



## Massachusetts EA Emergency Family Shelter

This application is available in English  
Esta solicitud está disponible en español.  
Aplikasyon sa a disponib an kreyòl ayisyen

Este formulário está disponível em português

Es kandidatura sta disponivel na kriolu di Kabu Verdi.

This application is the first step to access EA Family Shelter and other benefits. Only eligible families that have no safe place to stay can get these benefits. We will ask you questions about the people you will bring with you to shelter. We call them your “family members” in this application.

This application will take 20-30 minutes.

The application will ask you for:

- Details about your housing over the last 90 days.
- The names, dates of birth, and social security numbers, if any, of everyone who you are applying for. You don't have to include a social security number if they don't have one.
- Information about your family's needs
- Your family's income
- Your family's assets

You will also have to give us documents to some of the things you tell us about your family. The application will be processed faster if you include all these documents:

- Proof of Identity for the Adults in the Family
- Proof of Family Relationship
- Proof of Income and Assets
- Proof of Immigration Status (if needed)
- Proof of Residency
- Proof of Reason for Homelessness

We may also request other documents. **Please note that completing this application does not mean you are approved for shelter.**

Today's Date (Month/Day/Year)

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## Help with your Application



**This is an important document. Before you start, please know we are here to make sure you can fully understand and complete it.**

Is there a person helping you with this application? This could be a family friend or an advocate. We can contact this person.

☐ Yes ☐ No

If Yes, please give us the name, email address, phone number, and your relation to this person (family member, advocate, or friend)

Do you need help from us with filling out this application?

☐ Yes ☐ No

Do you need help to gather and give us documents for your application?

☐ Yes ☐ No

## Basic Questions

Not counting yourself, how many people are you applying for?

How many are under 21 years old?

Are you or a family member pregnant?

☐ Yes ☐ No

Are you applying for shelter so that DCF can return your children to you?

☐ Yes ☐ No

Do you or a family member live in Massachusetts?

☐ Yes ☐ No

If No, did you come to this state only to get shelter?

☐ Yes ☐ No

By law, shelter stays are limited in time. If you are found eligible for shelter benefits, do you plan to stay in this state when you leave shelter?

- ☐ My household plans to stay in MA
- ☐ My household does not plan to stay in MA

*(You will be asked for family member information later in this application.)*



## Basic Questions (continued)

What is your total family earned income for the last 30 days? Earned income includes wages or pay from a job.

What is your total unearned income from the past 30 days? *(Unearned income includes money from the government and money paid to you by someone who is not applying for shelter with you. Examples are SSDI, cash assistance, child support and alimony. It does not include SNAP or food stamps.)*

How did you become homeless? Please pick the situation that best applies to you:

- ☐ Domestic violence or abuse
- ☐ Eviction (a judge ordered you to leave, or you signed an "Agreement for Judgment" in court.)
- ☐ My home is not safe for my family to live in
- ☐ Fire, flood, or natural disaster In Massachusetts
- ☐ Asked to leave a Teen Living Program
- ☐ If we do not get into shelter today, we will sleep in a place not meant for people to stay. (For example, a car or hospital, or airport)
- ☐ Other reason (please explain)

## Your Information

First Name

Last Name

Date of Birth (Month/Day/Year)

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Race and Ethnicity

- ☐ American Indian/Alaskan Native or Indigenous
- ☐ Asian or Asian American
- ☐ Black, African American, or African
- ☐ Hispanic/Latina/e/o
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Do not Know
- ☐ Prefer not to answer

Phone Number

Type of Phone: ☐ Mobile ☐ Other  
If Mobile, do you consent to receiving text messages?

☐ Yes ☐ No



## Your Information (continued)

### Email Address

### Gender

- ☐ Woman (Girl, if child)
- ☐ Man (Boy, if child)
- ☐ Culturally Specific Identity (e.g. Two-Spirit)
- ☐ Transgender
- ☐ Non-Binary
- ☐ Questioning
- ☐ Different Identity
- ☐ Do not know
- ☐ Prefer not to answer

### Address where you are staying

### City

### State

### Zip Code

Is your mailing address different from your current address?

☐ Yes ☐ No

If Yes, please give us your mailing address.

### City

### State

### Zip Code

## Your Background Information

Have you ever served in active U.S. military duty?

☐ Yes ☐ No

Are you a U.S. Citizen?

☐ Yes ☐ No

*(If Yes, please move to section "Your Financial Income" on page 5)*

If No, do you have a green card?

☐ Yes ☐ No

If No, what date did you enter the U.S.?

(Month/Day/Year)



## Your Background Info (cont'd)

How long have you been living in Massachusetts?

- ☐ Less than 30 days
- ☐ 31 – 90 days
- ☐ Over 90 days

If less than 91 days, what date did you enter Massachusetts (Month/Day/Year)

If less 91 days, before coming here where were you living?

Do you have other immigration status in the U.S.? For example: TPS, F-1, U-Visa, T-Visa, etc.

- ☐ Yes    ☐ No

If No, you don't have any other immigration status, is the U.S. government letting you live in the U.S. without trying to make them leave right away? This is also known as permanently residing under the color of law. For example: I-94, Pending Asylum Application (I-589), Pending Petition for Citizenship (I-130)

- ☐ Yes    ☐ No

What is your immigration court case number? Also called you're A-number.

Do you have a work permit from the U.S. government to work here?

- ☐ Yes    ☐ No

If No, are you waiting for the U.S. government to decide on a work permit application?

- ☐ Yes    ☐ No

What are your countries of Citizenship?

## Your Financial Information

Have you or anyone in your family received any income in the last 30 days?

- ☐ Yes    ☐ No

Are you receiving benefits now from another state in the U.S.? Some examples might include food assistance programs (such as SNAP), cash assistance (such as TANF), government subsidized housing (such as public housing), and medical assistance (such as Medicaid)

- ☐ Yes    ☐ No

If Yes, which state?



## Your Financial Information (cont'd)

Do you or anyone in your family have any assets?

☐ Yes ☐ No

Has your family income changed recently, or do you expect it to change soon?

☐ Yes ☐ No

If Yes, please explain:

## Your Criminal Information

*If you are eligible for family shelter, we want to place your family in the right shelter. The answers to these questions may impact your eligibility. The answers will help us select the right shelter for your family.*

Have you ever been found guilty of any crime by a court?

☐ Yes ☐ No

Do you have currently pending criminal charges?

☐ Yes ☐ No



## Reason for Homelessness

Have you been a tenant in public or subsidized housing within the last 3 years? *(This is the kind of housing where your rent changes if your income changes)*

☐ Yes ☐ No *(If No, move to next page.)*

If Yes, please explain:

If Yes, in the past year, did you move out of this type of housing without being evicted?

☐ Yes ☐ No

In the last 3 years, were you evicted from this type of housing for not paying rent or committing fraud?

☐ Not paying rent ☐ Fraud

If checked, please explain why:

Was the reason you were evicted or moved out related to a disability or medical problem?

☐ Yes ☐ No

Since moving out, have you lived somewhere else where the landlord gave you permission to live there?

☐ Yes ☐ No

If Yes, please explain:

Was the reason you were evicted or moved out related to domestic violence?

☐ Yes ☐ No

If Yes, describe the recent incident:

And if Yes, give us the location, date, and offender's name:

Is it safe to call you at the phone number you provided in this application?

☐ Yes ☐ No



## Reason for Homelessness is Eviction

**(Answer only if your checked "Eviction" on page 3.)**

I am being evicted because of: *(check all that apply)*

- ☐ Condemnation: The government said that my home cannot be lived in
- ☐ Foreclosure: The owner of my home gave up my home to the bank or someone else (and it was not my fault)
- ☐ Lease Non-renewal: My landlord did not renew my lease even though I did not violate the lease.
- ☐ Someone else's Conduct: The actions of someone I had no control over. That person is not applying to shelter with me.
- ☐ Nonpayment of Rent:
- ☐ I did not pay my rent because of a medical problem or disability. (Please explain below)
  - ☐ I did not pay my rent because my family lost income. The loss of income was not my fault.
  - ☐ I did not pay my rent because my family income went down when someone moved out.
  - ☐ Other (Please explain below)
- ☐ Criminal Activity:
- ☐ I committed the crime because an abuser made me do so. It would have been unsafe for me not to participate.
  - ☐ I committed the crime, but it was related to a medical problem or disability
  - ☐ Someone who is not applying to shelter with me committed the crime.
- ☐ Property Damage: A family member caused property damage:
- ☐ The property damage was a result of domestic violence.
  - ☐ The property damage was a result of a medical problem or disability
- ☐ Any other reason. Please explain:



## Reason for Homelessness – Domestic Violence

**(Answer only if your checked “Domestic Violence or Abuse” on page 3.)**

*You indicated that your reason for homelessness is due to Domestic Violence. Please answer the below questions to the best of your ability to help us find you safe housing more quickly. If you don't feel comfortable answering these questions, you can leave them blank. A Homeless Coordinator will reach out to you for more information.*

Description of recent incident(s):

Location of the last incident:

Offender's First and Last Name:

Date of Last Incident?  
(Month/Day/Year)

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Is it safe to call you at the phone number  
you provided in the application?

