

**Notice of Transfer**

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date Notice Issued

You are being transferred from: \_\_\_\_\_

To: \_\_\_\_\_

Your transfer will be effective at 5:00 p.m. on \_\_\_\_\_. (This date must be 15 calendar days from the date of this notice.)

- *If you agree* with this transfer and the placement is available prior to the effective date, you may choose to transfer prior to the effective date.
- *If you don't agree*, but the transfer placement is available, you must move to the new placement on the effective date or thereafter, when it becomes available. From your new placement, you may appeal this transfer as explained on the back of this form.

This action is being taken pursuant to Section 20 of the Homeless Services Reform Act of 2005 (D.C. Law 16-0035, effective October 22, 2005), for the following reason(s):

- \_\_\_\_\_ You have agreed to the transfer. Sec. 20(a)(1); **OR**
- \_\_\_\_\_ The provider has found and secured a placement with another program that better meets your needs in accordance with your case management plan. Sec. 20(a)(2) **OR**;
- \_\_\_\_\_ You have failed or refused to comply with our Program Rules and your client responsibilities. Sec. 20(b) and Sec. 11; **OR**
- \_\_\_\_\_ You have engaged in the following behavior, prohibited by Sec. 22(2):
  - \_\_\_\_\_ Possessing a weapon on provider's premises.
  - \_\_\_\_\_ Possessing or selling illegal drugs on provider's premises.
  - \_\_\_\_\_ Assaulting or battering any person on provider's premises.
  - \_\_\_\_\_ Endangering your own safety or the safety of others on provider's premises.
  - \_\_\_\_\_ Vandalizing, destroying, or stealing property on provider's premises.
  - \_\_\_\_\_ Failing to accept two offers of appropriate permanent or supportive housing.
  - \_\_\_\_\_ Knowingly and repeatedly violating the provider's Program Rules:

Specifically, the factual basis for this action (including dates) is:

\_\_\_\_\_  
\_\_\_\_\_

(If you need additional space please attach a separate sheet)

**You Have the Right to Appeal Our Transfer Decision**

*If you disagree with this decision, you have the right to appeal it through an Administrative Review and a Fair Hearing. This process is described on the back or is attached. The emergency action and your appeal rights will be explained to you by the person listed below.*

**A Copy of This Notice of Transfer was provided to the client, by:**

\_\_\_\_\_ Hand delivery, by \_\_\_\_\_  
Provider's Program Director Signature and Title Date

**By signing this, I am admitting only that I received a copy of this Notice.**

\_\_\_\_\_  
Client Signature Date Witness Name (printed) and Signature Date  
(If client refuses to sign)