

## SHELTER TO SHELTER TRANSFER FORM

The following steps are to be taken to ensure a smooth transition for clients between shelters.

- Shelter requesting transfer and the receiving shelter must have an initial conversation about the transfer.
- Client that is transferring must speak to receiving shelter staff.
- Client transfer paperwork must be complete and faxed by the shelter requesting the transfer to the receiving shelter.
- Transport request and shelter to shelter transfer documents must be faxed to EIA by the shelter requesting the transfer. Authorization prior to faxing is based on individual shelter policy.

## SHELTER TO SHELTER RELEASE OF INFORMATION AUTHORIZATION

I, \_\_\_\_\_ hereby authorize

\_\_\_\_\_ to release the following information to:  
(Shelter from which the Clients is being transferred)

\_\_\_\_\_  
(Name of Shelter to which Client is being transferred)

\_\_\_\_\_  
(Address of Shelter)

Phone Number \_\_\_\_\_

Staff Contact at receiving shelter \_\_\_\_\_

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Date)

**Release of information will be effective for a 48 hour period**

**from:** \_\_\_\_\_ **to** \_\_\_\_\_

### CLIENT INFORMATION

**Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

**History of Shelter Stays (circle one):** No History Some History Long History

**History of Domestic Violence (circle one):** No History Some History Long History

**Latest Incident of Violence / Precipitating Incident:**

\_\_\_\_\_  
**Protection order against current partner? (circle one)** Yes No Pending

**Identification (circle one):**

Provincial Health Card

Treaty Status Card

Provincial Driver's Licence

Liquor Commission  
Photo ID Card

Provincial Photo ID

Passport



**Names and DOB and whereabouts of children not accompanying Client:**

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**Safety Plan for Transfer**

Mode of Transportation \_\_\_\_\_

Time Departing \_\_\_\_\_ Estimated Time of Arrival: \_\_\_\_\_

Does Client have phone numbers and money for pay phone for departing shelter and Transfer Shelter? (Circle one)

YES                      NO

Client's Safety Plan \_\_\_\_\_

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Miscellaneous Information \_\_\_\_\_

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Transferring Staff \_\_\_\_\_

Director's Initials if required \_\_\_\_\_

Date \_\_\_\_\_