



Transfer Request Form

Date: ___/___/20___ Name of Staff/Agency Requesting Transfer: _____

Head of Household/Client **HMIS Number:** _____

Current Housing Program: _____ Program Entry Date: _____

of People in Household: ___ | # Adults ___ | # Children: ___

Is Disability Documentation Attached? Yes / No | Homeless History Documentation Attached? Yes / No

If no, explain why: _____

If more room is needed for responses, attach additional pages – do not write on the back of the form.

1. Please explain the reason for the transfer request:

2. Please describe the program staff’s strategies to stabilize the housing.

3. What community services are the client currently utilizing?

4. What other services are available to the client to use?

5. In what ways do program staff think a transfer will make a difference?

6. What does the participant want regarding their housing?

7. How quickly does the transfer need to be completed?

.....
Authorized Agency Signature: _____ Date: _____

Emailed on: ___/___/20___ CE System Administrator *and* CoC Lead Agency *and* CoC Director

.....
Date of Agency Conference _____

Recommendation to proceed with transfer granted | denied

Date referral to priority list: _____

Date(s) discussed at CE Case Staffing Meeting _____

Disposition granted | denied

If the transfer is granted, the participant transfer to the following program _____

If denied, why: _____

Date participant notified ___/___/20___