

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

### Housing Authority or Management Office Only

**Is this waitlist closed? Any other questions or concerns?** *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available by/from:**

\_\_\_\_\_

☐ **Any other info you wish to tell HousingWorks?**

\_\_\_\_\_

**Your position or title at this housing program:** \_\_\_\_\_

**Your signature:** \_\_\_\_\_

HousingWorks Fax: 617-536-8561



Head of Household's FIRST NAME

Head of Household's MIDDLE NAME

Head of Household's LAST NAME

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!

REQUESTED ACCOMMODATIONS ○ = ● Do you need a:

☐ Fully Accessible Wheelchair Unit☐ Blind Accessible Unit☐ Need an Interpreter☐ No-Steps unit (elevator to any floor)☐ Deaf Accessible Unit☐ Domestic Violence Victim☐ First-Floor unit only☐ unit designed for Environmental Allergies

HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

MOBILE RENTAL ASSISTANCE

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

Head of Household -Any Felony/Conviction?

☐ Yes ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ No

Other Members: Any Felony Convictions?

☐ Yes ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ NoIs anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?☐

←# Adults

←# Children

←Total #

☐

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

# BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*☐ Disability☐ Elder☐ Veteran☐ Fleeing Domestic Violence☐ Displaced by: \_\_\_\_\_☐ Rent-burdened☐ Other

## Nazareth Residence for Mothers and Children - Initial Referral Form

91 Regent Street  
Roxbury, MA, 02119  
617-541-0100

Completed applications may be mailed or delivered to the office at the above address.

For reasons of confidentiality we request that you not FAX this form.

### Family Identifying Information

Name of referent/applicant:

Current Living Situation, Address if any:

Mothers First Name:

Current Phone:

May we leave messages at this number?

☐ Yes

☐ No

Social Security Number:

Place of Birth

Date Of Birth and Age:

Literacy ability:

☐ Low

☐ Medium

☐ High

How did applicant hear about program?

☐ provider

☐ flyer

☐ word of mouth

Language(s) spoken:

Total household Income is \$ \_\_\_\_\_ per month (includes income, food stamps, all other sources)

Source of Income and amount of each source of income:

Date of HIV/AIDS Diagnosis:

Name of person making referral:

Relationship to applicant:

Agency:

Agency Address:

Agency Phone:

Is applicant willing to work with program staff around service planning and have regular meetings? ☐ Yes ☐ No

Is applicant already receiving case management and/or other assistance from other providers?

☐ No

☐ Yes Where:

## Children

Child's Name	Relationship to Adult	Sex	Date of Birth	SS#	*Custody	Present Whereabouts

### CUSTODY - PLEASE SPECIFY IF VOLUNTARY OR INVOLUNTARY AND WITH WHOM?

Is there current involvement with family? ☐ Yes ☐ No

If yes, would children be free to leave with mother if she chose to leave the Residence?

**IMPORTANT:** Please fill out this section for both parents and adolescents with a history of substance abuse.

### Substance Abuse History

Does applicant have a personal history of addiction ☐ Yes ☐ No

Primary Substance. (Drug of Choice)      Secondary Substance:      Tertiary Substance,

Alcohol      Quantity:      Frequency:

Last used:

Types of most recent treatment:

\_\_\_ Detox      \_\_\_ AA      \_\_\_ NA      \_\_\_ Outpatient      \_\_\_ Inpatient      \_\_\_ Residential

\_\_\_\_\_ Date      \_\_\_\_\_ Date      \_\_\_\_\_ Date      \_\_\_\_\_ Date

If applicable, please describe your assessment of the referent's attitude towards recovery. How can you tell if it is important to him/her? How does he/she demonstrate this?

**Psychiatric History- (Please fill out this section for both parent and child if applicable.)**

Does applicant have a personal history of addiction?

☐ Yes ☐ No

Please comment on applicant's mental status, including such areas as; affect mood, coherency. present level of stabilization with mental health and any recent suicidal or homicidal thoughts.

**Previous psychiatric history, treatments:**

Presenting problem

Dates of Treatment

Where Treated

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Is applicant currently on psychotropic medication?

☐ Yes☐ No

If yes, what kind(s):

Is applicant currently receiving Inpatient or outpatient therapy?  
whom? *Please include a telephone number.*

☐ Yes☐ No

If yes, Where and with

Where

---

With Whom

---

Phone:

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Please comment on any history of violent behaviors which If repeated would make this applicant a danger to self or others.

**Legal Needs (Please fill out this section for both parent and child if applicable.)**

Is applicant on probation:

☐ Yes☐ NoProbation Officer: 

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Phone: 

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Pending court cases?

☐ Yes☐ No

If yes please specify nature of court case, and date due in court:

### Need for Supportive Housing

Please Comment on the Following:

- *Applicant's ability to care for self*
- *Applicants ability to care for her children with support*
- *Any special needs*

Do you believe the applicant is In need of supportive housing to enhance his/her safety, well being personal dignity, survival, and functioning? ☐ Yes ☐ No

If no. please explain:

### Outcome (housing staff only)

- ☐ Invited in for intake interview.
- ☐ Appointment scheduled for field intake.
- ☐ Put on waiting list for intake.
- ☐ Determined not eligible/appropriate for program and letter mailed to provider.

Person completing this form. \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_