☐ Yes ☐ No

## Reason for Homelessness – Left a Teen Living Program

Were you asked to leave three (3) Teen Living Programs?

☐ Yes ☐ No

If Yes, please explain the reason(s):



Family Member Information

Please enter details for the other family members who will be staying with you in shelter. You do not need to enter yourself as you have already provided your information.

Full Name	Gender*	Race / Ethnicity**	Relationship to Head of Household	Date of Birth

Please use one of these options when filling out the Gender and Race/Ethnicity columns above.

* Gender Options:		** Race/Ethnicity Options:	
Woman/Girl	Questioning	American Indian/Alaska Native or Indigenous	Native Hawaiian or Pacific Islander
Man/Boy	Different Identity	Asian or Asian American	White
Culturally specific identity	Do not Know	Black, African	Do not Know
Transgender	Prefer Not to Answer	Hispanic/Latina/e/o	Prefer Not to Answer
Non-Binary		Middle Eastern or North African	



Family Member Background Information

Please enter the details for your family members who will be staying with you in shelter. You do not need to enter yourself as you have already provided your information.

Full Name (List all family members)	Are they receiving any benefits* from another state in the U.S.? (Please tell us which state)	In School, if yes, what grade?	School name and address

\*Some examples might include food assistance programs (such as SNAP), cash assistance (such as TANF), government subsidized housing (such as public housing), and medical assistance (such as Medicaid).



Family Member Background Information

Please enter the details for your family members who will be staying with you in shelter. You do not need to enter yourself as you have already provided your information.

Full Name <small>(List all family members)</small>	Citizen ? (Yes/No)	How long living in this state? <small>(Number of days)</small>	If less than 91 days, what date did they enter MA? <small>(Date needed)</small>	If less than 91 days, before coming here where were they living?

If not a citizen and living in Massachusetts for less than 91 days, do you have an immigration court case number? This is also called you're A-number.



Family Member Background Information

Please enter the details for your family members who are not U.S. Citizens. You do not need to enter yourself as you have already provided your information.

Full Name (List all family members)	Do they have a green card? (Yes/No)	If No, do they have other immigration status (i.e. TPS, F-1, etc.)? (Yes/No)	Country of Citizenship (not U.S.)	Date they entered the U.S.



Family Member Background Information

Please enter the details for your family members who are not U.S. Citizens and do not have a green card nor other immigration status. You do not need to enter yourself as you have already provided your information.

Full Name (List all family members)	Do you have PRUCOL* status? (Yes/No)	Country of Citizenship	Date they entered the U.S.

\* PRUCOL - This is also known as permanently residing under the color of law. For example: I-94, Pending Asylum Application (I-589), Pending Petition for Citizenship (I-130).. 14 of 32



## Criminal History for All Family Members

**Only answer the questions on this page if you indicated that you have criminal history in your family. You must add criminal history for the members you have indicated have criminal history to proceed.**

*If you are eligible for family shelter, we want to place your family in the right shelter. The answers to these questions may impact your eligibility for shelter. The answers will also help us select the right shelter for your family. Your application may be denied if you do not disclose your criminal history.*

Household member's name who has criminal history:

Were you found guilty of this crime by a court or are the charges currently pending?

☐ Found Guilty ☐ Charges Pending

If found guilty, what were you found guilty of? Please include level of crime (like misdemeanor or felony)

If found guilty, what U.S. state or country and when did the conviction occur?

If found guilty, in what court did the conviction occur?

☐ Federal ☐ State ☐ County ☐ Other

If Other, please describe \_\_\_\_\_:

If charges pending, where did the currently pending criminal charge occur?



