

Betty's Place Transitional Program
40 Berkeley Street
Boston, MA 02116
Phone: (617) 482-1126
Fax: (617) 482 -7524

INTAKE & REFERRAL PROCEDURE

Referrals to Betty's Place are received from Shelters, Transitional Program and other Social Service Agencies that have worked with the applicant for a period of time may initiate a referral. A referral form is to be completed by the person(s) referring and submitted to Betty's Place.

Self-referrals are also accepted, if applicant is not residing in a shelter/transitional program, but they must also meet the criteria for appropriate referrals. A telephone interview is held to establish if the applicant meets the preliminary qualifications for appropriate referrals. If the applicant meets all criteria, she will be called in for an interview. Applicants will be made fully aware of the expectations of Betty's Place at the time of the interview.

ELIGIBILITY CRITERIA

Betty's Place offers transitional housing for women who meet the following criteria:

- Applicant must be single female without children in custody.
- Applicant must be 18 years of age and older.
- Applicant must provide a signed verification of homelessness from a recognized shelter or social service provider.
- Applicant must be U.S. citizen or permanent resident.
- Applicant must have at least 6 months of continuous sobriety prior to having their referral forms submitted.
- Applicant must be employed or receiving benefits. If receiving SSI/SSDI or other benefits client must be capable of doing 20 hours per week of volunteer work.
- Applicant need to be motivated and committed to their recovery and demonstrate a strong commitment to taking responsibility for improving their lives.
- Applicant must be able to live communally in a safe and structured residence.
- Applicant must be willing to work with a case manager to set and achieve goals.
- Applicant must desire to move from dependency to independence and capable of living independently with minimal supervision.
- Applicant must not be pregnant
- **If applicant is receiving mental health counseling a copy of a psycho-social evaluation should be forward to Betty's Place.**

INTAKE PROCESS

The intake process consists of 3 separate interviews. You will be asked to turn in additional documents along with your application. Please refer to the checklist provided to ensure your application packet is complete.

Upon completion of the interviews, if an applicant is accepted to Betty's Place a staff member will contact the applicant case manager and she will be placed on our acceptance waiting list. If denied (for any reason) a staff member will contact the case manager. All perspective residents will be required to contact Betty's Place on a weekly basis. This is to ensure that they are still interested, in need of

housing service, maintaining their obligations and still in compliance with the program admission criteria. As beds become available they will be filled from the acceptance list. A random urinalysis will be requested at the date of the scheduled move in date.

To make a referral, or apply to our program, call the office at (617) 482-1126 or fax the referral form to (617) 482- 7524.

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Referral Form

Today's date: _____

Name of applicant: _____

D.O.B: _____ Race/Ethnicity: _____ S.S #: _____

Place of birth: _____ Status in the USA: _____

Client cell phone #: _____

Marital status: Single Married Separated Divorced Widowed

Pregnant Yes No

Referring case manager/counselor: _____

Phone # of case Manager/ Counselor: _____

Name of shelter/program: _____

Address: _____

How long have you been homeless? _____

Reason(s) for homelessness: _____

Education Level: _____

Source of income: Employed Unemployed Benefit Benefit Source & Amt. _____

Employer: _____ Telephone #: _____

How long employed? _____ Current Position: _____

Hours per week: _____ Hourly wages: _____ Monthly income: _____

Address: _____

Do you currently receive food stamps? Yes No Amount: _____

Is there any reason that you cannot currently work? _____ if yes, please explain: _____

Are you in recovery: Yes No If in recovery, list drug(s) of choice: _____

Length of sobriety: _____

What ongoing services do you need to continue your sobriety? _____

Have you ever been diagnosed with mental illnesses? Yes No When? _____

What was your diagnosis? _____

Are you receiving counseling? Yes No if yes name and phone number of Therapist/Psychiatrist:

Name of medication(s) currently taking: _____

Medical Insurance? _____

Are you involved with the legal system? Yes No Charge _____

Are you on parole? Yes No if yes wrap-up dates: _____

Are you on probation? Yes No if yes wrap-up dates: _____

What are your permanent housing goals and what type of housing? _____

Are you currently working with other social services programs? What agencies and types of services?

What do you think our transitional program can offer you? _____

What are your three main goals during your transitional stay?

1. _____
2. _____
3. _____

Client Signature: _____

Case Manager/Counselor Recommendation Form

Time known client: _____

What are the applicant's strengths? _____

What services has your agency provides to the client: _____

Please list the services currently being provided to the applicant by other agencies: _____

What goals has the applicant been working? _____

What goals have not been accomplished and why? _____

What are some areas that you believe the applicant may need to address? _____

Please describe your observation of how the client interacts with other residents in the shelter: _____

Case manager/Counselor Signature: _____ Date: _____