

Application Submission Date: ____/____/____

Name of Head of Household: _____ Client ID _____

Submitting Staff: _____

Project Name EDA: City St. Louis – CITY Coordinated Entry

Reason for Transfer

Grant Funding Issue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Moving On	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Housing Instability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accessibility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change in Household Composition	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Type of Transfer ☐ PSH to PSH ☐ RRH to PSH ☐ RRH to RRH ☐ Other

If a request to transfer to PSH: Verified Disability Documentation*

☐ Yes ☐ No

If a request to transfer to PSH: Chronically Homeless with Documentation Prior to Entering Current Housing Program*

☐ Yes ☐ No

**Must provide documentation of disability & chronic homelessness prior to transfer being considered. Documentation is expected to be uploaded in HMIS.*

Current Housing Provider/Program _____

Project Start Date ____/____/____

Necessary Housing Transfer Date ____/____/____

Total Monthly Income \$ _____

Has client been given referrals to obtain/increase income?

☐ Yes ☐ No

If yes, what income referrals/services have been made?

Referred to Employment Program	<input type="checkbox"/> No Availability	<input type="checkbox"/> Not Seen Yet	<input type="checkbox"/> Client Declined	<input type="checkbox"/> Actively Engaged	<input type="checkbox"/> Needs Not Met
Referred to SOAR	<input type="checkbox"/> No Availability	<input type="checkbox"/> Not Seen Yet	<input type="checkbox"/> Client Declined	<input type="checkbox"/> Actively Engaged	<input type="checkbox"/> Needs Not Met
Referred to Attorney to Apply for SSI/SSDI	<input type="checkbox"/> No Availability	<input type="checkbox"/> Not Seen Yet	<input type="checkbox"/> Client Declined	<input type="checkbox"/> Actively Engaged	<input type="checkbox"/> Needs Not Met

Barriers to Housing Stability

Behavioral Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Substance Use	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Income/Payment Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cleaning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Guests	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inability to Complete Activities of Daily Living	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conflict with Neighbors/Landlords	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Other, please specify _____

What referrals/services to address those barriers have been provided by current housing provider

Housing Services Which Could Increase Housing Stability

Front Desk Staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Substance Use Recovery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Behavioral Health On-Site	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupational Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Health Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24/7 Site Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Meal Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Other, please specify _____

Current Supportive Service Provider _____

Are supportive services required for housing stability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Actively Engaged with Current Service Provider (attends 75% of appointments)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supportive Services Provider will Stay with Client After Transfer	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Anything else the committee should know?

Client ID _____

DO NOT ANSWER THE BELOW QUESTION UNLESS YOU ARE A CE MANAGER

Committee Vote: ☐ Transfer Accepted ☐ Transfer Declined ☐ No Vote

Committee Vote Date ____/____/____