

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

Internal Transfer Form – Part B Safety

Tenant #: Address:	RESIDENT IN	IFORMATION (Plea	se Print Clearly)			
Phone #:Email:	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, safety safety stransfer or 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:			P	ostal Code:	
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Attestation	considered	to have passed. The	ongoing need for a safe	ety transfer wil	I be re-evaluated against the transfer criteria, so this	
Attestation Transfer Request Requirements Yes	Applicant/CR	V to complete	☐ 1 st Request	☐ Re-evaluat	tion of previous safety transfer request	
□ Yes □ No 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. □ 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. □ 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 □ LAW □ Police - Victim Services □ Hiatus House □ Other (please specify) Name Position Phone # email	afety transfer	equests not meeti	ng the criteria below	may not be	considered	
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Agency			, , , , , , , , , , , , , , , , , , , ,			
Agency						
Name Position Phone # email	completed by:					
Phone # email	Agency	LAW ☐ Police – Vic	tim Services Hiatu	s House □ O	ther (please specify)	
	Name			Position		
Date Signature	Phone #			email		
	Date			Signature		
Places shock the most appropriate collection:	Places chack t	ho most appropriate	salaction:			
Please check the most appropriate selection: can substantiate the incident/situation described below	_ I can sub			DW .		
l am confirming the incident/situation has been reported to me as such, but I do not have substantiating evidence		firming the incident/eit		ad to mo as su	ale levit I de met levice evilentematication evidence	
Other (please specify)		ili ililing the incluent/sit	tuation has been reporte	eu io ille as su	ch, but I do not have substantiating evidence	



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