Other Agency Certification of Shelter and Utility Costs

Give this form to DTA

- By Mail: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
- By Fax: (617) 887-8765
- Upload to the DTA Connect App
- In person at your local DTA office

Section A – Client's Residential Information

_____ _____

Client Name | Last 4 Digits of Client's SSN or Agency ID

_____ _____ _____ _____

Client's Residential Address | City/Town | State | Zip Code

Section B – Licensing Agency (Choose One)

☐ Department of Developmental Services ☐ Department of Mental Health ☐ Department of Public Health

☐ Department of Children and Families ☐ Department of Youth Services ☐ MA Rehabilitation Commission

☐ MA Commission for the Blind ☐ MA Commission for the Deaf and Hard of Hearing ☐ Other: _____

Section C – Facility Type (Choose One)

☐ State Operated - Group Home ☐ State Operated - Independent Living ☐ Vendor Operated - Group Home

☐ Vendor Operated - Independent Living ☐ Residential Drug Treatment Program ☐ Residential Alcohol Treatment Program

☐ Residential Teen Living Program ☐ Halfway or Sober House ☐ Other: _____

Section D – Household Information

Does the client reside with his/her spouse or child(ren) in the Residential Facility? ☐ Yes ☐ No → If yes, please provide their names:

_____ _____ _____

Section E – Shelter and Utility Information

1. Is the client responsible to pay for housing through his/her monthly charges for care OR separate billing? ☐ Yes ☐ No
   a. If yes, how much is the client charged for housing costs each month? $ _____
2. Is the client responsible to pay for utilities through his/her monthly charges for care OR separate billing? ☐ Yes ☐ No
   a. If yes, which utilities does the client contribute towards? Please check all that apply:

☐ Heating (seasonal) ☐ Cooling (seasonal) ☐ Electric ☐ Gas (cooking fuel)

☐ Water/Sewerage ☐ Trash Removal ☐ Phone (landline, cellular or prepaid)

_____ _____ _____/_____/_____

Other Agency Representative Name (Print) | Other Agency Representative Signature | Date