

**DHS-PB-2023-001**

<b>Subject:</b>  <b>Facility Transfer, Reassignment and Referral Procedure</b>	<b>Applicable To:</b>  Directly-Operated and Provider-Operated Shelters, Safe Havens, and Stabilization Beds	<b>Effective Date:</b>  January 17, 2023  (Replaces 03-402- Client Transfer Policy, 03-504 Involuntary Transfers, 18-402 Safe Haven Transfer Procedure)
<b>Administered By:</b>  Division of Adult Services, Division of Family Services, Street Homeless Solutions, HERO, and DHSPD		<b>Approved By:</b>  Joslyn Carter, Administrator Department of Social Services/ Department of Homeless Services

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## I. PURPOSE

- A.** This procedure sets forth the actions that the New York City Department of Homeless Services (“DHS”) and staff in directly operated and provider-operated facilities (“facility staff”) must take to transfer, reassign, or refer an individual or family (“household”) to another facility or intake center.
1. **Transfer** – Moving a household from one facility to another facility within the same population, for example, from a shelter for families with children to another shelter for families with children. (Note the exceptions described in section **I.B.** below.)
  2. **Reassignment** – Moving a household that no longer meets the requirements for the current facility to a facility for a different population, for example, from a shelter for adult families to a shelter for families with children.
  3. **Referral** – Directing a household that no longer meets the requirements for the current facility to the intake center for another population, for example, from a shelter for families to an intake center for single adult men.
- B.** DHS does not consider the following unit or bed changes to be transfers, reassignments, or referrals:
1. Assignments from Single Adult intake shelters to assessment shelters and from Single Adult assessment shelters to program shelters.
  2. Assignments from Adult Family assessment shelter(s) to Adult Family shelters
  3. Assignments from Street Homeless Solution welcome centers to a safe haven, stabilization bed or other official shelter placement.
  4. Temporary or new official shelter assignments as a result of a single adult absence from shelter or curfew violation (see **Single Adult Bed Management (DHS-PB-2020-020)** for more information).
  5. A unit or bed change within the same shelter building. For such unit or bed changes, shelter staff should notify Housing Emergency Referral Office (HERO) and change the household’s unit or bed assignment in the Client Assistance and Rehousing Enterprise System (CARES).
- C. NOTE:** If a client appears to need an accommodation for a disability or asks for help because of a disability, facility staff must offer to help them. They do not need to use any particular language for the request. Depending on the need, facility staff can help the client immediately to the best of their ability or let them know that they can ask for a reasonable accommodation (see **Interim Reasonable Accommodation Request Process (DHS-PB-2022-002)** and the **DHS RA Quick Reference Guide (DHS-13h)** for more detailed information). If the client requests a reasonable accommodation, facility staff must offer to help them complete the **DHS RA Request Form (DHS-13)** and submit it.

## II. RELATED PROCEDURES

- |                                    |  |
|------------------------------------|--|
| A. <a href="#">01-427</a>          | Mail Delivery to Shelter Clients   |
| B. <a href="#">DHS-PB-2018-015</a> | Housing Emergency Referral Operations Procedure                            |
| C. <a href="#">DHS-PB-2019-005</a> | Transgender, Non-binary and Intersex Clients                               |
| D. <a href="#">DHS-PB-2020-020</a> | Single Adult Bed Management  |
| E. <a href="#">DHS-PB-2021-011</a> | Placement Procedure for Transgender or Gender Nonconforming (TGNC) Clients |
| F. <a href="#">DHS-PB-2022-001</a> | Incident Reporting Procedure for DHS Funded Programs                       |
| G. <a href="#">DHS-PB-2022-002</a> | Interim Reasonable Accommodation Request Process                           |
| H. <a href="#">DHS-PB-2022-012</a> | DHS Records Request  |

