

## Transfer Request Form

Please DO NOT use the Participant Name on this form.

Participant HMIS #: \_\_\_\_\_

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

Transfer Priority Level			
<b>1</b> Immediate safety concern or  Emergency Change of Circumstance	<b>2</b> RRH to PSH	<b>3</b> Grievance/ Program Violation	<b>4</b> Program Change (such as capacity/funding cut)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Program Information:

1. Program Name: \_\_\_\_\_
2. Program Contact/Case Manager submitting request: \_\_\_\_\_
3. Phone Number of Contact submitting request: \_\_\_\_\_
4. Desired Transfer Destination (If applicable): \_\_\_\_\_
5. Transfer requests must be reviewed and approved by the program director.  
 Director Signature: \_\_\_\_\_

### Participant Information:

1. # of Months Homeless (upon program entry): \_\_\_\_\_
2. Most Current VI Score: \_\_\_\_\_
3. Please check answer that best describes participant current living situation:

Homeless	Shelter	Bridger	RRH	PSH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. For how long has the participant been in the current living situation (while enrolled in your program)? \_\_\_\_\_ Years \_\_\_\_\_ Months

### Transfer request information:

***Please answer the following questions, if they do not apply, simply put N/A.***

1. Please briefly summarize major reasons why this participant is in need of a program Transfer to other CoC/ESG programs:

2. Has the agency communicated with the participant about the potential transfer opportunities?

- Yes
- NO

3. Is the client willing to engage in the transfer process and those opportunities?

- Yes
- NO

4. Is the cause of this request due to the participant causing repeated harm to themselves or others, or hands-on violence?

- Yes , please add any details if it is not covered above:\_\_\_\_\_
- NO

5. Is the client engaging in services?

- All
- Some
- None

Please attach supporting documents/reports filed of concerning behavior

- Attached Documentation

6. In the event that a client is a threat to themselves or others and may be in need of hospitalization, have you contacted and advocated for the client with Crisis Services (or other emergency services such as 911) in order to push for an emergency intervention that would lead to stabilization?

- Yes
- NO

If yes, please describe:

7. Many times a participant can fail to thrive due to environmental circumstances (i.e. a particular building, area, or neighborhood, neighbors, etc). Please describe how you have provided alternative accommodations (for scattered site projects) and what has been the result of those accommodations.

8. Have you attempted to refer/referred the client to needed resources in the community (i.e. Care Coordination, Health Home Services, ACT, APS, NLS and other behavioral health treatment)?

Yes

NO

If yes, please describe current community based services that this participant has been referred to or is presently connected to:

***If you have any additional documentation (that is not covered in this form) that would help the CE Referral Committee understand the situation, please feel free to attach them along with your request.***