



Massachusetts Department of Transitional Assistance

## Referral for Housing Assistance Program Services

Please print all information entries.

Date \_\_\_\_\_

From \_\_\_\_\_ (DTA Worker)

TAO \_\_\_\_\_

Fax # \_\_\_\_\_ Telephone # \_\_\_\_\_

To \_\_\_\_\_ (HAP Contractor)

Address \_\_\_\_\_

Fax # \_\_\_\_\_ Telephone # \_\_\_\_\_

EA Family \_\_\_\_\_ SSN \_\_\_\_\_

Name of Other Adult \_\_\_\_\_ SSN \_\_\_\_\_

EA family size is \_\_\_\_\_.

Current Address \_\_\_\_\_

Prior Address \_\_\_\_\_

Current living arrangements  primary tenant  sharing tenant  unauthorized

### Information Update from HAP Contractor/Sub-Contractor (fax to the DTA Worker listed above)

- Referral has been received on \_\_\_\_\_ (date)  
Name of HAP Worker \_\_\_\_\_ (date)
- An appointment has been scheduled with the above-named EA family for \_\_\_\_\_ (date)  
for the initial interview. A report of the findings and assistance provided will be faxed to DTA at that time.  
Name of HAP Worker \_\_\_\_\_ (date)
- The initial interview was conducted with the EA family on \_\_\_\_\_ (date). A report of the  
findings and assistance provided is being faxed at this time.  
Name of HAP Worker \_\_\_\_\_ (date)
- The EA family has been in compliance with its housing plan. A written report will be provided at the  
monthly meeting with DTA and HPA.  
Name of HAP Worker \_\_\_\_\_ (date)
- The EA family has not been in compliance with its housing plan. A written report is being faxed to DTA  
at this time.  
Name of HAP Worker \_\_\_\_\_ (date)

Agency Name \_\_\_\_\_

Fax # \_\_\_\_\_

Telephone # \_\_\_\_\_

Fax to HAP Provider - Original to AU Record

RHAPS (10/2000)  
13-214-1000-05