

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 with a homeless verification certificate.

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.

Eligible criteria:

- **Single homeless women at least 18 years or older**
- **U.S. citizen or permanent resident**
- **(6) months clean of all drugs or alcohol and can provide proof**
- **Employed or receiving benefits. If receiving SSI/SSDI or other benefits client must be capable of doing 20 hours per week of volunteer work.**
- **Motivated and committed to their recovery and demonstrate a strong commitment to taking responsibility for improving their lives**
- **Applicants should be medically and psychiatrically stable, and independent with ADL skills**
- **Desire to move from dependency to independence and capable of living independently with minimal supervision**
- **In good physical condition, not pregnant**
- **If applicant is receiving mental health counseling a copy of a psych-social evaluation should be forward to Betty's Place.**

Betty's Place has an interview process of three separate interviews. 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 client: _____

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

Place of birth: _____ Status in the USA: _____

Marital status: Single Married Separated Divorced

Name of shelter/program: _____

Referring case manager/counselor: _____

Phone # of case Manager/ Counselor: _____

Client cell phone #: _____

Resident Address: _____

How long have you been homeless?: _____

Reason(s) for homelessness: _____

Education: _____

Source of income: ___ Employed ___ Unemployed ___ Benefit type ___ Benefit Amt.

Employer: _____ Telephone #: _____

Address: _____

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

Do you currently receive food stamps? Y/N Amount: _____

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? Y/ N 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: _____

Do you have any medical needs you are concern about? Y/N _____

Medical insurance? _____

Are you involved with the legal system: Yes /No How _____

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

Are you working with any housing agency: Y / N, if yes name of agency:

Why do you feel you will make a good applicant for Betty's Place? _____

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(The following one page is to be completed by the referral source)

Time known client: _____

Please list the services that you are currently providing to the applicant: _____

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

What goals has the applicant been working on/accomplished while at your program? _____

What goals have not been accomplished, and for what reason? What are some areas that you

Believe the applicant may need to address? _____

How has the applicant interacted with other residents? _____
