**Rationale**
Coordinated Entry for All (CEA) promotes housing stability for households and recognizes that circumstances arise which may require a change in a current housing placement. *Only households who have been referred to their current program through prioritization are eligible for Mobility Requests.*

**Policy**
Households eligible for a Mobility Transfer are prioritized for referral to another housing program if they experience an imminent safety issue, require a geographic change, have a change in service need, are aging out of their current program with no other housing options, or if their family size changes.

**Process**

* The housing provider must send the completed Mobility Request form to CEA, documenting the reason for Mobility Transfer in detail. Mobility Requests must indicate steps taken by housing staff to support the household and seek options that would keep the household housed within their program if possible.
* CEA staff will follow up regarding approval or denial of Mobility Requests within one business day if there is a safety issue, and within three business days otherwise. CEA staff may also contact funders to understand implications of a transfer for program funding. The eligible household will be contacted by CEA when the next appropriate housing resource is available.
* Households who have been approved for mobility for safety reasons will be prioritized within mobility requests, followed by households in danger of losing their housing first.
* If denied for mobility through CEA, the housing situation will be determined between the housing provider and the household.

**Categories***Imminent Safety Risk* is meant to be used when a household is at risk of violence and needs to be moved to a different location. Mobility Requests under this category will be prioritized. Note that disagreements between neighbors are expected to be mediated by the property first. *Geographic Change* is often used in situations of joint custody, if parents need to be closer to each other in order to be in compliance with their custody agreement. *Change in Service Need* is meant to be used when a program and a household agree that a household is in need of either a decrease or increase in services related to circumstances that have changed since enrollment in original program. Examples could include a medical event or permanent disability, or a desire for more intensive on-site case management support.
*Exiting due to Age Restrictions* is meant to be used when a young adult is aging out of their current program.  *Change in Family Size* is meant to be used when a household is anticipating that a change in family size will result in the household being over or under occupancy standards for their current unit.

**Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **Name of staff completing form:** | **Staff contact information:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **HOH Name:** | **Clarity Unique ID:** | **HOH Date of Birth:** | **Household size:** |

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| **For families: please describe household’s current custody of minors:**  |

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| --- | --- |
| **Current Program Enrollment:** | **If housed through RRH, date of move-in:** |

|  |  |
| --- | --- |
| **Household able to document chronic homelessness?:** | **Household able to document disability?:****Need ADA unit?:** |

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| **Reason for Mobility Request:***Please be as descriptive as possible, including specific details regarding why a Request is being submitted, including what interventions have been attempted before submitting a Request.* |

**Reasons for Mobility Request (please mark which apply)**

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| **Imminent Safety Risk** |

1. Is a program transfer required to assure safety of the resident? Yes [ ]  No [ ]
2. Were safety concerns discussed with the resident at the time of intake? Yes [ ]  No [ ]

Please explain:

1. What region is unsafe for the resident to live in?
2. If a transfer is achieved, are there ways to avoid a similar safety concern in the future? Yes [ ]  No [ ]

Please explain:

1. Does the resident require a confidential housing resource? Yes [ ]  No [ ]
2. Is the resident able to remain in the current program until another resource is identified? Yes [ ]  No [ ]

If no, what other housing options have been identified until housing is available through coordinated entry?

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| **Geographic Change (safety not an issue)** |

1. Location or region requested:
2. Reason for requested change:
3. Is this change a temporary or long-term solution? Please explain:

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| **Change in Service Need**  |

1. Have the resident and housing provider discussed the change requested? Yes [ ]  No [ ]
2. Is the resident requesting an increased or decreased level of support? Increased [ ]  Decreased [ ]
3. How is the current level of support not meeting the resident’s needs?
4. Was the resident’s level of service need accurately captured during the initial housing

assessment? Yes [ ]  No [ ]

* 1. If no, what was inaccurate or omitted?
1. What options have been considered so the resident can maintain their current residence?
2. Did a specific incident initiate this request? Yes [ ]  No [ ]
If yes, please explain:

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| **Exiting due to age restrictions** |

1. Will the resident age out of the program within the next two months? Yes [ ]  No [ ]
	1. If yes, what is the date they must exit your program?
2. What other housing options have the young adult and provider reviewed?

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| **Change in family size** |

1. Is the resident pregnant?
	1. What is their due date?
2. Is the resident reuniting with their child(ren)? Yes [ ]  No [ ]
	1. What is the number of adults who will need housing?
	2. What is the number of children who will need housing?