Homeless Services Department

Coordinated Access Transfer Request Form

Submit the following fully completed form to adultca@multco.us for households without minors and familyca@multco.us for households with minors. Please be thorough in your responses. Incomplete forms will not be accepted. See the Coordinated Access for Adults and Families Policies for guidance on system transfers.

Date: _____

Staff member(s) requesting rematch/transfer: _____

Housing project & organization:_____

Participant HMIS #:_____

Household Composition (# adults/# children):_____

1. What type of allowable transfer request type does this situation fall under? See "Coordinated Access Transfer Requests Policy". If the situation does not apply to any of the allowable types, please reach out to HSD. **Please only select one:**

Administrative Requests	Service Needs and Participant Choice Transfer Requests
Safety - Violence Against Women Act (VAWA)	◯ Service needs
◯ Safety (non-VAWA)	◯ Participant Choice
◯ Accessibility	
◯ Household composition	
◯ Project Closures or Funding Losses	
◯ Internal Transfer	

If you selected "Safety - Violence Against Women Act (VAWA)", STOP and email adultca@multco.us or familyca@multco.us for the correct forms to submit.

2. **For Transfers from Site-Based PSH Projects, please check which of the following has occurred (For any check boxes, please upload documentation into HMIS for review):**

- ☐ Discuss the possibility and need for a transfer with the property manager to see if other remedies exist
- ☐ A Notice to Terminate (Eviction Notice) has been issued (if yes, please upload the notice to HMIS)
- ☐ Provider attempted to cure the notice or enter into a stipulated agreement with the landlord
- ☐ Provider has requested a Reasonable Accommodation if the alleged violation was related to disability
- ☐ Provider has offered to connect the client with legal eviction prevention support
- An eviction court date has been set

Court date: _____

3. Why is a transfer needed? Include a description of the specific needs of the household that cannot be met by the housing agency, and how a transfer to another housing project would lead to a better outcome for the participant (for example, the participant could benefit from a site-based unit with a buzz-in system since they often have unwanted guests trying to stay with them).

4. Has the agency discussed this request with the participant? What does the participant think about the possibility of a rematch or transfer?

5. What has the agency tried? Include a description of the specific steps the agency has taken and which services have been offered to address the participant's needs.

6. Are there other resources or supports that—if available to the agency—would help address the participant's needs (for example, on on-site mental health clinic, in-home medical care)?

7. What are the household's strengths? What are the household's challenges?

8. Are there resources or supports you/your agency are currently accessing for the household that you think should continue?

9. Is the participant currently in process for any services or benefits (i.e. social security disability, legal services, etc.)?

10. What other information (if any) would you like to share with the housing agency receiving a referral for this participant to support a successful transfer? Are there any key pieces of information or tips you can share?

11. For primary housing/services provider: How long are you able to support the participant (i.e. until they are housed, for a few weeks, a few months, ongoing/as needed)? **For households in RRH, please include the date their rental subsidy will end.**

12. Are there other service providers and/or individuals that should be included in a case conference to support the transfer process?