## III. TRANSFERS

A transfer is when DHS moves a household from one facility to another facility for the same population (i.e., Single Adults, Adult Families, Families with Children, Safe Havens, or Stabilization Beds). The transfer process may start upon request of a household or when DHS or facility staff recommends a transfer and may be submitted for the following reasons:

### A. Household Request

A household may request a transfer for the following reasons:

1. Travel hardship – a household requests a facility closer to a household member’s employment or school.
2. Safety – household indicates or agrees that there is a risk to the safety of a household member or others, such as domestic violence, gender-based harassment, or other threat of harm. If the client refuses an offered safety transfer, facility staff must ask the client to sign the appropriate section of the relevant notice.
3. Reasonable accommodation – household asks for an accommodation based on a disability that DHS cannot accommodate at their current facility. **NOTE:** where a client requests a transfer as an accommodation related to a disability, facility staff must ensure a Reasonable Accommodation (“RA”) request has been submitted. (See **Interim RA Request Process**, [DHS-PB-2022-002](#).)
4. Other – a household may request a transfer for reasons not captured in A(1-3) above, including, but not limited to, the reasons in B(1-7) below.

**NOTE:** Where DHS offers a transfer, and the household indicates it would like the transfer, such transfers are considered household requests (e.g., school proximity project).

## **B. DHS or Facility Staff Initiated**

DHS or Facility Staff may only initiate a transfer request for the following reasons:

1. Building Concern – the building has structural, heat, or electrical issues.
2. Health/medical – a household member has a medical or physical need, or a household member has a communicable disease, illness, or readily communicable local infection.

**NOTE:** Where a transfer is necessary because of an approved reasonable accommodation request, DHS and facility staff should categorize the transfer as a household request (see [section III.A. above](#)).

3. Facility closedown – the current facility is imminently closing
4. Safety – facility identifies that there is a risk to the safety of a household member or others, including incidents involving other household(s) in the facility and threats or violence towards staff.
5. Need for a different level of service – the household or a household member has a need for an increased or decreased level of services, which necessitates a transfer to a facility where those needs can be better served.
6. More appropriate program type identified (Adults Only) – the household or a household member would benefit from a different program type (e.g., employment shelter).
7. Change in Household Size – the household has had a change in family size or composition that necessitates placement in a different size unit in a different facility.

**NOTE:** Moving a client to a different unit or bed in the same facility is not a transfer; however, shelter staff should notify HERO and change the client's unit or bed assignment in CARES.

## **IV. Reassignments and Referrals Due to Changes in Case Composition**

DHS may reassign or refer a household to a different facility type if the household composition changes and the household no longer meets the requirements for populations in the current facility (see [Section I.A. for definitions](#)).

**NOTE:** Reassignments and referrals do not constitute transfers but follow the transfer process as described in [Section V](#) below.

#### **A. Households Currently in Shelters for Adult Families**

1. DHS may reassign a household of two or more adults without minor children or a pregnant person from a shelter for adult families to a shelter for families with children if the household includes a pregnant person, or a minor child is added to the case composition.
2. DHS may refer a household from a shelter for adult families to a single adult intake center if the household consists of only one adult who is not pregnant.

**NOTE:** If the household no longer includes at least two adults because one adult is hospitalized, incarcerated, or in a residential treatment program, facility staff must wait a minimum of thirty (30) calendar days before requesting a referral. DHS will only approve such a request to refer a household if the other adult is not reasonably expected to return within 30 days of the date of the request.

#### **B. Households Currently in Shelters for Families with Children**

1. DHS may reassign a household from a shelter for families with children to a shelter for adult families if the household consists of two or more adults, none of whom are pregnant.
2. DHS may refer a household from a shelter for families with children to a single adult intake center if the household consists of only one adult who is not pregnant.

**NOTE:** If the household no longer includes a minor child because the children have left the household, including when the Administration for Children's Services have removed the children, facility staff must notify their Program Administrator. DHS may reassign or refer the household to the appropriate shelter system if the child is not reasonably expected to be returned within 30 days.

