



**Executive Office of Housing and Livable Communities**  
**Division of Housing Stabilization**  
**Incident Report (IR)**

<b>Request for a finding of Noncompliance</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Request for a Transfer*</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If Transfer Request, External*</b>	<input type="checkbox"/> Yes, External	<input type="checkbox"/> No, Internal
<b>Request for a Domestic Violence Assessment (DV-A) *</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*\*If requesting a Transfer and/or DV Assessment, additional information towards the end of this IR must be provided.*

<b>Today's Date</b>				
<b>Shelter Agency Name</b>				
<b>Shelter Program Name</b>				
<b>Type of Shelter</b>	<input type="checkbox"/> Congregate	<input type="checkbox"/> Co-Shelter	<input type="checkbox"/> Scattered Site	<input type="checkbox"/> Hotel
<b>Name and Title of Staff completing report</b>				
<b>Email and Phone Number of Staff completing report</b>				

	<b>Names of all Household Members</b>	<b>Relationship</b>	<b>Age</b>	<b>Sex</b>		
1		HOH		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
2				<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
3				<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
4				<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
5				<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
6				<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
7				<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
8				<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
9				<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
10				<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
11				<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
12				<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
13				<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
14				<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
15				<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other

<b>Pre-incident</b>	
<b>Cause of the incident</b>	

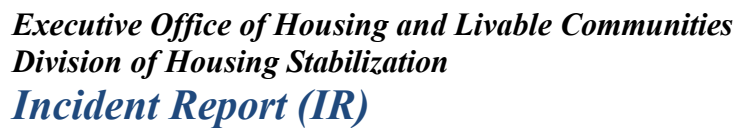


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<b>Evident warning signs</b>	
<b>Actions to prevent</b>	

<b>Date of Incident</b>	<b>Time of Incident</b>	<b>Full Address Location of Incident</b>

<b>Details of Incident</b> <i>Please describe the event in detail, including any relevant information, injuries, if there were witnesses, and other impacts.</i>



<b>Any additional information?</b> <i>Please add any other information not asked above that is important to be aware of</i>



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***Internal or External Transfer***

If requesting an *Internal* (within your organization) or *External* (outside of your organization) Transfer, please **copy and paste** the following template in a new email and, once completed, send it to [amy.greenwood@mass.gov](mailto:amy.greenwood@mass.gov); [barbara.j.duffy@mass.gov](mailto:barbara.j.duffy@mass.gov); and [melissa.goris@mass.gov](mailto:melissa.goris@mass.gov).

HOH's Name:

ETO Case Number:

Primary Language:

Phone Number:

Email (if available):

Family Composition:

Current Address, City & Zip (including unit capacity):

Proposed Address, City & Zip\* (including unit capacity):

Reason for Transfer:

Does the participant have approved or pending reasonable accommodation (ADA)?

If yes, what type of accommodation? (i.e. support animal; scattered site; etc.)

Is this participant pending termination of EA benefits or engaging in an appeal process?

If yes, please provide the reasons for the termination:

Are there any known services or support(s) in place that could be affected due to this transfer?

Indicate and identify if anyone in the family is expecting and/or if HOH is in the process of a

PAAHM Date of proposed transfer\*

*\*If an internal transfer*

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***Domestic Violence Assessment (DV-A)*** If requesting Domestic Violence Assessment (intimate partner or family violence), please **copy and paste** the following template in a **new email** and, once completed, send it to [diana.santana@mass.gov](mailto:diana.santana@mass.gov) and cc: [elizaire.denis@mass.gov](mailto:elizaire.denis@mass.gov) and [antoine.gelin2@mass.gov](mailto:antoine.gelin2@mass.gov)

HOH's name:

This DV-A is for (EA Participant's Name):

Primary Language:

Phone Number:

Secondary Contact, if applicable (i.e. shelter number if the survivor's phone is unavailable)

Type of Shelter (congregate, co-shelter, hotel, SS):

Full Shelter Address:

Incident Type (i.e. assault, knowledge of location, etc.) and Details:

Is the Identified Abuser part of the household?

If yes, are they still on site?

When is the safe time to contact the survivor?

Has the identified survivor been informed they will be contacted for a DV assessment?