Chicago Coordinated Entry

Supplemental VAWA Emergency Transfer Request Form

Purpose of document: This supplemental form is intended for housing providers to complete in addition to HUD Form 5383, when a participant requests an Emergency Transfer under the Violence Against Women Act (VAWA). VAWA protections are not limited only to women and are available regardless of age or actual or perceived sexual orientation, sex, or marital status.

This supplemental form documents information on safety and accessibility-related housing needs that the Coordinated Entry (CES) Team requires to identify an appropriate and safe housing placement. **When requesting a VAWA Emergency Transfer, housing providers must submit (1) a Transfer Request Form in HMIS[1], (2) HUD Form 5383, and (3) this Supplemental Form.**

Housing providers should refer to the Chicago CoC Emergency Transfer Plan for additional guidance on VAWA Emergency Transfer requirements.

Responsibilities of housing providers completing this form include:

- Reviewing the information in this form with the participant requesting an emergency transfer
- Ensuring the participant understands the emergency transfer process and prioritization
- Accurately documenting safety and accessibility needs that impact the participant's housing match

All fields in this form must be completed, and the housing provider must sign this form to certify that they have reviewed the information with the participant and confirmed their understanding.

Section I – Emergency Transfers:

In accordance with the Violence Against Women Act (VAWA), participants enrolled in covered programs may request an emergency transfer when the participant (or a household member) is a victim of domestic violence, dating violence, sexual assault, or stalking; they expressly request the emergency transfer; and

EITHER:

1. The participant (or a household member) reasonably believes that there is a threat of imminent harm from further violence, including trauma, if they remain within the unit or placement.
   OR

[1] If the participant is enrolled in a program that does not use HMIS, the housing provider should email CES@chicagococ.org to request a transfer.

2. The participant (or a household member) is a victim of sexual assault which occurred on the premises, and they request an emergency transfer within the 120-calendar day period of when the assault occurred.

Whether or not the participant is in good standing or is lease compliant does not impact their ability to request an emergency transfer under VAWA. Housing providers should review HUD Form 5383 for more information on eligibility requirements.

Section II – Chicago Coordinated Entry Transfer Policy

As outlined in the Chicago Coordinated Entry Transfer Policy, housing providers may submit a transfer request on behalf of a participant when they are eligible for another housing intervention. CES prioritizes transfer requests based on defined criteria, with VAWA Emergency Transfers receiving the highest priority and fastest resolution. Emergency transfers related to fleeing VAWA violence/abuse are classified as Priority Level 1 and are addressed before all other transfer types. Requests must be submitted through CE's external transfer process, which includes completing a Transfer Request Form in HMIS. Transfer requests into Permanent Supportive Housing (PSH) must also include a Chronic Homelessness Verification Packet (CHVP).

Housing providers should review the full Chicago Coordinated Entry Transfer Policy for detailed guidance on procedures and requirements.

Section III – VAWA Emergency Transfer Request - Household Information:

This section must be completed by the housing provider in collaboration with the participant requesting the emergency transfer. Information collected here will be used by the CES Team to determine appropriate and safe housing matches.

Please note:

- Only safety and accessibility-related needs should be documented here.
- Preferences that are not related to safety or accessibility needs cannot be considered for emergency transfer prioritization.
- PSH availability is very limited, and most vacancies are in project-based Single-Room Occupancy (SRO) or studio units, which means that the housing subsidy is tied to a specific building or unit. An estimated timeline for receiving a housing match cannot be provided.

1. Name(s) of victim(s): _____
2. Name of staff member completing this form: _____

3. Number of household members to be transferred: _____
    a. Number of adults: _____
    b. Number of minor children: _____

4. Current address: _____

5. **Safety and Accessibility Needs (Select all that apply)**
   The information provided will be used to determine what constitutes a safe unit for this participant. Only needs essential to safety or accessibility should be included.

   ☐ The participant is unsafe in their current neighborhood and/or area of the city. They need to move to a different neighborhood and/or area of the city to be safe.

   Please list any neighborhoods or areas of the city that are unsafe for the household:

   ☐ The participant is unsafe in their current building. They need to move to a different building to be safe.
   ☐ The participant requires a project-based unit with on-site staff to be safe (A unit being project-based means that the subsidy is tied to a specific building).
   ☐ An accessible unit is required for the participant to be safe. Please select all required accessibility features:
      - First floor unit and/or elevator building
      - Limited stairs (No more than 1-2 flights of stairs)
      - ADA accessible unit
      - Other (please specify):
   ☐ There are other safety-related criteria required for the unit to be considered safe (please specify): _____
   _____
   _____
   _____

Certification of Review and Participant Understanding of CES Emergency Transfer Policies and Prioritization:

By signing below, I certify that:

- I have reviewed both HUD Form 5383 and this supplemental form with the participant requesting an Emergency Transfer.

- I have documented the participant's safety and accessibility needs accurately and completely.
- I acknowledge that options outside of a CES external transfer should be considered if they better meet the participant's needs (e.g., unit relocation within existing program, internal transfer, etc.).
- I have informed the participant that they will be prioritized for a transfer to a "safe unit" based on the criteria documented in Section III, if they meet the eligibility criteria for a VAWA Emergency Transfer.
    - Safe unit refers to a unit that the victim of VAWA violence/abuse believes is safe.
- I have informed the participant that if they are matched to a unit they reasonably believe is unsafe, based on the criteria provided in Section III, they may request a transfer to a different placement.
- I have informed the participant that declining a match to a program that meets the documented safety criteria may result in no longer being prioritized for a transfer, meaning they may not be transferred to another program.

Agency Staff Name: _____

Agency Staff Signature: _____

Date: _____