# Hennepin CoC CES Transfer Request Form

|  |  |
| --- | --- |
|  |  |
| Today’s Date: Click here to enter a date. | Client HMIS ID/CES Connect ID: Click here to enter a date. |
| Client Name: Click here to enter text. | Household Size: Click here to enter text. |
| Month/Year Client Moved In: Click here to enter text. | Month/Year of Planned Exit Date: Click here to enter text. |
| Homeless Status at Entrance: Click here to enter text. | Has the Proposed Housing Provider/Program Accepted this Transfer? (Y/N) Click here to enter text. |
| **Current Housing Provider/Program Information**  Current Housing Provider, Program, & HMIS ID: Click here to enter text.  Current Case Manager Name: Click here to enter text.  Phone Number: Click here to enter text.  Email Address: Click here to enter text. | |
| **Proposed Housing Provider/Program Information**  Proposed Housing Provider, Program, & HMIS ID: Click here to enter text.  Case Manager Name: Click here to enter text.  Phone Number: Click here to enter text.  Email Address: Click here to enter text. | |

|  |
| --- |
| **Type of Transfer Request** |

**Please check type of transfer (see CES policy and procedure manual for transfer policy descriptions):**

* Intra-agency transfer (program to program within the same agency)?
* RRH to PSH transfer?
* Youth PSH to Adult PSH transfer?
* Standard transfer (PSH to PSH, Single to Family)?

**If this is an intra-agency request, please check the box above and add an explanation for the transfer in the box below. You *do not* need to complete the remainder of the form.**

|  |
| --- |
| **Please provide 1 or 2 sentences to explain the reason for the intra-agency transfer. Again, you do not need to complete**  **the remainder of the transfer request form.** |

**If this is an agency to a different agency transfer, please complete the remainder of the transfer form below**.

|  |
| --- |
| **Describe Change in Service Need** |

1. Does the household agree/approve of the change/transfer requested? Yes  No
2. Is the household requesting an increased level of support? Yes  No

If yes, what is the household requesting?

1. Is there a funding requirement that prohibits the household from continuing in the current program?

Yes  No

1. What has the household expressed as being needed to obtain/maintain housing that this transfer will help fulfill? How is the current level of support not meeting the resident’s needs?
2. Was the resident’s level of service need accurately captured during the initial housing

assessment? Yes  No

* 1. If no, what was inaccurate or omitted? Click here to enter text.
  2. If yes, what has changed since the initial assessment? Click here to enter text.

1. What other options have the household and provider tried before requesting this transfer? Click here to enter text.
2. What options have been considered so the resident can maintain their current residence? Click here to enter text.
3. Did a specific incident initiate this request? Yes  No

If yes, please explain: Click here to enter text.

|  |
| --- |
| **Reason for Transfer Request:**  (Please be sure to include details about the household’s circumstance that warrant a transfer request and the expected outcomes of approving or denying the transfer request)  Click here to enter text. |
|  |

Name and Signature of Program Manager/Supervisor Approving this Request:

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

Contact Email of Supervisor Approving Request:

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

For a copy of the transfer policy please refer to Hennepin County Coordinated Entry System Operations Manual.