## Family Income

*Please add income details before taxes for everyone who will be in shelter with you. Income includes pay or wages from a job, money from the government (examples: SSDI or cash assistance), and money paid to you by someone who is not applying for shelter with you (examples: child support or alimony). Income does not include SNAP or food stamps.*

<b>Full Name(s)</b> (List all family members)	<b>Income Source</b>	<b>Combined Income</b> (Last 30 days)
	Income from work (wages, self-employed, etc.)	
	Money from the government (SSDI, cash assistance, etc. Does not include SNAP, food stamps.)	
	Money paid to you by someone who is not applying for shelter with you. (child support, alimony, or other money you receive on a regular basis)	
	Other (help to pay the bills or supplement income)	
	<b>Total</b>	



## Family Assets

*Please add assets owned by everyone who will be in shelter with you. Assets include checking, savings, and retirements accounts (IRAs and 401Ks). Additionally, assets include cars and other items such as valuables or property.*

<b>Full Name(s)</b> (List all family members)	<b>Asset Source</b>	<b>Asset Value</b>
	Bank Account(s) – Checking	
	Bank Account(s) – Savings	
	<i>Retirement Account(s) – IRA's, 401K's, etc.</i>	
	Car(s) (Please answer questions below)	
	<i>Other – valuables, property, etc.) (Please give more details below)</i>	
	<b>Total</b>	

If you have a car, please give us the car make, model, year and estimated mileage. Also tell us if you have a car loan (how much you owe) or are leasing your car.

If you have other assets, please give us more details on them:



## Housing Options

Where did you stay last night?

Where did you stay over the past 90 days?

(Please include addresses, start/end dates, host/landlord names, phone numbers and reason why you left.)



## Housing Options

Could you stay at any of these places starting tonight?

☐ Yes ☐ No

If yes, for how long?

If no, why not?

Are any of those places public or subsidized housing? That is the kind of housing where the rent changes if the tenant's income changes.

☐ Yes ☐ No

If yes, please explain:

## Housing Options

Does anyone in your family have a disability or medical problem which keeps you from staying in this place?

☐ Yes ☐ No

Has there been violence against anyone in your family in this place? Has anyone living in this place hurt someone in your family?

☐ Yes ☐ No

**Important!!** We would like to contact the people you have stayed with in the last 90 days to see if they will let you stay with them.

Are you afraid that anyone would harm you or a family member if we contacted them?

☐ Yes ☐ No

If yes, is there someone safe we can contact who can tell us about why you are afraid?

☐ Yes ☐ No

If yes, please give us their name, phone number, and relationship to you:



## Placement Information

*If you are eligible for family shelter, we want to place your family in the right shelter. The answers to these questions will not impact your eligibility. The answers will help us select the right shelter for your family.*

Is the main caregiver in your family over 70 years of age?

☐ Yes ☐ No

Does someone in your family have a chronic medical condition treated with a medication requiring refrigeration?

☐ Yes ☐ No

Does someone in your family need special medical equipment to help them with everyday things, such as eating, breathing, or drinking?

☐ Yes ☐ No

Does someone in your family have an immunocompromising condition, including but not limited to active chemotherapy treatment, untreated HIV, sickle cell disease, or taking medicine for an organ transplant?

☐ Yes ☐ No

Does someone in your family have at least three (3) chronic conditions, including but not limited to diabetes, high blood pressure, asthma, heart disease, severe mental illness, substance use disorder, or others?

☐ Yes ☐ No

For family members ages 5 and older:

Does a member of your family have (or is suspected to have) an intellectual and/or developmental disability that causes a severe impairment that makes it difficult or impossible for that person to perform major life activities (i.e., moving around, taking care of themselves, communicating, learning, being self-directed, living independently or being economically self-sufficient) without assistance?

☐ Yes ☐ No

For family members under the age of 5:

Does a member of your family have a significant developmental delay (SDD) or specific congenital or acquired condition that has a high probability it will result in a developmental disability if services are not provided?

☐ Yes ☐ No

If you or someone in your family is pregnant, what is the estimated due date?

**Date** (Month/Day/Year)

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If you are pregnant, is this a high-risk pregnancy?

☐ Yes ☐ No



## Placement Information (continued)

Someone from the Department of Public Health may need to verify some of your answers. How would you prefer that they complete this assessment?

☐ On-Site

☐ Virtual

Is one of your family members registered in the Sex Offender Registry as a Level 2 or Level 3 sex offender? (*Your answers will not affect your eligibility for shelter.* If eligible, it may affect where you are placed in shelter.)

☐ Yes ☐ No

If Yes, what is their level:

☐ 2 ☐ 3

Are any household members required to comply with a court or other government order that affects placement?

☐ Yes ☐ No

If yes, how does the court or other government order affect placement?



## Disability (Reasonable Accommodation) Information

*If you need extra help because of a disability, you can request a Reasonable Accommodation. To add a reasonable accommodation request for someone in your family, please complete the following six (6) pages.*

Household Member Name:

Please check **ALL** boxes that apply to this Household member who needs the accommodation.

- ☐ I am asking to be placed in a certain type of shelter due to a disability.

If checked, which shelter type do you need?

- ☐ I need to be in shelter where I do not share space with families.

- ☐ I need to live near a certain area or location due to a disability..

If checked, please tell us the area or location you need to live near.

- ☐ I need a room big enough to fit my medical equipment.

If checked, please describe the medical equipment you have:

- ☐ I take medication that must be kept cold. I need a refrigerated space to keep my medication.

- ☐ I have special diet needs. I need access to a space for cooking, or extra times to cook, to follow my special diet.

- ☐ I need a change to the shelter curfew rules. Because my disability, I need to leave early in the morning or return late at night.



## Disability (Reasonable Accommodation) Information (cont'd)

Please check **ALL** boxes that apply to this Household member who needs the accommodation.

☐ I need a unit with special features

☐ I need a shelter placement that has no carpet.

☐ I cannot climb stairs. I need a shelter where I do not have to climb any stairs.

☐ I cannot climb more than a certain number of stairs. I need a shelter where I do not have to climb more than this number of stairs.

If checked, please mention the number of stairs you can climb?

☐ I use a wheelchair. I need a shelter room that is wheelchair accessible.

☐ I use a wheelchair. I need a shower or bathtub my wheelchair can roll into or a tub cut.

☐ I have trouble sitting and standing. I need grab bars to help me use the shower or bathtub.

☐ I have trouble sitting and standing. I need grab bars to help me use the toilet.

☐ I need a chair in my shower or bathtub.

☐ I need a hand-held shower head.

☐ I am Deaf or hard of hearing. I need a bed shaker alarm to wake me up.

☐ I am Deaf or hard of hearing. I need a flashing doorbell to let me know when people are at my room door.

☐ I am Deaf or hard of hearing. I need a flashing fire alarm to let me know when there is a fire. I also need the fire alarm to shake my bed in case I am sleeping.

☐ I cannot see or have trouble seeing. I need help to find things in my shelter. I need things like braille or stickers on my appliances.

☐ I cannot see or have trouble seeing. I need documents to be provided to me in braille or read aloud to me.



## Disability (Reasonable Accommodation) Information (cont'd)

Please check **ALL** boxes that apply to this Household member who needs the accommodation.

- ☐ A request related to communication.
- ☐ I cannot read or have trouble reading. I need important documents read to me.
  - ☐ I have trouble remembering things. I need shelter staff to help me understand what I need to do and other information I need to know.
  - ☐ I have trouble remembering things. I need staff to write things down for me in plain language.
  - ☐ I am Deaf or hard of hearing and need help to communicate. For example, sign-language interpretation and telephone relay service.

- ☐ A request for a service animal or support animal.

- ☐ I have an animal I need in shelter. The animal is a dog trained to perform specific tasks for me (a service animal).

If checked, what work or task has the dog been trained to perform? Please describe:

- ☐ I have an emotional support animal that I need in shelter due to my disability.
- ☐ I have another type of support animal that I need in shelter due to my disability.

If checked, please describe what other type of support animal you need in shelter due to your disability:



## Disability (Reasonable Accommodation) Information (cont'd)

Please check **ALL** boxes that apply to this Household member who needs the accommodation.

☐ I need a personal care assistant.

If checked, you will need to answer more questions. They will be about your Personal Care Assistant (PCA). Or they will be about your personal care assistance needs:

What is the name of your Personal Care Assistant?

What is their relationship to you?

Does this person work with an agency?

☐ Yes ☐ No

If Yes, what is the name of the agency?

How often do you need the PCA?

About how many hours a day you need the PCA?

Do you need the PCA overnight?

☐ Yes ☐ No

☐ I lost my housing for a reason that usually would not qualify for the EA program.

If checked, please describe:



## Disability (Reasonable Accommodation) Information (cont'd)

Please check **ALL** boxes that apply to this Household member who needs the accommodation.

☐ Other accommodation.

If checked, please describe:

In the following question, tell us why you need the help for every box you checked. Give us as much detail as you can about the help you need: Please:

- Explain how the help relates to your disability.
- Explain why you need the help to benefit from the EA program.
- Share any extra details about the help you need.
- If you have a letter about the help you need, please include it with this application. This letter has to come from someone who has direct knowledge of your disability needs.



## Disability (Reasonable Accommodation) Information (cont'd)

EOHLC may need to verify your disability with a qualified professional such as a healthcare provider or case worker. If so, would you like EOHLC to reach out to them directly on your behalf, or would you like to reach out to them?

