

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