

We advise and help with: 1) **DTA Cash and SNAP** benefits, 2) **Child Care** benefits, and 3) **Stimulus Payments** and the special 2021 **Child Tax Credit** (see special questions on 2nd page).
 If the client has another type of problem, please call GBLs's main number at (617) 371-1234 or (800) 323-3205.

How to refer a case

1. Use this form and fax it to (617) 249-1730, or
2. Email the form (or put the information in an email) to Welfare-Help@gbls.org, or
3. Call (617) 603-1806 and leave a message. Please leave us your name, a phone number at which you or the client can be reached, and the type of problem. We will return your call as soon as possible.

Date: _____ Referring Organization: _____

Person completing form: _____
Name Phone number and/or email

Client: Name: _____ Phone #(s) _____ EMail _____

Other contact person we can call if we cannot reach client: _____

Best way and time of day to reach client: _____

Disability accommodations needed for communication, if any: _____

Address: _____

If in shelter, name of shelter: _____

Gender: _____ Citizenship: US _____ Legal Permanent Resident ("green card") _____ Other: _____

Race/Ethnicity: _____ Main Language: _____ Fluent in English: Yes / No

D.O.B.: _____ Last 4 digits of SSN: _____ DTA Agency ID # (if known) _____

Household members living with client, if any (if more than four, please use the space at the end of p. 2):

<u>Name</u>	<u>D.O.B.</u>	<u>Gender:</u>	<u>Relationship to Client</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Income</u>	<u>Frequency of income</u>	<u>Whose income</u>
Earnings:	\$ _____ per (circle one) month / ½ month / 2 weeks / week	_____
Child Support:	\$ _____ per (circle one) month / ½ month / 2 weeks / week	_____
TAFDC (welfare)	\$ _____ per month	_____
EAEDC (welfare)	\$ _____ per month	_____
Food Stamps	\$ _____ per month	_____
SSI	\$ _____ per month	_____
Unemployment	\$ _____ per (circle one) 2 weeks / week	_____
Other:	\$ _____ What and how often? _____	_____

MassHealth/Medicaid? Yes / No

***Describe the client’s problem** (include any deadlines, if relevant):

For Stimulus Payment and/or Child Tax Credit Cases:

Did client or spouse, if any, file a 2020 tax return or use the “Non-Filer tool” that was on IRS’s website? _____

What amounts of stimulus payments did client get in 2020-2021? _____

What amounts of monthly Child Tax Credit payments did client get, if any, so far? _____

For DTA cases: Appealed? If the client got a notice that is denying, lowering, or stopping DTA benefits, has the client filed an appeal with DTA’s Division of Hearings? **Yes / No.** ***If not,** and benefits have not yet stopped or lowered, please help the client call the Division of Hearings at (617) 348-5311 to appeal. Leave a voice mail if you can’t talk to a person. Give the client’s name, DTA Agency ID number, the date of the notice being appealed, and what benefit(s) it affects. The call must be made **before** the date on which benefits are to be stopped or lowered, to keep the client’s benefits at the current level while waiting for a hearing or the case to be resolved.

Other problems that the family may be facing:

TAFDC _____	Food Stamps/SNAP _____	Child care _____	MassHealth _____
EAEDC _____	Stimulus Payment _____	Child support _____	Domestic violence _____
Immigrant eligibility _____	Transportation _____	ESL _____	Education or training _____
Unemployment comp. _____	Agency did not use interpreter _____		

Other: _____

Family Health, Disability, Caregiving, and Safety Information:

Domestic violence: Does client have a domestic violence history (circle one): Yes / No / Unknown

Please note any safety precautions needed in contacting the client: _____

For purposes of GBLS confidential conflict check, please share abuser name (if willing): _____

For DTA and Child Care Cases

Client health conditions, if any: Physical _____ Emotional/mental _____ Learning Disability _____

Other information: _____

Other household member health conditions, if any:

Name: _____	Physical: _____	Emotional/mental: _____	Learning Disability: _____	Behavioral: _____
Name: _____	Physical: _____	Emotional/mental: _____	Learning Disability: _____	Behavioral: _____

Other information _____

Other information that didn’t fit above: