



The Community Partnership  
For The Prevention  
of Homelessness

### **Accessible Unit Transfer Protocol**

If a family is placed in a unit that is designed to meet the needs of those persons with physical disabilities and they do not have a need for an accessible unit, the family will be asked to sign the Accessible Unit Transfer Form (Appendix H) at the time of the placement. If the accessible unit is needed for a family that has accessibility needs the initial family will be relocated to another unit meeting their family size within 24 hours.

A family in need of an accessible unit may submit a request for reasonable accommodation under the standard reasonable accommodation procedures. If an accessible unit is occupied by a family that does not have a need for that type of unit, that family will be relocated within 24 hours and the unit made available for the family with an accessibility need within 72 hours or as soon as the unit is ready for occupancy.

**Accessible Unit Transfer Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_:

DC Homeless Service providers are required by law to provide reasonable accommodations to applicants/residents with disabilities that will provide them with equal opportunity to use and enjoy our programs, their unit and/or common areas.

Your family has been placed in a unit that is designed to meet the needs of individuals with physical disabilities. If the unit is needed for that purpose your family will be relocated to another unit that meets your family size within 24 hours.

We appreciate your cooperation and understanding. Please provide your signature below to indicate your understanding of this policy.

I acknowledge that I understand and accept the transfer policy described above. I further understand that my family will be relocated to a different unit if the accessible unit is needed for its intended purpose.

\_\_\_\_\_  
Resident's Signature Date

\_\_\_\_\_  
Resident's Signature *(Additional Head of Household)* Date

\_\_\_\_\_  
Staff's Signature Date