#### **C. Households Currently in Safe Havens, Stabilization Beds or Shelters for Single Adult**

DHS may refer a household in a safe haven, stabilization bed, or shelter for single adults to the intake center for families with children (PATH) if that person is pregnant or if a child will be added to the household.

**NOTE:** If a single adult communicates a desire for placement in shelter with an adult family member, staff must provide guidance on how to apply for shelter for adult families at the Adult Family Intake Center (AFIC). The Single Adult then has the option of leaving their current placement in a shelter, safe haven, or stabilization bed and applying for shelter for adult families.

## V. PROCESS

### A. Facility Staff Submits a “Transfer Request”

DHS or facility staff initiate the transfer, reassignment, or referral process by submitting a “transfer request” in CARES and contacting the DHS program administrator (“PA”).

**NOTE:** While this process applies to transfers, reassignments, and referrals, CARES currently captures all move requests as “transfer requests.”

When submitting the request, facility staff must:

1. Indicate whether the household requested the move;
2. Select the reason for the transfer, reassignment, or referral;
3. Explain any relevant details related to the request in the comments field, including a description of all relevant efforts and services provided by the facility, and a description of any documentation available to support the request; and
4. Consult with the PA or designee, if the transfer is being requested for medical or behavioral health reasons. The PA or designee may ask the facility to provide an explanation of the situation and the steps taken to resolve the situation including a complex case review as needed. The PA or designee will consult with the Office of the Medical Director if needed.

### B. Program Administrator Review and Determination

The PA or designee must review the “transfer request” in CARES, along with any supporting documentation, and determine whether to approve or deny. The PA should consider the following factors, if applicable:

1. Reason for the move
2. Efforts and services provided by the facility to avoid the move, including addressing medical or behavioral health needs, and fulfillment of approved reasonable accommodations
3. Consultation with OMD
4. Effectiveness of prior services provided by the facility
5. Effect of the move on the stability of the household
6. Other information relevant to the reason for the move, including supporting documentation

### C. PA Denies “Transfer Request”

If the PA or designee denies a “transfer request,” the PA or designee must enter the denial in CARES, including a description of the reason for denial, and notify the facility. If the denial was a household request, facility staff must notify the household that the transfer request was denied by giving them a Transfer Denial Notice (**DHS-48e**) and create a CARES case note to document the conversation. The denial notice must inform the household members of their right to request a State Fair Hearing to challenge the outcome.

### D. PA Approves “Transfer Request” and Submits Shelter Assignment Request

If the PA or designee approves the “transfer request,” the PA or designee must enter the approval in CARES and notify the facility of the determination.

1. For transfers and reassignments, the PA or designee must enter a Shelter Assignment Request in CARES including all information sufficient to inform the identification of a suitable placement for the household, taking into account any conditions or disabilities requiring an accommodation, any domestic violence preclusions, gender affirming considerations, school proximity, family size, and safety concerns. See the Housing Emergency Referral Operations Procedure ([DHS-PB-2018-015](#)) for additional placement considerations.

**NOTE:** When identifying suitable placement, DHS **must** continue fulfilling any approved reasonable accommodations or client service needs unless no placement options are available and the transfer/reassignment is needed due to emergency circumstances (e.g., client’s current placement lacks heat during cold weather); DHS must, in these circumstances, immediately complete a reassessment of the client’s RAs. For more information about how to reassess and withdraw already approved RAs refer to the **Interim Reasonable Accommodation Request Process** ([DHS-PB-2022-002](#)).

**NOTE:** If a facility-initiated transfer is approved for medical and/or behavioral health reasons, a detailed note must be entered in CARES, describing the client's health conditions and the related challenges, steps taken to address them, including pending SPOA application, the status of the application, and name and contact information of any ACT or IMT team. A warm hand-off between the two facilities should be performed for any medically or behaviorally complex cases.

