

## About Living Well At Home

[Living Well At Home \(LWAH\)](#) is Boston Medical Center’s housing services department. Since 1986, LWAH has worked with clients to break cycles of homelessness and housing instability. Through individualized, long-term case management, our Housing and Community Support Specialists support clients with pre- and post-tenancy activities.

## LWAH Program Eligibility

Program	Description	Eligibility Criteria
<b>Community Support Program for Homeless Individuals (CSP-HI)</b>	Long-term intensive housing case management services and social work support	<ul style="list-style-type: none"> <li>▪ Chronically homeless OR homeless and a high utilizer of the emergency room (4+ visits in past 12 months) or inpatient medical or behavioral facilities (3+ visits in past 12 months)</li> <li>▪ Ability to document unsheltered or sheltered homelessness (documentation does not need to be in place for a referral)</li> <li>▪ WellSense member</li> </ul>
<b>Health-Related Social Needs Housing Search Services</b>	12+ month housing search and stabilization services	<ul style="list-style-type: none"> <li>▪ Ability to document unsheltered or sheltered homelessness (documentation does not need to be in place for a referral)</li> <li>▪ WellSense or MGB ACO member</li> <li>▪ Over the age of 55</li> </ul>
<b>Health-Related Social Needs Housing Navigation Services</b>	6 month homelessness prevention services	<ul style="list-style-type: none"> <li>▪ At risk of homelessness documented by a written lease violation (documentation does not need to be in place for a referral)</li> <li>▪ WellSense or MGB ACO member</li> <li>▪ High utilizer of the emergency room (4+ visits in past 12 months OR 2+ visits in past 6 months)</li> </ul>
<b>Boston Office of Housing Stability Homelessness Prevention Services</b>	6-18 month homelessness prevention services	<ul style="list-style-type: none"> <li>▪ At risk of eviction or displacement for any reason</li> <li>▪ Boston residents</li> <li>▪ Extremely low-income</li> <li>▪ <i>**Note that most referrals are filled directly by the City of Boston, but sometimes there is capacity to take on referrals directly</i></li> </ul>
<b>Housing services for Older Adults</b>	12+ month housing search and stabilization services	<ul style="list-style-type: none"> <li>▪ At risk of homelessness or experiencing homelessness</li> <li>▪ Over the age of 55</li> <li>▪ <i>**Note that we currently have a 100+ person and 6-month minimum waitlist for these services</i></li> </ul>
<b>Rapid Re-Housing for Individuals exiting SUD treatment</b>	12+ month housing search and stabilization + 12 months rental assistance	<ul style="list-style-type: none"> <li>▪ Exiting SUD treatment, with a history of homelessness in Boston</li> <li>▪ Referrals done directly through the City of Boston through this <a href="#">form</a></li> <li>▪ Specific treatment center information and homeless verification required for referral</li> </ul>

## How to submit a referral

Complete the form on the back of this document with as much information as possible, and send a copy to [Housing.FAQ&Referrals@bmc.org](mailto:Housing.FAQ&Referrals@bmc.org). If you are a BMC provider, **you may submit an** Epic ambulatory referral to the “Living Well at Home Program”.

**Clients must be informed that you are submitting a referral on their behalf.** We may need to reach out to clients to get more information.

## What happens after a referral submission

1. LWAH reviews referrals weekly. The LWAH team will contact the referral source within 5-10 business days.
2. If you do not hear from LWAH within 14 business days, or if it is regarding an imminent eviction (with a court action scheduled within 5 business days), please send an email to check on the referral status.

## Once a referral is accepted

1. The new client is assigned to a case manager, or is placed on a wait list\*.
2. As part of the housing application process, clients will be REQUIRED to provide vital documents and provide a verifiable 5 year housing history.

**\*There is high demand for our services and even if a client is eligible, they may be placed on a waitlist.**

**Referral Form for Living Well At Home (LWAH)**

Check box if client facing imminent eviction

<b>Date of referral</b>	
<b>Client's Name</b>	
<b>Client's Phone #</b>	
<b>Client's Email</b>	
<b>Client address or where staying</b>	
<b>DOB</b>	
<b>Age</b>	
<b>Social Security #</b>	
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary
<b>Race (select 1)</b>	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> Biracial or Multiracial <input type="checkbox"/> Not Reported/Race not listed
<b>Hispanic or Non-Hispanic</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<b>Veteran Status</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Citizen/Legal Resident</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Client Preferred Language</b>	
<b>Can client read/understand <u>written</u> documents?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Disability</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what disability? _____
<b>Does client have income?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes (amount: _____) If yes, what type (earned, social security, etc.)? _____
<b>Reason(s) for referral</b>	<input type="checkbox"/> Client is homeless and in a shelter <input type="checkbox"/> Client is homeless and not in a shelter <input type="checkbox"/> Client is at risk for losing housing (eviction) <input type="checkbox"/> Other _____
<b>Referred by (name)</b>	
<b>Referring agency</b>	
<b>Referral phone #</b>	
<b>Referral email</b>	
<b>Date of last contact w/ client</b>	

