

**Fax referral to: 617-638-6175 (Cover letter is not necessary)  
For information or follow up call Kip Langello 617-414-1642**

**Referral Intake  
Elders Living At Home Program**

Date of Referral \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Soc Sec #: \_\_\_\_\_ Res. Alien #: \_\_\_\_\_

Male  Female Veteran:  Yes  No

Ethnicity:  Hispanic/Latino  NON-Hispanic/Latino

Race:  Black/African American/Caribbean  White/Caucasian  Asian  
 Other \_\_\_\_\_

Marital Status:  Single  Divorced  Widowed  Married

English Speaking?  Yes  No If no, primary language \_\_\_\_\_

Disabled:  Yes  No If yes, disability \_\_\_\_\_

Homeless  Yes  No If yes, for how long: \_\_\_\_\_  
If no, is client at risk of becoming homeless?  Yes  No

Has client been homeless for more than 1 year, or 4 or more times in last 3 years?  Yes  No

*Current living situation:*

Shelter (Which one: \_\_\_\_\_) How long \_\_\_\_\_?

Program (Which one: \_\_\_\_\_) How long \_\_\_\_\_?

Streets  Apartment  With Friends/Family  Other: \_\_\_\_\_

**Referring Person or Agency**

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Reasons for applying (please provide as much information as possible)**

Why is client interested in applying to Elders Living at Home Program now?

If client is homeless, please explain why client is homeless and for how long.

What does client/referring case manager see as client's barriers to finding/maintaining housing?

Is there any other information you feel we should know in order to understand the client?

**Housing History and Search**

Please list client's addresses for the past 5 years. Include dates when client lived there and landlord's name, if client knows it. Also include stays at homeless shelters and or on the streets.

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Does client owe any unpaid rent to any landlord (public housing authority or private management company)?

- Yes  No If so, please list amount: \_\_\_\_\_  
to whom: \_\_\_\_\_  
from when: \_\_\_\_\_

Has client ever had subsidized/public housing?

- BHA  Section 8  Other subsidized housing  Not sure  No  
If so, when and where? \_\_\_\_\_

Has client ever been evicted?

- Yes  No If so, was it from subsidized/public housing?  Yes  No  
Please explain when and why:

Has client ever been to housing court?

- Yes  No If so, please explain why and what happened:

Does client have any current housing applications with anyone (public or private housing)?

- Yes  No If so, please list:

Is client working with any housing search agencies (such as HEARTH, HomeStart, etc.)?

- Yes  No If so, please list:

Will client accept first appropriate housing opportunity offered:  Yes  No

*Please check **all housing types** that client is willing to accept:*

- SRO  Studio  1-Bedroom  Room in congregate living  
 Shared bathroom  Shared kitchen  
 Assisted Living  Nursing Home

**Credit History**

Has client ever declared bankruptcy?  Yes  No If so, when: \_\_\_\_\_

Does client have any current debt?  Yes  No If so, please list amount and to whom.

**Criminal History:**

Please list all convictions/pleas along with dates:  None (client's initials)\_\_\_\_\_

Any open cases or outstanding warrants?  Yes  No If so, please explain:

Is client a registered sex offender?  Yes  No

**Documents:**

Please check all of the following documents that the client currently has:

- Birth Certificate
- Massachusetts Photo ID
- Social Security Card
- Health Insurance Card
- DD-214 (if veteran)

**Benefits/Financial**

Does client receive any income from any of these sources?

(Check all that apply and list amount)

- SSI \_\_\_\_\_
- SSDI \_\_\_\_\_
- Social Security Retirement \_\_\_\_\_
- Veteran's Disability/Pension \_\_\_\_\_
- EAEDC \_\_\_\_\_
- Employment Income \_\_\_\_\_
- Other \_\_\_\_\_

Does client receive food stamps?  Yes  No If so, how much: \_\_\_\_\_

Does client have a bank account?  Yes  No If so, what bank? \_\_\_\_\_

We often ask clients to accept the services of a rep payee agency, particularly if client has any unpaid rent or other bills. Will client accept services of rep payee **if this is a condition of entering the program?**  Yes  No

**Medical**

Primary Care Provider

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical Care Facilities Used:  BMC     MGH     Tufts-NEMC     Carney Hospital  
 Health Care for the Homeless     Brigham & Women's     Beth Israel  
 Other \_\_\_\_\_

Insurance:  MassHealth     Medicare     Other: \_\_\_\_\_

Please list all ongoing and past **medical** issues/diagnoses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any hospitalizations in the last 12 months (when, where and why):

\_\_\_\_\_  
\_\_\_\_\_

Please list all ongoing and past **psychiatric** issues/diagnoses:

\_\_\_\_\_  
\_\_\_\_\_

Please list any **psychiatric** hospitalizations in the last 12 months (when, where and why):

\_\_\_\_\_  
\_\_\_\_\_

**Medications**

Please list all prescribed and over-the-counter medications that client is taking or is supposed to be taking. **(Include dose)**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Substance Addictions:**

**Alcohol**

Does client have CURRENT **alcohol** addiction/abuse:       Yes    No

Does client have PAST **alcohol** addiction/abuse:       Yes    No

    If yes, how long has client been sober? \_\_\_\_\_

**Drugs**

Does client have CURRENT **drug** addiction/abuse:       Yes    No

    If yes, which drugs? \_\_\_\_\_

Does client have PAST **drug** addiction/abuse:       Yes    No

    If yes, which drugs? \_\_\_\_\_

    How long has client been clean? \_\_\_\_\_

**Support**

If substance abuse history, does client attend AA/other support group meetings?    Yes    No

    If yes, how often? \_\_\_\_\_

Does client smoke cigarettes?    Yes    No    If so, how much? \_\_\_\_\_



## **Release of Information**

### **Elders Living At Home Program Elder Residential Assessment & Placement Program**

I, \_\_\_\_\_ (*applicant's name*)  
as Applicant to the Elders Living At Home Program, give permission for all of the following  
people/agencies:

- My Primary Care Provider,
- All healthcare or mental health providers from whom I have received services in the last 12 months,
- All Homeless Shelters where I have stayed in the last 12 months,
- All programs (i.e. substance abuse or mental health) in which I have been a participant in the last 12 months,
- All landlords, current and former,
- All agencies, authorities and landlords to whom I have applied for housing in the last 12 months,
- The case manager who referred me to the Elders Living At Home Program

to give information about myself to:

Allison Neff RN, Roger Arrendol, Kip Langelo and Eileen O'Brien  
of the Elders Living At Home Program.

I also give permission for the Elders Living At Home Program to give information about me (that they feel is pertinent to my participation in the Elders Living At Home Program) to the above agencies/people.

I understand that a copy of the original form/signature is valid. I understand that this consent is subject to revocation, in writing, at any time, unless action based on it has already begun. This authorization expires one year from today's date. It is understood that this information is confidential and should be treated as such by the parties named herein.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date