**Mobility Request**

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| Today’s Date: Click here to enter a date. | Client Date of Birth: Click here to enter a date. |
| Client Name: Click here to enter text. | Client Preferred Name: Click here to enter text. |
| Clarity ID #: Click here to enter text. |  |
| Current Housing Program: Click here to enter text. | Month/Year Client Moved In: Click here to enter text. |
| Name of staff completing form: Click here to enter text. | Staff Contact Information: Click here to enter text. |

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| Reason for Mobility Request:(Please be sure to include details about the household’s circumstance that warrant a mobility request) Click here to enter text. |

**Please complete the section below that corresponds with the reason for the request.**

***You do not need to complete all sections.***

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| **Imminent Safety Issue** |

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: Click here to enter text.

1. What region is unsafe for the resident to live in? Click here to enter text.
2. Do the resident and housing provider agree a move is necessary for the resident’s safety? Yes  No
3. If a transfer is achieved, are there ways to avoid a similar safety concern in the future? Yes  No

Please explain: Click here to enter text.

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? Click here to enter text.

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| **Geographic Change** |

1. Location or region requested: Click here to enter text.
2. Reason for requested change: Click here to enter text.
3. Have the resident and housing provider discussed how a geographic change may be necessary for a higher likelihood of success? Yes  No
4. Is this change a temporary or long-term solution for the resident’s geographic needs? Please explain: Click here to enter text.
5. What other housing options have the resident and provider reviewed in the desired region? Click here to enter text.

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| **Change in Service Need (Increase or Decrease)** |

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? Click here to enter text.

1. What other options have the resident and provider reviewed? Click here to enter text.
2. What options have been considered so the resident can maintain their current residence? Click here to enter text.
3. Did a specific incident initiate this request? Yes  No

If yes, please explain: Click here to enter text.

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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? Click here to enter a date.

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? Click here to enter a date.
2. Is the resident reuniting with their child(ren)? Yes  No 
   1. What is the number of adults who will need housing? Click here to enter text.
   2. What is the number of children who will need housing? Click here to enter text.

***Once completed, please either securely email the form to*** [***cea@kingcounty.gov***](mailto:cea@kingcounty.gov) ***, or fax it to (206) 205-6565.***