



# Bristol County Continuum of Care

## Bristol County Continuum of Care Permanent Supportive Housing (PSH) Transfer Request Form

This form is to be used by PSH project staff and/or PSH project participants when requesting a transfer from one CoC-funded Permanent Supportive Housing (PSH) unit/project to another within the Bristol County Continuum of Care (BCCC). Transfers are considered only when deemed necessary to maintain housing stability or better meet the participants' needs consistent with the Emergency Transfer Policy of the BCCC. Approval is contingent on eligibility, availability and CoC approval through its Coordinated Entry System and Collaborative Applicant.

### Section 1 – Participant Information *(The current PSH provider completes this Section with the participant.)*

Project Participant Name:			
Head of Household Name <i>(if different):</i>			
Date of Birth:		HMIS Client ID #:	
Current PSH Project:		Current Address / Unit:	
Agency Name:			
Date Entered Current PSH Project:			
Case Manager Name:		Case Manager Contact Information:	

### Section 2 – Transfer Request Details *(The current PSH provider completes this Section with the participant.)*

Requested Transfer Date:			
Requested Receiving PSH Project:			
Reason(s) for Transfer <i>(check all that apply):</i>	<input type="checkbox"/> Health/Safety Concerns	<input type="checkbox"/> Accessibility Needs	
	<input type="checkbox"/> Domestic Violence / Safety	<input type="checkbox"/> Family Reunification	
	<input type="checkbox"/> Proximity to Support Services	<input type="checkbox"/> Project Fit / Support Needs	
	<input type="checkbox"/> Other <i>If selected, describe here:</i>		
Describe the circumstances and rationale for this transfer request:			
Has the participant-maintained project compliance <i>(rent, case mgt participation, lease adherence)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>If selected, explain here:</i>	
Has the participant been informed of potential differences in project rules, location, or services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>If selected, explain here:</i>	
Has the current PSH provider discussed and exhausted other reasonable accommodation options?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>If selected, explain here:</i>	
Describe efforts made to stabilize the household in the current unit:			

**Section 3 – Required Documentation** *(The current PSH provider completes this Section with the participant.)*

Are case notes documenting transfer rationale either attached or in HMIS?	<input type="checkbox"/> Yes <input type="checkbox"/> It's attached <input type="checkbox"/> It's in HMIS	<input type="checkbox"/> No
Is verification of continued eligibility for PSH either attached or in HMIS?	<input type="checkbox"/> Yes <input type="checkbox"/> It's attached <input type="checkbox"/> It's in HMIS	<input type="checkbox"/> No
Have you attached an HMIS printout or summary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any related accommodation or safety documentation been attached or in HMIS?	<input type="checkbox"/> Yes <input type="checkbox"/> It's attached <input type="checkbox"/> It's in HMIS	<input type="checkbox"/> No

**Section 4 – Signatures**

Participant Name Printed:		
Participant Signature and Date:		/ /20
Case Manager Name Printed:		
Case Manager Signature and Date:		/ /20
Signature indicating Approval by Supervisor/Program Director and Date:		/ /20

**Section 5 – CoC Lead / Coordinated Entry Review**

Date Received by CoC Lead/Coordinated Entry:	/ /20
CE Reviewer Name:	
CE Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending Additional Information
Notes/Comments:	
Date Receiving Provider Notified of Decision:	/ /20
Effective Transfer Date:	/ /20
HMIS Record Updated	Updated on / /20 by:

**Submit the completed form and attachments to the CoC's Collaborative Applicant and Coordinated Entry Team for review.**

*Transfers approved by the Coordinated Entry Team must then receive final approval from the Collaborative Applicant to ensure program compliance and HMIS coordination. Approved transfers must be entered and exited correctly in HMIS (exit from the current project and new entry into the receiving PSH project with all Data and Documentation).*