

**Baltimore Coordinated Access
TRANSFER REQUEST FORM**

For Use by: All Providers seeking to transfer a participant to another Coordinated Access Participating Program

Today's Date: _____

Agency/Program Name: _____

Contact Person: _____

Email: _____

Phone: _____

Client Name: _____

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

Specific Unit Configuration (if needed): _____

Has the client agreed to the transfer? Yes _____ No _____

Recommended Project Type:

- ☐ Rapid Rehousing
- ☐ Permanent Supportive Housing

Reason for Transfer:

- ☐ Provider and Client feel that another program is better suited to the client's individual needs.
- ☐ The client feels that they are being treated unfairly by the current housing provider and all attempts to resolve the client's concerns without initiating a transfer have been unsuccessful.
- ☐ The client has experienced a change in household composition that can't be accommodated by the current housing provider.
- ☐ There is significant risk of harm to the client in the current placement.
- ☐ The client needs an ADA Reasonable Accommodation that the provider is unable to reasonably accommodate.

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- ☐ Other issues affecting the current client placement (reviewed on a case by case basis).

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

Please attach any supporting documentation to this request.

Program Director Name:

Signature:
