



Massachusetts Department of Housing and Community Development
 100 Cambridge Street, Suite 300, Boston, MA 02114

DCF Health and Safety Assessment Disposition Form

Date of Visit: _____ DCF Worker Assigned: _____

DHCD/DTA Office: _____

PART I

Applicant's Last Name:	First Name:	Address:	DOB (mm/dd/yyyy):
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Other Applicant Household Members:

Name:	Gender:	DOB (mm/dd/yyyy):	Family Relationship:

<i>DCF Assessment Disposition (check either A or B)</i>
<input type="checkbox"/> A. Assessment results indicate this is a health and safety, and/or overcrowded and/or ask to leave situation.
<input type="checkbox"/> B. Assessment results determine that this is not a health and safety, and/or, overcrowded and/or ask to leave situation. No further response is necessary.
<i>Temporary Accommodation Information:</i>
Household is a Disposition (A) and is in need of immediate temporary accommodation today: <input type="checkbox"/> Yes <input type="checkbox"/> No
If immediate temporary accommodation is needed, please explain why: _____ Are there ADA¹ or special considerations that should be considered?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify nature of accommodation/special circumstances: _____
Household can remain in current housing situation for up to: <input type="checkbox"/> 2 to 7 days <input type="checkbox"/> 8-14 days <input type="checkbox"/> other, please specify: _____

A. REASON(S) for HOUSING INSTABILITY in CURRENT HOUSING:

- Guest/Applicant family is being asked to leave current housing by the primary tenant for the following reason(s):
- Conflict between primary tenant and guest household (describe nature of conflict in assessment narrative)
- Landlord has threatened eviction of primary tenant
- Guest family has stayed beyond time allowed on the lease for visitor
- Primary tenant has removed guest household from lease
- Safety concerns (i.e. overcrowding, sanitation issues)
- Other (please specify): _____

¹Americans with Disabilities Act. For purposes of this form, ADA includes Section 504 of the Rehabilitation Act, the federal Fair Housing Act, and the Massachusetts Anti-Discrimination Act.

- Current housing situation is in a private market unit
- Current housing situation is subsidized
 - Sec 8/Housing Choice Voucher Public Housing Other subsidized housing
- Guest/Applicant family has been residing with primary tenant for:
 - less than a month one to three months three to five months six months or longer
 - all his/her life
- Guest/Applicant family is a relative of primary tenant (relationship: child niece/nephew sibling aunt/uncle grandchild)
- Guest/Applicant family had been on primary tenant's lease up until: _____ (date)
- Applicant family is from out of state/country(please specify):_____
- Applicantfamily has no primary tenancy history (TD/SD)
- Applicant family has been a primary tenant
- Applicant family has been without a tenancy for 12 months or more (SH/RS)
- Applicant family has had its own subsidized lease,or been listed as household members on a subsidized lease with another primary tenant:
 - Sec 8/Housing Choice Voucher Public Housing Other subsidized housing
 - Left in good standing: yes no (i.e. owes back rent, damages and/or eviction fees)
- Applicant family's loss of income contributed to most recent loss of tenancy (RS)
- Applicant Family's medical issues contributed to most recent loss of tenancy (RS)
- Without this loss of income/medical issue, applicant family would have been able to retain tenancy (RS)
- Applicant family has outstanding utility bills in the amount of: \$ _____
- Applicant family has other debt in the amount of \$ _____ for:
 - school loans credit cards other:_____

B. EDUCATION AND EMPLOYMENT

- Applicant family has no employment history (TD/SD)
- Applicant family is currently employed or has a recent work history (RS)
- Adult(s) in applicant family do(es) not have a GED or high school diploma
- Adult(s) in applicant family has/have GED or high school diploma

- Adult(s) in applicant family has/have some college education and/or has completed college
- Adult(s) in applicant family has/have complete a job training program in: _____

C. SAFETY

Applicant reports past or present involvement in an abusive relationship (including physical, emotional, sexual, verbal, and/or controlling behaviors)

Hass/he ever felt afraid of her/his partner? yes no

Has her/his partner ever threatened her/his personal safety? yes no

Does s/he fear current behaviors could escalate into harm? yes no

Abusive partner (or ex) is in area? yes no

Active Restraining Order? yes no

At this time does the applicant require a safety plan? **yes** **no**

(If yes to any of these questions, refer to DTA Domestic Violence Specialist for further assessment)

- Current housing contains lead paint
- Safety concerns for children about the primary tenant/host family or current situation (If so, please describe in narrative section.)
- There are immediate medical issues that need to be addressed for applicant or children in that household(If so, please describe in narrative section.)

D. OTHER SYSTEMS INVOLVEMENT

- Applicant family has an open DCF case. DCF Caseworker name/tel: _____
- Applicant family has a closed DCF case
- Adult(s) in applicant family was/were in DCF care as a minor
- Adult(s) in applicant family has/have a CORI report for: _____
- Adult(s) in applicant family has/have open warrants for: _____
- Adult(s) in applicant family has/have been incarcerated
- Members of applicant family indicated a substance abuse history

Applicant family has disclosed mental health issues. Please specify family member(s), mental health issue/diagnosis, and specific accommodations to this/these issue(s), if any:²

Name	Family Relationship	Age	Diagnosis/Medications/Accommodations

² Note. Mental health issues do not need to be disclosed unless the applicant family is requesting a reasonable accommodation pursuant to the ADA because of those issues.

Applicant family has a family member who is currently receiving services from the Department of Mental Health

Family Member's Name: _____ DMH Office Location: _____

DMH Case Worker's Name: _____ Telephone: _____

Assessment Narrative

In addition to providing information on current housing situation, please also include any concerns regarding care of children, medical issues, substance abuse/use, trauma issues, including witnessing domestic violence, and any independent life skills issues. Please describe involvement of other parent(s) if she/he/they is/are not part of the applicant family. Lastly, describe any child safety concerns that the applicant has about the primary tenant/host family or current situation.

PART II:

HomeBASE Opportunities Discussed (check all that apply)

HOUSEHOLD ASSISTANCE:

Primary tenant would consider retaining applicant/guest household if appropriate supports could be provided:

Utility assistance Prorated rental support Food Beds/furniture for guest family

Other financial support: _____

Services, please specify: _____

Applicant/Guest Family would benefit from the following supports in order stay with primary tenant:

Child care voucher Employment assistance Educational assistance

Other support services, please specify: _____

Short term financial supports (up to \$4000), please specify: _____

MOVING ASSISTANCE:

Applicant family is willing to relocate if the following assistance could be provided:

Transportation cost to move out of state First, last and security deposit to move into a rental unit

Other, please specify: _____

RENTAL ASSISTANCE:

Applicant household has employment and rental history that, with rental supports, could become more self-sufficient and housing stable.

First, last and security deposit to move into a rental unit

12 months of rental support

Applicant household has several barriers that make housing stability unlikely without further supports. Barriers include being without a lease for 24 months, disabling condition, homeless 4 or more times in the last 3 years.

12 months of rental support Supported housing, if available other: _____