

Rensselaer County Homeless Services Collaborative COORDINATED ENTRY TRANSFER REQUEST FORM

Project Participant Identifying and Contact Information

1. First Name	Last Name Please indicate if; <input type="checkbox"/> Head of household or <input type="checkbox"/> Single Individual			
2. Address Please indicate if this is a <input type="checkbox"/> Current <input type="checkbox"/> previous address	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 40%;">City</td> <td style="border: none; width: 20%;">State</td> <td style="border: none; width: 40%;">Zip</td> </tr> </table>	City	State	Zip
City	State	Zip		
Contact Number(s): () - () -	Email: <input type="checkbox"/> None <input type="checkbox"/> Declined	3. Current Housing Provider /Residence Name		

Transfer Request Type

4. Is this form being submitted at the client/project participant's request ? Yes No

Transfer Request Details

5. Please briefly describe the reason for requesting a project transfer:

Top choices (1-2) for transfer, if available: _____

Client / Participant Signature

Staff Name and Title

Date

Agency Name

Coordinated Entry Review Team

Date Received: ____/____/____

Date Reviewed: ____/____/____

6. Is the transfer expected to:

- Improve the client / project participants' physical or behavioral health factors?
- Transition between on-site and off-site services to better meet the client / project participants' needs?
- Other: _____

7. Are there any potential grievance factors with the current housing project? No Yes, please describe: _____

8. If this transfer request is approved, will the project that the client is leaving then have a vacancy? Yes No

This request for transfer is Approved Denied

CE Review Team Representative Name

Representative Signature