## E. Notice to Transfer, Reassign, or Refer

Following approval of a “transfer request,” and identification of a shelter placement, the Program Administrator or designee will generate a **Facility Transfer, Reassignment or Referral Notice (DHS-48c)** in the household’s primary language, serve the household during business hours, sign and date the appropriate section of the (DHS-48c) to indicate that the client received it, and maintain a copy of the (DHS-48c). Shelter staff may serve the client after business hours if the client is not available due to work or school. The **DHS-48c** must be served by hand delivery at least **48 hours prior** to the actual transfer, reassignment, or referral.

At the time of service, facility staff must review and explain the **DHS-48c** to the household, including the opportunity for a supervisory review, a reminder to begin packing, and an explanation of transportation. If the household requests a supervisory review, a social services supervisor who was not involved in the transfer decision must conduct the review by meeting with the household as soon as possible. If the household raises any issues that have not previously been considered, supervisory staff must contact the PA to determine next steps.

**NOTE:** If a client is unable to move or needs assistance moving their belongings because of a disability or medical condition, staff must assist the client as needed.

If the PA has approved service of the **DHS-48c** less than **48 hours** before the move to ensure the health or safety of the household or others, staff must indicate this on the **DHS-48c**, and the household must receive the **DHS-48c** at least **48 hours** after arriving at the new placement.

The PA will notify OMD the next day of clients who were transferred the day before from one facility to another because of their behavior, specifically threats, aggression, disruption and violence, in particular when the incident resulted in EMS and/or NYPD involvement or hospitalization, and these incidents are related to serious mental health conditions they have or are suspected to have.

## F. Household Refusals

### 1. Refusal to sign or accept notices

If a household refuses to accept or sign the **DHS-48c**, facility staff must indicate this in the Acknowledgment of Receipt section of the form and document the date and time the facility attempted to give the household the form.

### 2. Safety

If a household is offered a transfer for safety reasons, declines the offer, and the Program Administrator or their designee allows the client to remain in their current facility, facility staff must complete the **Safety Transfer Refusal (DHS-48b)** with the household and give the household a copy of the form.



### 3. Refusal to leave the current placement

If the facility staff has given the household the **DHS-48c**, and the household refuses to leave the facility for the new placement after multiple documented attempts to relocate, facility staff must contact the Program Administrator for assistance, informing them of the specific documented steps they took to convince the household to accept the move. The Program Administrator will consult with their Assistant Commissioner and/or Associate Commissioner along with the Office of the Medical Director to determine next steps while considering any potential physical or mental health concerns.

If, after consultation, DHS is still pursuing the move and the household continues to refuse, the PA or designee may ask for assistance from the Department of Homeless Services Police Department (DHSPD) by contacting the DHSPD Deputy Commissioner and notifying the Senior Deputy General Counsel of the Homeless Litigation and Program Counseling Unit. The Program Administrator must also ask the facility staff to call in a Priority 1 incident to the DHS Serious Incident Unit indicating an unauthorized person in the facility.<sup>1</sup>

The DHSPD Deputy Commissioner will assign a DHS Peace Officer to assist with the move.

Pursuant to OTDA administrative guidance [94-ADM-20](#), DHS clients do not have the right to choose their own temporary placements. DHS must make every effort to locate and secure a placement which meets basic standards of health and safety. When DHS determines that a particular temporary housing placement is appropriate, the client must accept the placement unless, in DHS' judgment, the client has good cause for refusing to do so. Clients can make reasonable accommodation requests for any medical or disability related needs regarding transfers. After completing the steps referenced above, DHS Peace Officers may remove client(s) against their will.<sup>2</sup>

## G. Cancelling “Transfers”

1. Where a transfer is upon household request, the household can request that the transfer be cancelled any time prior to leaving the current facility. Facility staff must alert the Program Administrator who will alert HERO, and HERO will cancel the transfer request in CARES.
2. Where a transfer, reassignment, or referral is Agency initiated, the Agency may cancel it at any time prior to the household's exit from the current placement. In such cases, the Program Administrator must alert HERO who will cancel the transfer request in CARES.

