

Where have you lived for the past year? _____

Phone Number: _____Alternate Number: _____

Date of Birth: _____ / _____ / _____ Social Security: _____ - _____ - _____

What services are you seeking from the Opportunity Center? **(Check all that apply)**

☐ Shelter ☐ Housing/ Single Room Occupancy ☐ Employment ☐ ESL/ESOL classes ☐ GED/Hiset classes

Person completing this form **(if other than individual seeking services):**

Name: _____ Relationship: _____

Contact Phone Number: _____ Agency (if applicable): _____

Gender ☐ Male ☐ Female ☐ other _____ ☐ unknown/not reported _____

Please indicate your race/ethnicity: ☐ Amer. Indian/Alaskan Native ☐ Asian ☐ Black/ African American

☐ Hawaiian or Pacific Islander ☐ White ☐ Multi Race ☐ Other _____

Are you Hispanic/Latino/ Spanish origin? ☐ Yes ☐ No

What is your Military status? ☐ Veteran ☐ Active Military ☐ unknown/not reported?

Do you have a disabling condition? ☐ Yes ☐ No

What is your marital status? ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Are you pregnant? ☐ Yes ☐ No Due date _____

What is the highest level of education you completed? _____

Are you currently enrolled in school? ☐ Yes ☐ No

Is English your first language? ☐ Yes ☐ No if no, what language do you speak?

What is your current work status?

☐ Employed Full-time ☐ Employed Part-time ☐ Unemployed ☐ Unemployed (short term 6 mos or less)
☐ Unemployed (long-term more than 6 mos) ☐ Retired ☐ Migrant Seasonal Framer

Please check all your household's CASH INCOME sources

☐ Wages ☐ Unemployment ☐ Self-employed ☐ SSI ☐ SSDI ☐ VA service connected disability ☐ VA non-
service connected disability pension ☐ Private disability insurance ☐ Worker's Comp ☐ Retirement income
from Social security ☐ Pension ☐ Child support ☐ Alimony/spousal support ☐ TAFDC ☐ EAEDC ☐ Earned
Income Tax credit
☐ Support (Child/Alimony) ☐ Fuel Assistance ☐ No Income
Other _____

What is your total monthly income? : \$ _____

Place of Employment _____

Please check all of your household's NON-CASH BENEFITS

☐ SNAP ☐ WIC ☐ LIHEAP ☐ Housing Voucher ☐ Public Housing ☐ Permanent Supportive Housing ☐ HUD-
VASH ☐ Childcare Voucher ☐ Affordable Care Act subsidy ☐ unknown/not reported

Have you been homeless for 1 year, or 4 times in 3 years? ☐ Yes ☐ No

Do you have a safe place to stay tonight? ☐ Yes ☐ No

When will you need a place to stay (date)? _____

Are you looking for a sober environment? ☐ Yes ☐ No

Do you consider yourself: ☐ abstinent ☐ a social drinker ☐ a daily drinker ☐ in recovery/sober

Are there any communities where you do not feel safe? ☐ Yes ☐ No If yes please explain _____

Do you have any physical health limitations? ☐ Yes ☐ No

Are you able to climb stairs? ☐ Yes ☐ No

Can you get on a top bunk?

☐ Yes ☐ No

Do you have health insurance?

☐ Yes ☐ No

Please check all types of insurance

☐ Medicaid/ Mass Health ☐ Medicare ☐ State Children's Health insurance program ☐ State Health insurance for Adults ☐ Military Healthcare ☐ Direct Purchase ☐ Employment based ☐ unknown/not reported

Do you have any immediate health concerns that need to be addressed?

☐ Yes ☐ No

Do you have a PCP? ☐ Yes ☐ No

Are you aging out of DCF, DYS, DMH or special education services?

☐ Yes ☐ No

Have you had an inpatient level of care in the last year (e.g.: emergency room or detox?) ☐ Yes ☐ No

Fax to The Opportunity Center 508-620-2472

*** Please attach a copy of your Picture ID**

For Staff use:



Authorization to obtain warrant check

I _____ /_____/_____
(name) (date of birth) (SS#)

am currently applying for/receiving services from the South Middlesex Opportunity Council. It is my understanding that my name, date of birth and social security number will be shared with the Framingham Police Department for the sole purpose of checking any outstanding warrants I may have.

Client Signature Date

Staff Signature Date