



Notice of Transfer
(Non-DHS Funded Programs)

Client Name _____
Date Notice Issued

You are being transferred from: _____

To: _____

Your transfer will be effective at 5:00 p.m. on _____. (This date must be *at least* 15 calendar days from the date of this notice.)

- *If you agree* with this transfer and the placement is available prior to the effective date, you may choose to transfer prior to the effective date.
- *If you don't agree*, but the transfer placement is available, you must move to the new placement on the effective date or thereafter, when it becomes available. From your new placement, you may appeal the transfer as explained on the back of this form.

This action is being taken for the following reason(s):

- _____ You have agreed to the transfer; **OR** _____ **(Client Initials)**
- _____ The provider has found and secured a placement with another program that better meets your needs in accordance with your case management plan; **OR**
- _____ You have failed or refused to comply with your client responsibilities; **OR**
- _____ You have engaged in the following behavior, prohibited by the Program Rules:
 - _____ 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's Program Rules:

Specifically, the factual basis for this action (including dates) is:

(If you need additional space please attach a separate sheet)

You Have the Right to Appeal Our Transfer Decision

If you disagree with this decision, you have the right to appeal it through an Administrative Review. This process is described on the back or is attached. This transfer and your appeal rights will be explained to you by the person listed below.

A Copy of This Notice of Transfer was provided to the client by:

_____ Hand delivery by _____
Provider's Program Director Signature and Title Date

By signing this, I am admitting only that I received a copy of this Notice.

Client Signature Date Witness Name (printed) and Signature Date
(If client refuses to sign)

Your Right to Appeal Your Shelter or Supportive Housing Transfer

If you disagree with our decision to transfer you to another shelter or supportive housing placement, you can appeal through an Administrative Review which will be conducted by The Community Partnership for the Prevention of Homelessness (TCP).

YOU MUST REQUEST AN ADMINISTRATIVE REVIEW WITHIN 15 CALANDAR DAYS OF RECIEIVING WRITTEN NOTICE OF THE TRANSFER. However, you must transfer to the new placement by the effective date of the transfer and remain there during your appeal. If this decision is overturned, you will be placed back in the original lacement.

To Request an Administrative Review:

- Please reach out to a staff member of the program you are participating in to request an Administrative Review Request form. Please fill out this form as thoroughly as possible. You are able to submit this form by email, in person, or with a TCP staff member over the phone.
 - Submit by Email: appeals@community-partnership.org
 - Submit by Phone: 202-543-5298
 - Submit in Person: 801 Pennsylvania Ave SE, Suite 360, Washington, DC 20003
 - You can also tell a staff member of the program you are participating in that you want an Administrative Review. The staff member must help you make your request.

The Administrative Review Process:

- Within five (5) business days of the receipt of your Administrative Review Request, a notice will be sent to you informing you of the time, date, and location of the Administrative Review.
- During the Administrative review, you or your representative will have the opportunity to present your facts and provide any supporting documentation and/or information.
- Within ten (10) business days of your Administrative Review The Community Partnership for the Prevention of Homelessness (TCP) will render a final decision in regards to your appeal. You will be notified of this decision in writing.
- If you do not appear at the Administrative Review, you will still have the opportunity to request a second review. However, if the second review is missed, TCP staff will render a final decision.

At Your Fair Hearing or Administrative Review:

- You have the right to be represented by a lawyer (see below), relative, or any other person of your choice who is not an employee of the The Community Partnership and to bring witnesses or evidence that helps your case.

Free legal representation may be available from:

- *The Washington Legal Clinic for the Homeless at (202) 328-5500*
- *Legal Aid Society of the District of Columbia at (202) 628-1161*
- *Bread for the City at (202) 265-2400 OR (202) 561-8587*

Discrimination claims:

- If you think you have been discriminated against because of your race, religion, color, sex, national origin, disability, personal appearance, age, marital status, sexual orientation or another basis, you may call the D.C. Office of Human Rights at 727-4559 within 365 days of the act.

DO NOT MODIFY THIS NOTICE

Official document developed by The Community Partnership for the Prevention of Homelessness (Created 356/19)