- ☐ EOHLC can reach out the provider on my behalf.

If checked, what are the healthcare provider's name and telephone number?

- ☐ I will work with my provider to provide EOHLC with the needed information.  
*(Your provider will need to complete a provider release form. Please work with your Homeless Coordinator to get this step completed.)*



## Types of Documents Needed

We will ask you for documents for your application. We will keep your information private.

### **Documents we need before we can offer you EA Emergency Family shelter:**

#### **Proof of Identity for each person seeking shelter and Family Relationship:**

*Why?*

We need to know more about you and your children to confirm you are all part of one family. In the program, a family must include a child under 21 years old or a pregnant person. A family can also include:

- Parents or Guardians
- Spouses
- Siblings
- Stepparents
- Stepsiblings
- Half-siblings
- Relatives who take care of the child because there is no parent in the family

### **Other Documents we need:**

#### **MA Residency Documents for each adult seeking shelter:**

*Why?*

This program is for families that are in Massachusetts and intend to stay here.

#### **Documents for Cause of Homelessness:**

*Why?*

We can only help families who are homeless for certain reasons. We can also help some families who do not have a safe place to stay.

#### **Financial Information - Assets & Income:**

*Why?*

We can only help families who are below our income and asset limits.

#### **Citizenship or Immigration Documents for each person seeking shelter:**

*Why?*

All family members must have an eligible immigration status.



## Acknowledgements



**Please read each statement carefully, then initial in the boxes below:**

Your Initials

The information in this application is true to the best of my knowledge. I understand that I am required to provide documents to support my application.

Your Initials

I understand that EOHLC will look at the Sex Offender Registry to see if any family member is a registered sex offender. This will not affect my eligibility for shelter. This may affect where we are placed in shelter.

Your Initials

I understand that if I leave or am terminated from shelter, I will not be eligible for EA Emergency Family Shelter for 12 months.

Your Initials

I understand I must sign a form allowing a criminal background check, Massachusetts Criminal Offender Record Information (CORI). I understand results of my CORI can affect my eligibility and where my family is placed in shelter.

Your Initials

I am a Massachusetts resident with an intent to remain in Massachusetts. I have or will provide documentation for each adult in my family to prove this.

Your Initials

All members of my family are lawfully present in the U.S. or a child in my family has an eligible status. I have or will provide documentation to prove this.



## Acknowledgements (continued)

**By signing, I confirm that this application is complete. I confirm the information I provided here is correct.**

**Applicant Signature**

**Date** (Month/Day/Year)

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**Other Adult Signature**

**Date** (Month/Day/Year)

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**Other Adult Signature**

**Date** (Month/Day/Year)

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**Other Adult Signature**

**Date** (Month/Day/Year)

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## Receipt of Uniform Shelter Program Rules

**(Homeless Coordinator should provide you with a copy of the “Summary of Emergency Assistance (EA) Uniform Shelter Program Rules” document.) Please read the statement carefully. Then sign, print, and insert today’s date.**

By signing, I confirm that I received a copy of the Uniform Shelter Program Rules. I understand that my family will have to follow the Uniform Shelter Program Rules when we are in shelter. I also understand that, if my family does not obey the rules, my family may be terminated from shelter.

**Applicant Signature**

**Date** (Month/Day/Year)

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## Voluntary Consent to Share Information

### Section 1: Consent to Share and Receive Information About You and Your Family

I understand that the Executive Office of Housing and Livable Communities (EOHLC) may need information about my family from others to find out if I am eligible for the Emergency Assistance (EA) program.

I give permission to any government agency, organization, medical provider, company, employer, or person to share information about me and my minor family members to EOHLC. I understand that information may include copies of paper or electronic records.

I understand that EOHLC may need to share information about my family with others to run the EA program. I also understand that this may happen even after my family is found eligible for the EA program. I give permission for EOHLC to share information about me and my family with government agencies, researchers, and organizations that work with EOHLC. I understand that EOHLC still has to comply with state privacy laws.

### Section 2: Signatures of All Adult Family Members (Who Are 18 Years Old or Older)

By signing below, I give permission to EOHLC to share and receive information about me and minor family members listed on this form.

Print Name of Applicant

Applicant Signature

Date (Month/Day/Year)

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Print Name of Other Adult

Other Adult Signature

Date (Month/Day/Year)

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Print Name of Other Adult

Other Adult Signature

Date (Month/Day/Year)

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Print Name of Other Adult

Other Adult Signature

Date (Month/Day/Year)

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