



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
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Field Operations Memo 2006-42
September 26, 2006

To: Transitional Assistance Office Staff
From:  Cescia Derderian, Assistant Commissioner for Field Operations
Re: Shelter Transfer Request

Purpose of Memo

A *Shelter Transfer Request* Form has been designed to facilitate the transfer of a homeless family to a shelter that can deliver more appropriate services. The form was created to give shelters the ability to initiate a transfer should they determine that a family can be better served at another shelter. The end result of the transfer will be an improvement in the match of services to family need.

Shelter Responsibilities

When a shelter provider determines that a family residing in their shelter is in need of services that are not available in their area, or interventions have been unsuccessful, a *Shelter Transfer Request* will be completed (Attachment A). The form will consist of standard shelter information, family demographics, date of placement, and open ended questions that address the specifics as to why the shelter wishes to transfer the family. Once the form is signed by the shelter director, the completed form will be faxed to the TAO Homeless Coordinator/AU Manager.

TAO Responsibilities

Together, the Director/designee and the Homeless Coordinator/AU Manager will determine if the transfer is necessary based on the information submitted by the shelter. If the transfer is denied, the Homeless Coordinator/AU Manager will contact the shelter to inform them of the decision. If approved, the Homeless Coordinator/AU Manager will coordinate the transfer with the Central Office Housing and Homeless Services Unit. This procedure should be completed within ten days of the initial request. However, since shelter availability changes on a daily basis, the actual shelter transfer may take longer. A *Shelter Transfer Request* form will only be used in extraordinary circumstances, and when all other alternatives have been exhausted.

**TAO
Responsibilities
(continued)**

Once the transfer has been approved, the AU Manager/Homeless Coordinator will:

- Notify the AU of the new placement information when it is received from the Central Housing and Homeless Services Unit;
- Discuss the transfer timeframe with the shelter;
- Notify the current HAP provider of the transfer; and
- Arrange for transportation, if necessary.

If the family refuses the shelter placement, terminate the EA AU for refusing an available placement [106 CMR 309. 040(F)(1)(c)].

**Completing the
Transfer**

After the family is transferred, the AU Manager/Homeless Coordinator must:

- Adjust the current shelter SSPS invoice by entering the end date;
- Complete a new SSPS invoice with the new shelter information and submit for data processing;
- Enter the new address on the Address Window under Household Composition on BEACON;
- Enter the new shelter information on the Residential Facility Window on BEACON; and
- Transfer the AU to the new TAO, if appropriate.

**Shelter Transfer
Form**

A copy of the new *Shelter Transfer Form* is attached. These forms will be distributed to the shelter providers. Forms will be restocked as needed. This form will also be made available to TAOs.

Questions

If you have any questions, please have your Hotline designee call the Policy Hotline at 617-348-8478.



SHELTER TRANSFER REQUEST

Shelter Provider _____
 Address: _____
 Shelter Contact Person _____
 TAO Name _____
 TAO AU Manager/Homeless Coordinator _____
 TAO Fax Number _____

Date _____
 City _____
 Telephone _____
 Telephone _____

Demographics

Head of Household (EA AU) _____
 Social Security # _____
 Other Adult Name _____
 Social Security # _____

Children

Name	Gender	Age	Name of School, City, and Grade

Date of placement in current shelter _____

Why is the shelter requesting the transfer?

What interventions have been taken to prevent the transfer?

What is the anticipated reaction of the family to this transfer?

Are there any special circumstances affecting this transfer (i.e., employment, medical issues)?

Will the family require transportation? _____

Shelter Director Signature _____

Date _____

Fax to TAO Attn: Homeless Coordinator/AU Manager. You will be notified of DTA's response to this request within 10 days of receipt.