



Racine CoC
 c/o HALO
 2000 DeKoven Avenue, Unit #1
 Racine, WI 53403

Transfer Request Form

Date: ___/___/20___ Name of Staff/Agency Requesting Transfer: _____

Head of Household/Client Name: _____

Current Housing Program: _____ Program Entry Date: _____

of People in Household: ___ | # Adults ___ | # Children: ___

Disability Documentation Attached? Yes / No | Homeless History Documentation Attached? Yes / No

1. Please explain reason for transfer request:

2. Please describe what strategies program staff have used to stabilize the housing?

3. What community services is client currently utilizing?

4. What other services are available to the client to use?

5. In what ways do program staff think a transfer will make a difference?

6. What does the participant want regarding their housing?

7. How quickly does the transfer need to be completed?

.....
 Authorized Agency Signature: _____ Date: _____

Emailed on: ___/___/20___ CE System Administrator *and* CoC Lead Agency *and* CoC Director

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Date of Agency Conference _____

Recommendation to proceed with transfer granted | denied

Date referral to priority list: _____

Date(s) discussed at CE Case Staffing Meeting _____

Disposition granted | denied

If transfer granted participant will transfer to the following program: _____

If denied, why:

Date participant notified ___/___/20___