

## Length of Stay Hardship Waiver Application

### Instructions

This form is for families who want to apply for a **Hardship Waiver**. A Hardship Waiver allows families who have certain health and safety risks to stay in shelter for an additional 30 days.

You may be eligible for a Hardship Waiver if your family has certain health conditions or risks. We are asking these questions to see if you meet the criteria.

### Who can apply for a Hardship Waiver?

**Not everyone is eligible for a Hardship Waiver. Use these questions to see if you might qualify.**

Have you been given your shelter end date?

☐ Yes ☐ No

*This means you have received a 100 notice, or a shelter end date on your placement letter.*

Do any of the following statements apply to you?

☐ Yes ☐ No

- I have a child who will be younger than 6 years old on my shelter end date.
- Someone in my family is a veteran.
- Someone in my family has a high-risk pregnancy.
- Someone in my family has a *documented disability*\*.
- My family is at risk of harm due to domestic violence.

If you checked YES for any questions above, you may be eligible, and you should fill out this form.

**If you checked NO for any question, you are not eligible and you should not fill out this form.**

### When can I apply for a Hardship Waiver?

Applications must be submitted in month 5 (between day 120 and day 150) of your shelter stay. We will send you an email reminder when the hardship waiver application window opens for your family and another reminder before the application window closes. Late applications will only be accepted with a documented good cause.

### What happens after I submit this form?

We will review this form to see if you could be eligible for a Hardship Waiver.

- Your application may be *dismissed* without further consideration if:
  - Your answers on this application indicate that you do not meet eligibility criteria.
  - Your application is submitted late without documented good cause.
- Your application may be *denied* if the information on your application shows that you are not eligible.
- Your application may be *approved* if the information on your application shows that you are eligible.
- If we need more information to assess your eligibility, we may:
  - Contact you to schedule an assessment with a medical provider.
  - Contact you the Department of Transitional Assistance (DTA) to ask for additional information about your family.
  - Contact you to ask for additional information or documents.



## Where should I submit this form?

Applications should be submitted via the Hardship Waiver Application Upload Tool. Some questions require supporting documents. You should upload your supporting documents with your application in the Hardship Waiver Application Upload Tool.

1. Go to the **Hardship Waiver Application Upload Tool** at <https://applyhousinghelp.mass.gov/s/hardshipcasesearch>
2. Provide your **Last Name** and **Family Case Number**.
3. Click the "Next" option.
4. Click "Upload Documents" or drag and drop documents to upload your application form and any other supporting documents.
5. Click "Done".



If you don't know your **Family Case Number**, ask your EA Shelter Provider to help you find it.



**Please be sure to upload this application through the Hardship Waiver Application Upload Tool. **DO NOT** send Hardship Waiver Applications via email to EOHLC. This is to protect your sensitive information!**

**Please answer all questions in this application truthfully and accurately. Not completing this form fully may result in a delay or denial of your application.**

## Family Information

We need some basic information about your family to process your application.

**Please tell us some details about your family.**

Head of Household Name

Family Case Number

Head of Household Date of Birth

MM

DD


YYYY

Emergency Assistance Shelter Location

Phone Number

Email Address



 Throughout this application, we will place this document symbol where you are required to upload a document. Applications cannot be processed without all required documents.

## Under 6

Do you have a child who will be 5 years old or younger on your shelter end date?

☐ Yes ☐ No

## Veteran Status


Is anyone in your family (in shelter with you) a veteran? As defined at <https://www.mass.gov/info-details/eligibility-and-service-requirements>

☐ Yes ☐ No

If yes, is the veteran family member enrolled in any services to support veterans?

☐ Yes ☐ No ☐ Not Applicable

## High Risk Pregnancy

 Do you or anyone in your family have a high-risk pregnancy?

☐ Yes ☐ No

Please upload a letter or document from a medical provider confirming that you are pregnant and your due date. You do not need to submit any other information about your pregnancy.

You should **not** upload any other medical documents, except for confirmation of pregnancy. Any necessary medical checks will be completed by a nurse.

## Disability

Does anyone in your family have a documented Intellectual or Developmental Disability as verified by the Department of Public Health (DPH) ?

☐ Yes ☐ No

Does anyone in your family have a disability verified by the Department of Transitional Assistance (DTA)?

☐ Yes ☐ No

Does anyone in your family receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits?

☐ Yes ☐ No

## Clinical Assessment

If you need a medical assessment to verify your eligibility, you can choose how to complete it.

