



**Commonwealth of Massachusetts**  
*Executive Office of Health and Human Services*  
**Department of Transitional Assistance**  
600 Washington Street • Boston, MA 02111

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**Field Operations Memo 2005-40**  
**August 26, 2005**

**To:** Transitional Assistance Office Staff

**From:**  Cescia Derderian, Assistant Commissioner for Field Operations

**Re:**  Revision to the TES-EPR-1 Form

**Purpose of Memo**

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When a family is found to be presumptively eligible for shelter placement, this information must be entered on the Emergency Placement Request (TES-EPR-1) form prior to submitting the form to Central Office Housing and Homeless Services Unit (H&HS).

The EA Eligibility Status data in the Family Demographics section of the form (section B) has been amended to include Presumptive EA Eligibility.

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**TES-EPR-1 Form**

The TES-EPR-1 form has been revised (Attachment A). Please discard the obsolete version of the form.

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**Questions**

If you have any questions, please have your Hotline designee call the Policy Hotline at 617-348-8478.

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Massachusetts Department of Transitional Assistance  
**Emergency Placement Request**

Attachment A

**A.** TAO Contact Person \_\_\_\_\_  
Date of Placement Request \_\_\_\_\_ Telephone # \_\_\_\_\_  
TAO Name \_\_\_\_\_ Fax # \_\_\_\_\_

**ALL INITIAL PLACEMENT REQUESTS MUST BE RECEIVED BY HOUSING UNIT BY 4:00 P.M.**

**B. Family Demographics**

Male  
 Female

Recipient Name \_\_\_\_\_ Recipient SSN \_\_\_\_\_  
Last First  
Children (Circle boy or girl AND indicate age) boy/girl \_\_\_\_\_ boy/girl \_\_\_\_\_ boy/girl \_\_\_\_\_  
boy/girl \_\_\_\_\_ boy/girl \_\_\_\_\_ boy/girl \_\_\_\_\_  
Other Adult Name \_\_\_\_\_ (Circle) None Husband Wife Other Parent Other \_\_\_\_\_  
Specify Relationship  
EA Eligibility Status (Circle one) TAFDC EA Only Presumptive EA Eligibility

Detailed Description for Current Reason for Homelessness (See Section B on reverse side.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Permanent Address \_\_\_\_\_  
City State \*Country, if outside USA

Town of Recipient's Employment \_\_\_\_\_

Check to indicate abuse or domestic violence within the past year.

Circumstances Affecting Placement

Medical  Transportation  Employment  Termination from Current Shelter  Other  
 School  Language  Domestic Violence  Transfer from Current Shelter

Describe \_\_\_\_\_  
\_\_\_\_\_

**C. Placement Information** (Completed by Central Office Housing and Homeless Services Unit)

Shelter Placement \_\_\_\_\_ Vendor # \_\_\_\_\_  
Shelter Address \_\_\_\_\_ Greater than 20 miles  yes  no  
Shelter Telephone \_\_\_\_\_ Unit Rate \_\_\_\_\_ # of Rooms \_\_\_\_\_ Effective Date of Placement \_\_\_\_\_

**D. Exit Disposition** Shelter Exit Date \_\_\_\_\_ Exit Reason \_\_\_\_\_ Type of Housing Moved Into \_\_\_\_\_  
(See Section D on reverse side.) (See Section D on reverse side.)

New Address \_\_\_\_\_  
(Street, City and State)

**E. Signature** \_\_\_\_\_  
TAO Approval Person's Signature Date

Fax to Central Office Housing and Homeless Services Unit 617-348-5585 Attn: Arline Porter and call Arline Porter at 617-348-5373  
(See reverse side for instructions on completing the form.)

## Instructions for Form Completion

The TAO Director and/or Designee is to complete **ALL** necessary sections of the *Emergency Placement Request* form:

- whenever an eligible family is requesting Emergency Placement through Central Office Housing and Homeless Services (H&HS) into a shelter; or
- exit information is available.

The *Emergency Placement Request* form must have a TAO approval signature.

### Section A

**Identifies the date of this placement request made by the TAO on behalf of an eligible family (this date does not change unless there is a break in the homelessness). Identifies the local TAO name, contact person, telephone number and fax number of the TAO/CP.**

### Section B

Identifies some demographics of the family requesting emergency placement, specifically: the recipient's name, SSN, age and sex (circle either boy or girl) of child(ren), whether or not there is another adult and the adult's name and relationship, the last permanent address, town of employment, if there has been abuse/domestic violence within the past year and special circumstances that affect placement, such as, a wheelchair, cannot climb stairs, gang issues, etc.

The TAO Director and/or Designee must identify the type of assistance the recipient is currently receiving by circling one of the following: TAFDC, EA only or Presumptive EA Eligibility.

### NOTE:

In the event the demographic information changes during the course of the placement, the TAO Director and/or Designee should call H&HS to report the changes and the date the change occurred.

### Select the most current Reason for Homelessness:

- |                                     |                            |                     |
|-------------------------------------|----------------------------|---------------------|
| a. Evicted from private housing     | f. Health and Safety       | k. Favorable appeal |
| b. Evicted from subsidized housing  | g. Domestic Violence/Abuse | l. Medical reasons  |
| c. Asked to leave by primary tenant | h. Fire/natural disaster   | m. DSS referral     |
| d. Terminated from shelter          | i. Foreclosure             | n. Other(specify)   |
| e. Overcrowded situation            | j. Building sold           |                     |

### Section C

**Placement Information** is completed by H&HS. It identifies the shelter name and location, the vendor number, the number of rooms the family will occupy, the unit rate and whether the placement is beyond 20 miles from the originating TAO.

### Section D

This section is completed by the TAO Director and/or Designee when the family exits the shelter. The TAO Director and/or Designee identifies the last date the family will spend in the shelter unless otherwise advised by H&HS, and identifies the reason for the exit and the type of housing the family has moved into from the lists below.

Select **ONE** of the following Exit Reasons:

a. EA Program Termination	c. Termination/Eviction by Shelter	e. Whereabouts unknown
b. Voluntary Exit (moved)	d. Abandoned Placement	f. Other (specify)

Select **ONE** of the following for Type of Housing Moved Into:

a. Private Housing	c. Public Housing	e. Whereabouts unknown
b. Subsidized Housing	d. Other Shelter	f. Other (specify)

### Section E

The TAO Director and/or Designee signs and dates the form. The form is faxed to Central Office Housing and Homeless Services Unit, Attn: Arline Porter. Please call Arline Porter at 617-348-5373 to advise her that the fax was sent.