

DEPARTMENT OF HUMAN RESOURCES

Baltimore City
Department of Social Services



Molly McGrath
Director

Talmadge Branch Building
1910 N. Broadway
Baltimore, Maryland
21213

Information:
443-423-6300



Sheila Dixon
Mayor

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TDD 443-423-6502

An Equal Opportunity Employer

BCDSS HEESU SHELTER REFERRAL

Case Name: _____

Date: _____

Dear _____:

Please be advised that emergency shelter has been arranged for you for a **30-day stay** until _____.

The Baltimore City Department of Social Services, Homeless Emergency Environmental Services Unit (HEESU) is providing this overnight shelter for you so you may spend your daytime hours looking for more permanent housing.

Like you, many persons are in need of emergency shelter. We hope you will use your time wisely while in shelter. We will expect you to move on to other living arrangements by _____.

I _____ hereby agree to the following conditions while residing in shelter and understand that failure to comply with the below listed regulations may result in termination from shelter.

1. I agree not to drink alcohol or use drugs while residing in shelter;
2. I agree to participate in urine analysis/screening;
3. I agree to discuss any changes in my situation by contacting the Homeless Emergency Environmental Services Unit (HEESU).
4. I agree _____.
5. Income _____
Source and amount

Signature of Resident & Date

HEESU Case Manager & Telephone No.