**Continue to fill out for ALL APPLICANTS**

**Health Related Criteria**

<b>Does client have MassHealth?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does client have Medicare?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is client a member of one of the following ACOs?</b>	<input type="checkbox"/> WellSense Community Alliance (BACO) <input type="checkbox"/> WellSense Community Care Alliance (Tufts WellSense) <input type="checkbox"/> East Boston Neighborhood Health WellSense Alliance <input type="checkbox"/> WellSense BILH Performance Network ACO <input type="checkbox"/> Mass General Brigham ACO
<b>What is the client's health insurance plan?</b>	
<b>Is client a frequent utilizer of the Emergency Department, Urgent Care or inpatient care?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the client have a behavioral health diagnosis?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes ( _____ )
<b>Has the client ever engaged with, or applied to Department of Mental Health (DMH) services?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is client engaged with their medical care team or PCP?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is client pregnant or up to 2 mos. postpartum?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is client able to manage ADLs independently?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Criminal History**

<b>Does client have any criminal convictions?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does client have any open criminal cases or outstanding warrants?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the client a registered sex offender?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Substance Use:** Please fill out for each substance below

<b>Alcohol use</b>	<input type="checkbox"/> Active <input type="checkbox"/> Past use <input type="checkbox"/> Never <input type="checkbox"/> Unsure
<b>Cocaine</b>	<input type="checkbox"/> Active <input type="checkbox"/> Past use <input type="checkbox"/> Never <input type="checkbox"/> Unsure
<b>Opioid</b>	<input type="checkbox"/> Active <input type="checkbox"/> Past use <input type="checkbox"/> Never <input type="checkbox"/> Unsure
<b>Cigarettes, e-cigarettes, cigars, or other tobacco/nicotine products</b>	<input type="checkbox"/> Active <input type="checkbox"/> Past use <input type="checkbox"/> Never <input type="checkbox"/> Unsure

**Continue to fill out for ALL APPLICANTS**

**Emergency and Social Supports**

Please fill out a row for any of client's family members, friends, or other kin currently providing support of any kind (Support includes financial, emotional, assistance with daily activities, etc.)

<b>Emergency Contact</b>	
Name _____	Relationship _____
Email _____	Phone # _____
<b>Support 1</b>	
Name _____	Relationship _____
Email _____	Phone # _____
Kind of support _____	

**Documents**

Please indicate whether you/your agency has a copy of the following documents. If we take on the client, we may ask for you to send us a copy as they are crucial to securing housing.

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Resident/Green Card or other immigration papers
<input type="checkbox"/> Valid Massachusetts Photo ID	<input type="checkbox"/> Passport
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Proof of any income or benefits (i.e. DTA/Food Stamps)

**Please provide details (1-3 sentences) about person's housing situation and how it may be affecting their health:**

**Fill out if client is HOMELESS**

<b>How long has the client been homeless?</b>	
<b>Is client <u>currently</u> Chronically Homeless</b> (homeless for more than 1 year, or 4 or more times in last 3 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What best describes client's current living situation?</b>	<input type="checkbox"/> Unsheltered (streets) <input type="checkbox"/> Sheltered at _____ <input type="checkbox"/> Program at _____ <input type="checkbox"/> With friends/family <input type="checkbox"/> Other _____
<b>Additional comments related to homelessness?</b>	

**Fill out if applicant is CURRENTLY HOUSED**

<b>Is client at risk of losing housing?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes (reason _____)
<b>Has clients received a Notice to Quit?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes (reason _____) (Date of notice _____)
<b>Has tenant received Summary Process Notice?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes (reason _____) (Court Date _____)
<b>Current Housing type</b>	<input type="checkbox"/> Project based <input type="checkbox"/> Voucher <input type="checkbox"/> Market rate apartment
<b>How long has the client lived there?</b>	
<b>What is the client's current rent amount?</b>	
<b>Does landlord say that client owes unpaid rent?</b>	<input type="checkbox"/> Yes (amount _____) <input type="checkbox"/> No
<b>Has a place to go if housing is lost?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional comments related to possible eviction?</b>	