

**PROVIDER TO PROVIDER
DIRECT TRANSFER REQUEST FORM**

For Use by: ALL PROVIDERS GOVERNED BY THE HOMELESS SERVICES REFORM ACT SEEKING TO TRANSFER A CLIENT WITHIN THE CONTINUUM OF CARE.

NOTE: Providers seeking to transfer families from one Temporary Family Program to another Temporary Family Program should use the REQUEST FOR A TEMPORARY FAMILY SHELTER TRANSFER form.

SIDE A - Request for a Transfer:

Today's Date: _____

From (Agency/Program Name making the transfer request): _____

To (Agency/Program Name): _____ Phone: _____

Client Name: _____

Number of individuals: Adult Male ____ Adult Female ____ Child Male ____ Child Female ____

Specific Unit Configuration (if needed): _____

Has the client consented to the transfer? Yes ____ No ____

Reason for Transfer:

____ A. New program for which the transfer is being requested better meets the client's needs in accordance with their case management plan.

Explain: _____

____ B. Client has failed or refused to comply with Program Rules and Client Responsibilities as outlined in Section 20(b) and Section 11 of the Homeless Services Reform Act (HSRA).

Explain: _____

____ C. Client has engaged in behavior prohibited by Section 22(2) of the HSRA, such as:

- ____ Possessing a weapon on provider's premises
- ____ Possessing or selling illegal drugs on provider's premises
- ____ Assaulting or battering any person on provider's premises
- ____ Endangering your own safety or the safety of others on provider's premises
- ____ Vandalizing, destroying, or stealing property on provider's premises
- ____ Failing to accept two offers of appropriate permanent or supportive housing
- ____ Knowingly and repeatedly violating the provider Program Rules.

____ D. Other (please specify a reason for transfer request)

Explain: _____

Program Director Name: _____

Signature: _____

Please forward completed Side A of Transfer Request Form to recipient Agency/Program for their consideration.

DO NOT MODIFY THIS NOTICE

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To be completed by: The Provider to which the transfer request is made.

SIDE B: Response to Shelter Transfer Request:

Please complete Section 1 if the transfer is approved. Please complete Section 2 if the transfer is declined. Then, send the form back to the Program requesting the transfer.

Section 1 - Transfer Approval:

Agency/Program Name: _____

Accepts the transfer of (client name): _____

Contact Person at the Accepting Program: _____

Move in Date: _____

Program Director Name

Signature

Date

Section 2 – Decline Transfer:

Agency/Program Name: _____

Declines the transfer of (client name): _____

Please select a reason for declining this transfer request:

____ A. Program is at capacity at this time

____ B. The requested unit configuration is not available

____ C. This client does not meet our program's eligibility requirements

Explain: _____

____ D. Other

Explain: _____

Program Director Name

Signature

Date

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