

945 McDougall St., PO. Box 1330 Windsor, Ontario N9A 6R3 T: 519 254-1681 | F: 519 254-3130

Internal Transfer Form – Part B Safety

| Select one: Intimidation occurred no more than 3 months prior to the request for transfer OR Traumatic incident occurred no more than 6 months prior to the request for transfer IF The incident/situation occurred earlier than the defined timeframes above. Please describe why a transfer request at this time is appropriate. Reason: Completed by: Agency | RESIDENT INFOR | MATION (Please Print Clearly) | | | | | |
|---|-----------------------|---|---|--|--|--|--|
| Phone #: | Name: | Tenant #: Address: | | | | | |
| CHC SAFETY TRANSFERS Please note: The needs of those requiring the services of the Windsor Essex Community Housing Corporation outweighs the resources available. Due to the limited availability of appropriate units, safety transfer consideration is reserved those at direct, immediate and acute risk. Transferring housing units may or may not be a viable option in mitigating the safety risk. If an approved safety transfer has not occurred within 12 months of the initial transfer approval, the safety situation may be considered to have passed. The ongoing need for a safety transfer will be re-evaluated against the transfer criteria, so this may not be the first time you or your organization are requested to submit documentation. Applicant/CRW to complete | City/Town: | Postal Code: | | | | | |
| CHC SAFETY TRANSFERS Please note: The needs of those requiring the services of the Windsor Essex Community Housing Corporation outweighs the resources available. Due to the limited availability of appropriate units, safety transfer consideration is reserved those at direct, immediate and acute risk. Transferring housing units may or may not be a viable option in mitigating the safety risk. If an approved safety transfer has not occurred within 12 months of the initial transfer approval, the safety situation may be considered to have passed. The ongoing need for a safety transfer will be re-evaluated against the transfer criteria, so this may not be the first time you or your organization are requested to submit documentation. Applicant/CRW to complete | Phone #: | Email: | | | | | |
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| considered to have passed. The ongoing need for a safety transfer will be re-evaluated against the transfer criteria, so this may not be the first time you or your organization are requested to submit documentation. Applicant/CRW to complete | resources availab | ole. Due to the limited availability of appropriate units, safety transfer consideration | on is reserved those at | | | | |
| afety transfer requests not meeting the criteria below may not be considered Attestation | considered to ha | ve passed. The ongoing need for a safety transfer will be re-evaluated against | | | | | |
| Attestation Transfer Request Requirements Yes | Applicant/CRW to | complete ☐ 1 st Request ☐ Re-evaluation of previous safety tran | nsfer request | | | | |
| The current unit is causing or contributing to a direct, immediate, and acute risk to an authorized household member's safety or health that can only be alleviated by moving them to a different unit. An authorized household member is a victim or suffering intimidation, or an authorized household member is the victim or witness of a traumatic incident. Select one: Intimidation occurred no more than 3 months prior to the request for transfer OR Traumatic incident occurred no more than 6 months prior to the request for transfer IF The incident/situation occurred earlier than the defined timeframes above. Please describe why a transfer request at this time is appropriate. Reason: Position Phone # Date Please check the most appropriate selection: Can substantiate the incident/situation described below Lan confirming the incident/situation bas been reported to me as such but I do not have substantiating evidence. | Safety transfer reque | ests not meeting the criteria below may not be considered | | | | | |
| The current unit is causing or contributing to a direct, immediate, and acute risk to an authorized household member's safety or health that can only be alleviated by moving them to a different unit. An authorized household member is a victim or suffering intimidation, or an authorized household member is the victim or witness of a traumatic incident. Select one: Intimidation occurred no more than 3 months prior to the request for transfer OR Traumatic incident occurred no more than 6 months prior to the request for transfer IF The incident/situation occurred earlier than the defined timeframes above. Please describe why a transfer request at this time is appropriate. Reason: Completed by: Agency | Attestation | Transfer Request Requirements | | | | | |
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| Intimidation occurred no more than 3 months prior to the request for transfer OR Traumatic incident occurred no more than 6 months prior to the request for transfer IF The incident/situation occurred earlier than the defined timeframes above. Please describe why a transfer request at this time is appropriate. Reason: Completed by: Agency | □ Yes □ No | An authorized household member is a victim or suffering intimidation, or an authorized household member is the victim or witness of a traumatic incident. | | | | | |
| Traumatic incident occurred no more than 6 months prior to the request for transfer IF The incident/situation occurred earlier than the defined timeframes above. Please describe why a transfer request at this time is appropriate. Reason: | _ | Intimidation occurred no more than 3 months prior to the request for transfer | | | | | |
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| Reason: | | The incident/situation occurred earlier than the defined timeframes above. | | | | | |
| Agency | | | | | | | |
| Agency | | | | | | | |
| Name Position Phone # email Date Signature Please check the most appropriate selection: can substantiate the incident/situation described below | Completed by: | | | | | | |
| Phone # email Date Signature Please check the most appropriate selection: can substantiate the incident/situation described below | Agency | ☐ Police – Victim Services ☐ Hiatus House ☐ Other (please specify) | | | | | |
| Please check the most appropriate selection: can substantiate the incident/situation described below am confirming the incident/situation has been reported to me as such, but I do not have substantiating evidence | Name | Position | | | | | |
| Please check the most appropriate selection: can substantiate the incident/situation described below am confirming the incident/situation has been reported to me as such, but I do not have substantiating evidence | Phone # | email | | | | | |
| □ I can substantiate the incident/situation described below ■ I am confirming the incident/situation has been reported to me as such, but I do not have substantiating evidence | Date | Signature | | | | | |
| □ I can substantiate the incident/situation described below ■ I am confirming the incident/situation has been reported to me as such, but I do not have substantiating evidence | Digase chack the m | net annronriato coloction: | | | | | |
| l am confirming the incident/situation has been reported to me as such, but I do not have substantiating evidence | I can substant | | | | | | |
| Tall comming the incident station has been reported to the as such, but i do not have substantiating evidence | _ l am confirmin | g the incident/situation has been reported to me as such, but I do not have sub | stantiating evidence | | | | |
| Other (please specify) | Other (please) | specify) | | | | | |



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Internal Transfer Form – Part A Safety, Medical & Underhoused

| Date of intimidation or traumatic incident: |
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| Describe the situation resulting in the transfer request |
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| Identify how a transfer to a different unit will resolve the issue |
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