



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

## Internal Transfer Form – Part B Safety

### RESIDENT INFORMATION *(Please Print Clearly)*

Name: \_\_\_\_\_ Tenant #: \_\_\_\_\_ Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### 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

1<sup>st</sup> Request

Re-evaluation of previous safety transfer request

### Safety transfer requests not meeting the criteria below may not be considered

Attestation	Transfer Request Requirements
<input type="checkbox"/> Yes <input type="checkbox"/> No	The current unit is causing or contributing to a <b>direct, immediate, and acute risk</b> to an authorized household member's safety or health <b>that can only be alleviated by moving them to a different unit</b> .
<input type="checkbox"/> Yes <input type="checkbox"/> 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.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Select one: Intimidation occurred no more than <b>3 months</b> prior to the request for transfer OR Traumatic incident occurred no more than <b>6 months</b> 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	<input type="checkbox"/> LAW <input type="checkbox"/> Police – Victim Services <input type="checkbox"/> Hiatus House <input type="checkbox"/> Other (please specify) _____		
Name		Position	
Phone #		email	
Date		Signature	

### Please check the most appropriate selection:

<input type="checkbox"/>	I can substantiate the incident/situation described below
<input type="checkbox"/>	I am confirming the incident/situation has been reported to me as such, but I do not have substantiating evidence
<input type="checkbox"/>	Other (please specify)



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## Internal Transfer Form – Part A Safety, Medical & Underhoused

Date of intimidation or traumatic incident:

Describe the situation resulting in the transfer request

Identify how a transfer to a different unit will resolve the issue

