

**TEMPORARY FAMILY HOUSING
TRANSFER REQUEST FORM**

To be completed by: Temporary Family Housing Provider

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 Signature: _____

Date: _____

Please forward completed Side A of Transfer Request Form to the Virginia Williams Family Resource Center for their consideration.

DO NOT MODIFY THIS NOTICE

Official document developed in accordance with the Homeless Services Reform Act of 2005 (4/1/06)

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To be completed by: The Virginia Williams Family Resource Center (VWFRC)

SIDE B: Response to Provider Transfer Request:

Please complete Section 1 if the transfer is approved. Then, send the form to the Temporary Family Program requesting the transfer and to the program the family is being transferred to. If the transfer is declined, only send the form back to the Temporary Family Program requesting the transfer.

Section 1 - Transfer Approval: The following family has been approved for transfer to another temporary family housing program.

Transfer Of (client name): _____

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

Transfer To: (Agency/Program Name): _____

Contact Person at the Accepting Program: _____

Move in Date: _____

VWFRC Staff Name

Signature

Date

Section 2 – Decline Transfer:

Transfer request for (client name): _____ **is declined at this time.**

Please select a reason for declining this transfer request:

____ A. There is no temporary family housing availability at this time

____ B. The specific requested unit configuration is not available

____ C. This client does not meet eligibility requirements

Explain: _____

____ D. Other

Explain: _____

VWFRC Staff Name

Signature

Date

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