

EDI Cross Agency Referral Form

Referral Date: _____

Part I: Referral Information [to be filled out by Referral Agency]

A. Consent to referral:

Tenant: ☐ Yes ☐ Release attached
Landlord: ☐ Yes ☐ Release attached

B. Referral Agency:

☐ HCEC (Agency Name; Contact Person Name, Email, Phone; Agency Case/Client #?):
☐ RAA (Agency Name; Contact Person Name, Email, Phone; Agency Case/Client #?):
☐ TPP (Agency Name; Contact Person Name & Email/Phone, Agency Case/Client #?):
☐ CMC (Center Name; Contact Person Name, Email, Phone; Agency Case/Client #?):
☐ FRC (Center Name; Contact Person Name, Email, Phone; Agency Case/Client #?):
☐ Legal Services (Agency Name; Contact Person Name, Email, Phone):

Referral Agency Information:

C. Receiving Agency:

☐ HCEC (Agency Name; Contact Person Name, Email, Phone; Agency Case/Client #?):
☐ RAA (Agency Name; Contact Person Name, Email, Phone; Agency Case/Client #?):
☐ TPP (Agency Name; Contact Person Name & Email/Phone, Agency Case/Client #?):
☐ CMC (Center Name; Contact Person Name, Email, Phone; Agency Case/Client #?):
☐ FRC (Center Name; Contact Person Name, Email, Phone; Agency Case/Client #?):
☐ Legal Services (Agency Name; Contact Person Name, Email, Phone):

Receiving Agency Information:

D. Parties:

Tenant (Name, Email, Phone, Address):

Landlord (Name, Email, Phone, Address):

Tenant Attorney (Name, Email, Phone):

Landlord Attorney (Name, Email, Phone):

How many **adults** are there in the household?

How many **children** are there in the household?

Is anyone in your household pregnant? Y/N

How much is tenant's rent share?

What is/are all household income source(s) and monthly amount(s)?

Please check type of housing:

- ☐ Section 8 Voucher (Administering Agency for Section 8: _____)
- ☐ Massachusetts Rental Voucher (MRVP)
- ☐ Project-based subsidy
- ☐ Public housing
- ☐ Private market

Please check here ___ if unknown and needs to be clarified

(describe)_____

E. Services Referred to:

- ☐ Financial Assistance (rent, mortgage)
- ☐ Housing Counseling and Education
- ☐ Tenancy Preservation Program (family member disability, elder, other)
- ☐ Mediation Services
- ☐ Legal Help
- ☐ Emergency Assistance/HomeBASE/Rapid Rehousing/METAR
- ☐ Family Resource Center
- ☐ Other (please specify): _____

F. Case Status: (check all that apply)

- ☐ COVID-related rental crisis -risk of eviction due to impact of COVID
- ☐ CDC Moratorium Declaration given to Landlord
- ☐ RAFT/ERMA Application filed or in process (Date of Application, if known: _____)
- ☐ Notice to Quit issued (no court involvement yet) (Date of Notice to Quit, if known: _____)
Reason for Eviction: __Non-payment of rent __No Fault __ Other
- ☐ Summons & Complaint filed in BMC, District Court or Housing Court:
- ☐ Are any court events scheduled? Include dates, if known: -----
- ☐ Other (please specify): _____

G. Reason for Referral to Community Mediation: (check all that apply):

- ☐ Parties seek a confidential setting and flexible process to resolve the dispute
- ☐ High level of conflict between the parties – relationships are frayed
- ☐ Communication problems exist between the parties
- ☐ Different levels of knowledge and access to information
- ☐ Both or only one party is represented by an attorney
- ☐ Issues are complex, involve multiple parties and/or require specialized expertise
- ☐ Other (please specify): _____

H. Referral to Legal Services: (check all that apply):

All cases at the Notice to Quit stage should be referred to Legal Services if the person is low income (up to 200% federal poverty level). Landlords must be the owner occupants of two or three family properties.

- ☐ Notice to quit issued or case is in court
- ☐ Other _____

I. Brief Description of Dispute: