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**Commonwealth of Massachusetts**  
*Executive Office of Health and Human Services*  
**Department of Transitional Assistance**  
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**Field Operations Memo 2006-9**  
**February 10, 2006**

**To:** Transitional Assistance Office Staff  
**From:**  Cescia Derderian, Assistant Commissioner for Field Operations  
**Re:** Requests for Family Shelter: Level Two and Three Sex Offenders

**Overview and  
Purpose of  
Memo**

Given the increased focus on registered sex offenders living in Massachusetts communities and the safety threat that such persons might pose in a family shelter, the Department has formalized its Emergency Assistance (EA) shelter intake and placement policies. Effective immediately, TAO staff will be required to determine if any member in the EA AU age 10 and older is listed as a sex offender with the Sex Offender Registry Board (SORB). Placement of the family will not be delayed awaiting information from SORB.

This memo alerts TAO staff of:

- their responsibilities regarding use of the Sex Offender Registry for individuals applying for shelter; and
- an amendment to the *Applicant's Statement for Emergency Assistance Shelter* form.

**Interview  
Sensitivity**

Please remember when interviewing a family, sex offender status is a delicate issue. Be polite and firm, and be extremely cautious about discussing the matter when children and/or other families are present.

**Sex Offender  
Information:  
Declared or  
SORB  
Confirmation**

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Prior to every EA application for temporary emergency shelter, **all** families must fill out the *Applicant's Statement for Emergency Assistance Shelter* (Attachment A). This statement has been changed to ask the applicant if any member of the AU is a Level 2 or Level 3 Sex Offender. It also informs the applicant that every member of the EA AU age 10 and older will be screened for Level 2 or Level 3 sex offender registration status using the Sex Offender Registry. The applicant may declare a member of the EA AU as a Level 2 or Level 3 sex offender on the *Applicant's Statement for Emergency Assistance Shelter* form.

The AU Manager or Homeless Coordinator must:

- complete the *Request for Sex Offender Registry Information* form (DTA-SORB) (Attachment B) for the applicant EA AU or at the time of the next reevaluation or whenever questionable information is received on the recipient EA AU, by entering:
  - the TAO's address, telephone number and FAX number;
  - the name and date of birth of **every member in the EA AU who is age 10 or older** as the "subject's name", excluding the name of the member who is declared to be a Level 2 or Level 3 sex offender;
  - the EA AU's address prior to becoming homeless; and
  - any identifying characteristics of an EA AU member over age 18 that is known, i.e., the height, weight, eye color or hair color of the person may not be known.
- give the *Request for Sex Offender Registry Information* form to the TAO's SORB Liaison who will fax the form to the Sex Offender Registry Board (SORB).

Whenever a child, age 18 or under, is identified as a Level 2 or Level 3 sex offender, a referral to DSS must be made.

Whenever an EA AU, which includes a member who has been identified as a Level 2 or Level 3 sex offender, is being transferred to another shelter, the AU Manager or Homeless Coordinator must alert his or her TAO SORB Liaison. The TAO SORB Liaison will contact the receiving TAO's SORB Liaison with the information.

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**SORB Liaison's Responsibilities**

SORB regulations require that the person who is requesting the information from the Board be at least 18 years of age. This person's name and date of birth must appear on the form. To meet this SORB requirement, any request for information from DTA will be issued only by the TAO's SORB Liaison. The TAO Director will designate the TAO's SORB Liaison and a back-up SORB Liaison whose responsibilities include:

- upon receipt of the *Request for Sex Offender Registry Information* form (DTA-SORB) from TAO staff, print the SORB Liaison's name, date of birth and sign and date each request;
- maintaining and monitoring a log of all faxes sent to and received from SORB. The *EA AU /SORB Log* (Attachment C) has been created to assist TAOs in maintaining the SORB log information;
- faxing the *Request for Sex Offender Registry Information* form to the Registration and Compliance Unit of SORB at 978-740-6464. When the fax is sent before 4 p.m., SORB usually will respond either by fax or by a telephone call to the SORB Liaison on the same day;
- forwarding the response from SORB to the appropriate AU Manager or Homeless Coordinator;
- ensuring the AU Manager or Homeless Coordinator notifies H&HS when SORB identifies a Level 2 or Level 3 sex offender. H&HS reviews the information which may result in the transfer of the EA AU to another shelter; and
- refaxing the *Request for Sex Offender Registry Information* form to the Registration and Compliance Unit of SORB if SORB does not respond within 3 working days. Annotate the *EA AU /SORB Log* each time the form is faxed to SORB.

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**Shelter Placement**

If a member of the AU is declared or found to be a Level 2 or Level 3 sex offender, the Homeless Coordinator or AU Manager must provide this information to the Housing and Homeless Services (H&HS) Unit on the *Emergency Placement Request* form (TES-EPR-1) to ensure appropriate shelter placement of the family:

- in section B of the TES-EPR-1 form, check "Other" under "Circumstances Affecting Placement," and
-

**Shelter  
Placement  
(continued)**

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- in “Describe,” indicate the name, date of birth and the Level of the sex offender, e.g., John Doe, 6/30/1969, level 2 sex offender.

The AU Manager or Homeless Coordinator must forward the completed TES-EPR-1 form to H&HS. H&HS will determine the appropriate shelter placement for the AU and notify the AU Manager or Homeless Coordinator and the shelter provider. The AU Manager or Homeless Coordinator should notify the TAO’s SORB Liaison of the placement. Follow current shelter placement procedures as described in the *EA User’s Guide* for placement of the family. The shelter will be instructed to notify other shelter residents of the offender’s presence. Placement will be in a shelter that provides the most safeguards to avoid any threat to the health and safety of guests and/or staff.

If no member of the EA AU is found to be a Level 2 or Level 3 sex offender, follow current shelter placement procedures as described in the *EA User’s Guide, Chapter IV: Responsibilities Types of Placements*.

If after placement a family shelter or TAO staff discovers that one of the EA AU members is a Level 2 or Level 3 sex offender, the shelter staff or TAO staff must immediately fax the information, using the TES-EPR-1 form, to H&HS at 617-348-5585 for review of the current placement and possible transfer of the EA AU. H&HS will notify the TAO of any placement changes.

**Questions**

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

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**Applicant's Statement  
for Emergency Assistance Shelter**

DATE: \_\_\_/\_\_\_/\_\_\_\_\_

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

Address (where you can get mail): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Emergency Contact Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Is your current homelessness a result of domestic violence?  Yes  No

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Is any member of your household a Level 2 or Level 3 sex offender?  Yes  No

If yes, indicate person's name and level: \_\_\_\_\_

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Please explain the reason for your current homelessness:

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

Where did you stay last night?

\_\_\_\_\_

When is the last time you had your own apartment, and why did you leave it?

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Can you verify the reason you are homeless with any of the following?  Yes  No

- eviction papers
- a letter from the friend or family member who is asking me to leave
- a report from Inspectional Services
- a fire report
- other: \_\_\_\_\_

Do you need assistance getting these verifications?  Yes  No

Do you have any assets, such as money in the bank or in hand, a car, or any other object of value?

Yes  No

If yes, how much are these assets worth? \$ \_\_\_\_\_

Do you have verification of above assets?  Yes  No

Do you need assistance getting verification of above assets?  Yes  No

Are you currently employed?  Yes  No

If yes, how much do you make? \$ \_\_\_\_\_

If not currently working, when was the last time you worked? \_\_\_\_\_

Do you have verification of this employment?  Yes  No

Do you need assistance getting verification of employment?  Yes  No

Do you have any other source of income?  Yes  No

If yes, how much? \$ \_\_\_\_\_

Do you need assistance getting verification(s) of this income?  Yes  No

Do you or does any member of your household have a medical or other disability that might affect your placement in a temporary emergency shelter?  Yes  No

Do you need assistance getting verification(s) of this disability?  Yes  No

**I certify under penalty of perjury that the information given in this application is true to the best of my knowledge. By signing this form, I give permission to the Department of Transitional Assistance to contact local and/or regional housing authorities, other government agencies, family, friends, schools, medical providers, and/or employers, past and present, and give permission to the above to share information with the Department of Transitional Assistance that is necessary for me to get housing assistance services.**

**I understand that it is DTA policy to use the Sex Offender Registry to determine if any member of my household, age 10 or older, is a registered sex offender.**

**I understand that if I am approved and offered a shelter placement based on the above statements and I am then found ineligible, my EA benefits will be terminated and I will be ineligible to receive further EA benefits for 12 months from my last day in shelter.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
AU Manager's Signature

\_\_\_\_\_  
Date

Commonwealth of Massachusetts  
Sex Offender Registry Board

Attachment B

M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and faxed to the Registration and Compliance Unit at 978-740-6464. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

**To the extent possible, the Board's report will be faxed to the requestor or the requestor will called with the report information on the same day as requested.**

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
DTA Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_ FAX \_\_\_\_\_

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for the protection of a child under 18 years of age or for the protection of another person who is receiving shelter benefits through the Department of Transitional Assistance.

Requestor's signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby request that the following information be used to determine whether the identified individual (age 10 or older) is a sex offender required to register in Massachusetts. Date of birth is entered in mm/dd/yyyy format.

Subject's name \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Subject's name \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Subject's name \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Subject's name \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Subject's name \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Subject's name \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Subject's name \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Family's Address Prior to Homelessness \_\_\_\_\_  
\_\_\_\_\_

Personal identifying characteristics of the subject(s) over age 18, if known:

Subject name \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
Subject name \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
Subject name \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

If additional information is needed, please contact the Requestor at the telephone number above.

\*\*\*\*\*WARNING\*\*\*\*\*

**SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS ( M.G.L. C. 275, § 4).**