<sup>1</sup> For more information about reporting incidents, see ([DHS-PB-2022-001](#)) Incident Reporting Procedure for DHS Funded Programs.

<sup>2</sup> For more information, see the DHS Peace Officer Guide (105-06) General Regulations Use of Force.

**VI. Attachments**

**DHS-48b**

Safety Transfer Refusal Form

**DHS-48c**

Facility Transfer, Reassignment, or Referral Notice

**DHS-48e**

Transfer Denial Notice

## Safety Transfer Refusal Form

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

Client Last Name:	Client First Name:	Family Composition: Number of Adults: _____ Number of Children: _____
Client Preferred Name:	Client Gender Pronoun(s):	CARES Case Number:
Shelter Name:	Shelter Address:	

The client listed above was offered a transfer from this facility because of:

- Intimate Partner Violence
- A fight
- A threat
- Other \_\_\_\_\_

SAMPLE

that occurred on \_\_\_\_\_ . See Incident # \_\_\_\_\_ (if applicable).

I, \_\_\_\_\_ , am refusing this safety transfer and acknowledge  
 (Client Name)  
 that by refusing this safety transfer, I may place my family and I at risk.

\_\_\_\_\_  
 Client's Signature or Initials Date

FOR DHS STAFF USE ONLY	
I have explained this form to the client. <input type="checkbox"/> Client declined to sign.	
_____ Staff Name (print)	_____ Staff Signature
_____ Staff Title	_____ Date

## Facility Transfer, Reassignment, or Referral Notice

Last Name:	First Name:	CARES ID:
Preferred Name:	Preferred Pronoun(s):	Household Composition _____ / _____
Current Facility Name and Address:		
Current Facility Director Name and Number:		
Program Administrator Name:		

**(Select one option)**

- The Department of Homeless Services (DHS) is going to
- You asked to
- Transfer your household to a different facility within the same population (For example: from a single adult shelter to another single adult shelter) due to:**

SAMPLE

Select... \_\_\_\_\_

Additional details if "Other" is selected: \_\_\_\_\_

Check this box if this is an emergency transfer to avoid risk to health and safety. Staff must also select a reason above.

- Reassign your household to a new unit in a different population (For example: move from a families with children shelter to an adult families shelter) (select one below):**
  - Shelter for adult families because your household no longer has any children or a pregnant person.
  - Shelter for families with children because your household now includes a minor child or a pregnant person.
- Refer you to an intake facility (For example: PATH, AFIC, 30th Street, HWC, or Franklin) because you no longer meet the criteria for households in your current facility.**

**(Turn Page)**

Head of Household Name: \_\_\_\_\_

### Facility Transfer, Reassignment, or Referral Notice *(continued)*

Your new facility/intake is:

<b>New Facility/Intake Name:</b>	<b>New Facility/Intake Phone Number:</b>
<b>New Facility/Intake Address:</b>	

Beginning \_\_\_\_ / \_\_\_\_ / \_\_\_\_ you must go to this new location. You cannot go to any other DHS facility without DHS approval.

If your household situation remains the same, you should remain eligible for any housing voucher you currently have or housing supplement/subsidy you have been found eligible to receive. If your household situation changed, your case manager at your new facility will help you develop an independent living plan based on your household's new circumstances.

Talk to your current case manager if you need or have questions about:

- 1. Reasonable Accommodation(s)** – If you have an approved reasonable accommodation (RA) at your current facility, you will have it at your new facility. If you have a disability and need an RA, you may ask your current facility for a **Reasonable Accommodation Request Form (DHS-13)** and they will help you complete and submit it for you.
- 2. Transportation** – DHS or your current facility will transport you to your new facility, or your current facility will give you a MetroCard.
- 3. Materials to pack your belongings** – Remember, you are only allowed to move two (2) pieces of luggage for each household member unless you have durable medical equipment and/or an approved reasonable accommodation that requires you to have more than two pieces of luggage. Some items, such as furniture, appliances, and large televisions, are not allowed in DHS facilities because of their size.

