

CAS Transfer Request Form



The purpose of this form is to certify that the household meets the requirements and eligibility for a transfer between permanent housing interventions in the Coordinated Assessment System (CAS). Submitting this form does not guarantee the household will receive a transfer. Please answer all questions below and complete the steps outlined below prior to submitting the form to the Staffing Workgroup for review.

Agency Requesting Transfer:

Head of Household HMIS #:

Staff Name:

Staff Email:

Transfer Type (Check One): RRH to RRH PSH to PSH RRH to PSH EHV to PSH

Lease Exit Date:

Does the household plan to lease in place? Yes No

1. Is the household currently fleeing or experiencing Domestic Violence to include but not limited to dating violence, sexual assault, stalking, or sex trafficking? Yes No

2. Is this transfer being requested due to barriers related to accessibility? Yes No

3. Is this transfer being requested less than 90 days from expiration date for program assistance? Yes No

- a. If yes, please provide detailed description of circumstances to include program expiration date and reasons for why the transfer is being requested less than 90 days from expiration of program assistance.

4. Has this household been transferred to other programs or intervention types prior to requesting this transfer? Yes No

- a. If yes, please provide details on transfers history to include intervention type, length of time in program(s), and outcome(s) as a result of previous transfer attempts.

5. Was this request for transfer discussed in a weekly Coordination Meetings facilitated by CAS?

Yes No

- a. If yes, what solutions were proposed during Coordination Meetings and what was the result of implementing those solutions? Provide a summary of the actions taken to mediate the concerns and describe why those solutions were not effective in addressing the challenges/barriers in the current program.

6. Provide a narrative detailing the on-going case management work by the requesting agency. This includes the services the household is accessing, the barriers to stable housing, strengths, and a description of the type of services the household would benefit from and/or believes is needed for the household to succeed. Please include details on how transferring the household will increase their housing stability.

7. Provide a narrative on how the participant household meets the specific criteria for transfers outlined in the CAS Transfer Policy.

8. Has all the relevant documentation for eligibility been uploaded in HMIS? This includes, but not limited to:

- Certification of Homelessness with detailed dates of homeless episodes, locations, and/or summary of homeless history by referring staff Yes No
- Verification of Disability (if applicable) Yes No N/A
- Government Identification Yes No
- Other (Please List):

Submitting your request:

Upload this completed form onto the CAS Document Check on HMIS and [submit a Spiceworks Help Desk Ticket](#) with title "CAS Transfer Request." You may be asked to attend an upcoming staffing workgroup to provide more details about the case.