**Please check the box next to the option you prefer.**

Option A is recommended as most families find this the quickest and most convenient option.

☐ **Option A: \*\* Recommended \*\***  
Have a nurse from the Department of Public Health (DPH) call me to complete my assessment virtually.

☐ **Option B**  
Go in person to an assessment site (in Revere) to have my assessment completed by a nurse.

☐ **Option C**  
Have DPH work with my medical provider to submit the information necessary to confirm my eligibility. ***Delay in provider response could result in a denied Hardship Waiver.***

## Medical Provider Contact

If you selected **Option C** on the clinical assessment option, please provide your provider contact information below.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***By providing this information, you are authorizing Department of Public Health (DPH) to contact your medical provider on your behalf.***



## Domestic Violence Risk

You may be eligible for a Hardship Waiver if your family is at risk of harm due to domestic violence. These questions ask more about your situation so we can determine if you are at risk. You are not required to file a police report in order to be eligible for a Hardship Waiver.

### What is Domestic Violence?

Domestic violence is when someone harms or threatens another person they are in a close relationship with. Domestic violence (DV) can be physical, verbal, emotional, economic or sexual in nature. If you are experiencing domestic violence, there are people who can help. Go to [mass.gov/info-details/domestic-violence-programs-for-survivors](https://mass.gov/info-details/domestic-violence-programs-for-survivors) to find help local to you. Your EA Shelter Provider can also help you.

**Some of the questions in this section require supporting documents.** Please submit one or a combination of the following:

- Court, medical, criminal, child protective service, psychological, law enforcement or school records containing details of the domestic violence.
- Documents that show that you have obtained an order of protection or have taken other legal steps to end the domestic violence.
- Evidence that you have sought safety in a domestic violence shelter or similar refuge.
- Documentation of injuries such as medical records or photographs.
- If you are unable to obtain the required documentation, or if documents submitted are inconclusive for proving past or current domestic violence, submit a sworn statement from yourself and at least one other individual with knowledge of the circumstances that specifically details a history of domestic violence, rape or incest and other facts which support your application.

**Note:** A sworn statement is a person's statement of facts about a situation. The document is considered sworn by the writer including a statement that they understand it is a crime to knowingly submit false information.

The statement must include:


- The name, address, and phone number or email address of the person writing the statement.
- Your name, or the Hardship Waiver applicant's name.
- The date on which the statement is being made.
- A detailed statement about the domestic violence you have experienced or are experiencing.





## Domestic Violence Risk


Is your family currently experiencing domestic violence, or has your family experienced ☐ Yes ☐ No domestic violence in the last 9 months?

Is your family working with the DTA Domestic Violence Unit for help with recent domestic violence concerns? ☐ Yes ☐ No

 Is your family working with a specialist domestic violence organization for help with recent domestic violence? **If yes, please attach a supporting document.** ☐ Yes ☐ No

 Have you filed any police reports about domestic violence incidents? **If yes, please attach a copy to your application.** ☐ Yes ☐ No

 Do you have, or have you filed for, a restraining order against the abuser? **If yes, please attach a copy with your application.** ☐ Yes ☐ No

 Do you have a domestic violence safety plan? **If yes, please attach a copy with your application.** ☐ Yes ☐ No



Please remember to upload all relevant documents required in the section above.



## Late Application



**If you are submitting your application less than 30 days before your exit date, you must complete this section. Otherwise, skip to Page 7.**

**This section requires documents. You must upload documents with your application to support your reason for sending your application late.**

Late applications will only be accepted in rare cases. For example:

- Your family has a new health or safety risk that makes you eligible for a Hardship Waiver. For example, someone in your family has recently developed a new health condition.
- Your family had a crisis or emergency that required your immediate attention and prevented you from submitting the application on time. Examples of emergencies are:
  - Serious illness or injury requiring treatment or hospitalization.
  - Death of a family member.
  - Being the victim of a crime.
  - Other emergencies beyond your control.

**In English, please explain your reason for submitting your application late.** If you need support to write in English, please contact your EA Shelter Provider for help.



## Confirmation and Signature



**Please make sure you have uploaded all documents. Go back and check all questions with the document icon.**

Please upload any documents you have as supporting evidence for your application

I confirm this information is complete and accurate at the time the Hardship Application was completed and understand it is a crime to knowingly give false information. I give the Executive Office of Housing and Livable Communities (EOHLC) permission to contact other state agencies about my application.

Signature

Date

MM

DD

YYYY