

Housing Transfer Request

Please review the questions below and check all boxes that apply to participant's current housing.

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Houser: \_\_\_\_\_ Transfer Requested By: \_\_\_\_\_

Date of Placement into Current Program: \_\_\_\_\_ HMIS#: \_\_\_\_\_

The Participant's SPDAT score at admission to project \_\_\_\_\_ Date completed: \_\_\_\_\_

The current SPDAT score: \_\_\_\_\_ Date of new SPDAT assessment: \_\_\_\_\_

Has an eviction been filed? Yes  No  N/A  Court date: \_\_\_\_\_

Was the participant a transfer into this housing program? Yes  No  N/A

If yes, prior program name \_\_\_\_\_

If yes, please explain why participant was transferred into current housing program.

\_\_\_\_\_

Has the size of family and/or composition of family changed? Yes  No  N/A

Please Explain: \_\_\_\_\_

Is the transfer related to harm to self or others? Yes  No  N/A

Please Explain: \_\_\_\_\_

Has the participant had any **one or more** of the following housing concerns?

- Housing policy violations
- Conflict with other residents
- Open criminal charges (include case number(s) below)
- Notice for non-payment
- Conflict with Staff
- Active warrants

\*If yes, please provide brief explanation including dates, number of times, and the end result.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the participant requested a reasonable accommodation? Yes  No  N/A

Circumstances Justifying Transfers:

Victims of domestic violence, dating violence, sexual assault, or stalking who are eligible for emergency transfers;

Victims of a crime with documentation provided by a police report or a statement by a licensed Mental Health or Substance Use Disorder Treatment Provider;

Those with disabilities that cannot be accommodated in their current units with documentation provided by a statement by a licensed Mental Health or Healthcare Provider or Substance Use Disorder Treatment Provider;

Those whose transfers are warranted by a change in the size or composition of their households; or

In the case of a PSH program closing.

Has there been any changes in participant's income since being placed in program?

Yes  No

Current Income

Source

Family Size

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Has the participant and/or project attempted to resolve the current housing issue by following recommendations of an agency/counselor/supportive services/etc.?

Yes  No

Please explain how the participant attempted to resolve the current housing issue.

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Please explain how the project attempted to resolve the current housing issue.

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Participant Name: \_\_\_\_\_ Participant Signature: \_\_\_\_\_

Please Print

Participant Contact Number: \_\_\_\_\_ Date: \_\_\_\_\_

Requester Signature: \_\_\_\_\_ Next Level Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_