

**Baltimore Coordinated Access Client Initiated
TRANSFER REQUEST FORM**

For Use by: Persons currently receiving services from a Coordinate Access Participated Housing Program. This form can be submitted through your current housing provider or by sending the form to the Mayor's Office of Human Services, 7 E. Redwood Street, Baltimore MD.

Today's Date: _____

Name: _____

Email: _____

Phone: _____

Current Housing Provider (Agency/Name):

Number of individuals in your household:

Adult Male _____ Adult Female _____ Child Male _____ Child Female _____

Specific Unit Configuration (if needed): _____

Reason for Transfer:

- Another program is better suited to my individual needs.
- I feel that I am being treated unfairly by the current housing provider and all attempts to resolve the concerns without initiating a transfer have been unsuccessful.
- I have experienced a change in household composition that can't be accommodated by the current housing provider.
- There is significant risk of harm in the current placement.
- I need an ADA Reasonable Accommodation that the provider is unable to reasonably accommodate.
- Other issues affecting the current placement (reviewed on a case by case basis).

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Provide full narrative outlining the reason for the request for transfer.

Please attach any supporting documentation to this request.

Name:

Signature:
