

COC Coordinated Entry System Transfer Request Form

To be completed by current housing provider, to be submitted to coordinatedentry@cafth.org

Name of Staff Requesting Transfer:	Date:
Head of Household Name:	
Current Housing Program:	Program Entry Date:
Please list the lease violations:	
Please describe what strategies program staff have already used:	
In what ways do program staff think a transfer will make a difference?:	
How does the participant think a transfer will affect the possibility of future lease violations?:	
What does the participant want in regard to their housing?:	
What stage of the eviction process is the landlord in?:	
Supervisor's Signature:	Date:

If granted, the transfer should be completed within 30 days.

For Coordinated Entry Manager use only:

Transfer was: <input type="checkbox"/> granted <input type="checkbox"/> denied
Participant will transfer to the following program: