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.

_____

_____

_____

_____

_____

_____

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 Langello 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