If you need to store them, we can help you request a storage grant. If you have an active Cash Assistance case, you can request a special storage grant allowance on ACCESS HRA ([www.nyc.gov/accesshra](http://www.nyc.gov/accesshra)) or go into one of the Cash Assistance Benefits Access Centers, which are listed, on <https://www1.nyc.gov/site/hra/locations/job-locations-and-service-centers.page>. Even if you do not have a Cash Assistance case, you can apply for an emergency grant on ACCESS HRA ([www.nyc.gov/accesshra](http://www.nyc.gov/accesshra)) or you can go to a Cash Assistance Benefits Access Center. You will need to provide a list of items you are or will be storing and a bill if you have one. An open and active Cash Assistance case is not required to be eligible for storage funds.

(Turn page)

Head of Household Name: \_\_\_\_\_

### Facility Transfer, Reassignment, or Referral Notice *(continued)*

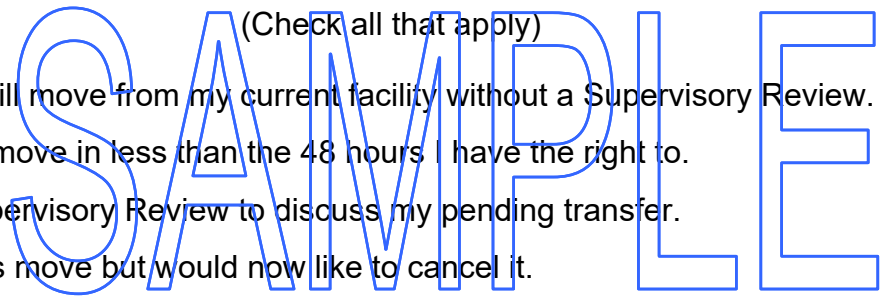
- 4. **Copy of your case record**– You have the right to free copies of documents from your shelter case record. To request such documents or to find out how you may review your shelter case record, e-mail [RECORDSACCESS@hra.nyc.gov](mailto:RECORDSACCESS@hra.nyc.gov). Full instructions can be found on the DHS website at <https://www1.nyc.gov/site/dhs/about/contact.page>. Speak with your case manager if you have questions about this.
- 5. **Mail forwarding** – You should report your change of address to anyone who sends you mail. Speak with your case manager to discuss holding your mail.
- 6. **Supervisory Review**– If you have any additional questions, you may ask your facility for a supervisory review to discuss this move with a facility supervisor.

You may also contact the Central Complaint Unit (718-291-4141), the Office of the Ombudsman (800-994-6494, [ombudsman@dhs.nyc.gov](mailto:ombudsman@dhs.nyc.gov)), and/or the Office of Disability Affairs ([disabilityaffairs@dss.nyc.gov](mailto:disabilityaffairs@dss.nyc.gov)) to file a complaint or ask for additional assistance.

### Acknowledgement of Receipt

(Check all that apply)

- I agree that I will move from my current facility without a Supervisory Review.
- I am willing to move in less than the 48 hours I have the right to.
- I request a Supervisory Review to discuss my pending transfer.
- I requested this move but would now like to cancel it.



\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

- I received the rescinded notice.

