

Hennepin County CES Transfer Request Form

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| Today's Date: Click here to enter a date. | Client Date of Birth: Click here to enter a date. |
| Client Name: Click here to enter text. | Client HMIS ID: Click here to enter text. |
| Current Housing Provider, Program, & HMIS Provider ID: Click here to enter text. | Month/Year Client Moved In: Click here to enter text. |
| Month/Year of Planned Exit Date: Click here to enter text. | Homeless Status at Entrance: Click here to enter text. |
| Proposed Housing Provider, Program, & HMIS ID: Click here to enter text. | Family Size: Click here to enter text. |
| Name of Staff Completing Form: Click here to enter text. | Staff Contact Information: Click here to enter text. |

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| DESCRIBE CHANGE IN SERVICE NEED |
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1. Does the household agree/approve of the change/transfer requested? Yes No
2. Is the household requesting an increased level of support? Yes No
If yes, what is the household requesting?
3. Is there a funding requirement that prohibits the household from continuing in the current program?
Yes No
4. What has the household expressed as being needed to obtain/maintain housing that this transfer will help fulfill? How is the current level of support not meeting the resident's needs?
5. Was the resident's level of service need accurately captured during the initial housing assessment? Yes No
 - a. If no, what was inaccurate or omitted? [Click here to enter text.](#)
 - b. If yes, what has changed since the initial assessment? [Click here to enter text.](#)

- 6. What other options have the household and provider tried before requesting this transfer? [Click here to enter text.](#)

- 7. What options have been considered so the resident can maintain their current residence? [Click here to enter text.](#)

- 8. Did a specific incident initiate this request? Yes No

If yes, please explain: [Click here to enter text.](#)

Reason for Transfer Request:

(Please be sure to include details about the household’s circumstance that warrant a transfer request and the expected outcomes of approving or denying the transfer request)

[Click here to enter text.](#)

Name and Signature of Program Manager/Supervisor Approving this Request:

Contact Email of Supervisor Approving Request:

For a copy of the transfer policy please refer to Hennepin County Coordinated Entry System Operations Manual.