\_\_\_\_\_  
Client Signature






\_\_\_\_\_  
Date

**(Turn page)**

Head of Household Name: \_\_\_\_\_

### Facility Transfer, Reassignment, or Referral Notice *(continued)*

If you believe the new shelter/safe haven/stabilization bed is inadequate, you may ask for a State Fair Hearing though this does not mean that your transfer will be stopped. You have five ways to ask for a Fair Hearing:

1.		<b>Phone</b>	800-342-3344
2.		<b>Fax</b>	a copy of this notice to 518-473-6735
3.		<b>Walk-In</b>	New York Office of Temporary and Disability Assistance 14 Boerum Place, Ground Floor Brooklyn, NY 11201
4.		<b>Mail</b>	New York State Office of Temporary and Disability Assistance P.O. Box 1930 Albany, NY 12201
5.		<b>Online</b>	Complete an online request form at: <a href="http://www.otda.ny.gov/oah/forms.asp">http://www.otda.ny.gov/oah/forms.asp</a>

If you request a Fair Hearing, the State of New York will send you a notice informing you of the time and place of your hearing.

(Turn page)

Head of Household Name: \_\_\_\_\_

### Facility Transfer, Reassignment, or Referral Notice *(continued)*

**STAFF USE ONLY**

I explained this form to the client.

\_\_\_\_\_  
Staff Name (print)

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Client declined to sign.

Client Requested a Supervisory Review that was held on:

\_\_\_\_\_ with \_\_\_\_\_  
and the outcome was \_\_\_\_\_

SAMPLE

**DHS STAFF USE ONLY**

DHS rescinds this notice

\_\_\_\_\_  
Program Administrator Name (print)

\_\_\_\_\_  
Program Administrator Signature

\_\_\_\_\_  
Date



## Transfer Denial Notice

Last Name:	First Name:	CARES ID:
Preferred Name:	Preferred Pronoun(s):	Household Composition _____ / _____
Current Facility Name and Address:		
Current Facility Director Name and Number:		
Program Administrator Name:		

**(Select one option)**

On \_\_\_\_\_ you asked for a transfer from your current facility due to:

- Travel hardship
- Safety concern for self
- Safety concern for others
- Reasonable accommodation
- Education
- Domestic violence
- Change in household size
- Electrical issues or heat issues in building
- Structural issues in building
- Medical (system disease or medical issues & NO RA)
- Facility closedown
- Need for different level of service
- Need for more appropriate program type (single adults only)
- Other: \_\_\_\_\_

SAMPLE

The Department of Homeless Services (DHS) reviewed your request and denied your transfer because:

- You have a permanent housing option
- Your current placement is suitable to meet your circumstances or needs
- You or a family member will be unsafe if you are transferred
- You did not provide documentation to support your request

If your circumstances change or you can provide additional documentation, you may ask for another transfer.

**(Turn Page)**

### Acknowledgement of Receipt

I have received this **Notice** and understand that I will not be transferred






\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

**If you would like to appeal this decision** you may ask for a State Fair Hearing. you have five ways to ask for a Fair Hearing:

1.		<b>Phone</b>	800-342-3344
2.		<b>Fax</b>	a copy of this notice to 518-473-6735
3.		<b>Walk-In</b>	New York Office of Temporary and Disability Assistance 14 Boerum Place, Ground Floor Brooklyn, NY 11201
4.		<b>Mail</b>	New York State Office of Temporary and Disability Assistance P.O. Box 1930 Albany, NY 12201
5.		<b>Online</b>	Complete an online request form at: <a href="http://www.otda.ny.gov/oah/forms.asp">http://www.otda.ny.gov/oah/forms.asp</a>

If you request a Fair Hearing, the State of New York will send you a notice informing you of the time and place of your hearing.

**A medical or mental health condition or disability** may make it hard for you to understand this notice or to do what this notice is asking you to do. This kind of condition may make it hard for you to get other services at DHS. **If this is true for you, we can help you.** Please ask shelter staff for help. You have a right to ask for this kind of help under the law.

(Turn page)

**STAFF USE ONLY**

I explained this form to the client.

\_\_\_\_\_  
Staff Name (print)

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Client declined to sign.

**DHS STAFF USE ONLY**

DHS rescinds this *Transfer Denial Notice*.

\_\_\_\_\_  
Program Administrator Name (print)

\_\_\_\_\_  
Program Administrator Signature

\_\_\_\_\_  
Date

SAMPLE