



**Grand Rapids/Wyoming/Kent County Continuum of Care (CoC)
Emergency Transfer Plan: Victims of Domestic Violence, Dating Violence, Sexual Assault, and/or Stalking**

The Grand Rapids/Wyoming/Kent County Continuum of Care (CoC) is concerned about the safety of tenants in housing programs and such concern extends to tenants who have experienced, or are experiencing, domestic violence, dating violence, sexual assault, or stalking. To ensure safety, these tenants may need to request an emergency transfer from their current unit in a Covered Program to another unit. In accordance with the Violence Against Women Act (VAWA)¹, this Plan outlines processes and requirements to ensure emergency transfers can occur quickly and safely. This Plan also defines eligibility for emergency transfer, the process for requesting emergency transfer, and guidance to tenants on safety and security.

Applicability and Definitions

Adherence to the processes and requirements outlined in this Plan is required of any Covered Program. Covered Housing Providers are required to develop written procedures that align with this Plan. Covered Housing Providers may choose to create additional procedures or processes, but they may not conflict with this Plan.

Covered Program: Any permanent or transitional housing program funded by the HUD CoC Program, Emergency Solutions Grant (ESG) Program, HOME Investment Partnerships (HOME), or any other federally funded housing program. This Plan may also apply to other programs as required by State, Local, or Federal law or regulation.

Covered Housing Provider: Any housing provider operating a Covered Program.

Eligible Participants: A program participant, or a member of their household, who has experienced domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L, if:

- The program participant reasonably believes that there is a threat of imminent harm from further violence if the program participant remains within the same unit; or
- The program participant has experienced sexual assault and the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

Internal Transfer: A Covered Housing Provider is able to satisfy an emergency transfer request by assisting an Eligible Participant to move to another unit within the same Covered Program, or to another program operated by the Covered Housing Provider of the same program type (RRH, Transitional, PSH, etc.). Internal transfers may not require the Eligible Participant to undergo an application process.

External Transfer: To satisfy the safety needs and preferences of the Eligible Participant, a Covered Housing Provider connects the participant to the Coordinated Entry System for referral to the next available housing placement. External transfers may require the Eligible Participant to complete an application to determine eligibility.

¹ Despite the name, VAWA protection applies to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Safe Unit: A unit that the Eligible Participant believes is safe.

Requesting Emergency Transfer

A program participant must notify the housing provider (i.e. program case manager, administrator, or management office) and submit a written request for a transfer to that individual.

The Covered Housing Provider must offer reasonable accommodations to this policy for individuals with disabilities. The program participant's written request for an emergency transfer should include either:

- A statement expressing that the program participant reasonably believes that there is a threat of imminent harm from further violence if the program participant were to remain in the same dwelling unit assisted under the housing program; OR
- A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

The housing program may request additional documentation from a tenant in accordance with the documentation policies of HUD's regulations at 24 CFR part 5, subpart L. The Covered Program may use the HUD forms 5382 and 5383 (attached) to document requests for an emergency transfer and to document incidents of domestic violence. The tenant may choose what documentation to provide from the list established by HUD, and the Covered Housing Provider must accept the tenant's choice of documentation.

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the program participant is urged to take all reasonable precautions to be safe. For specific resources, participants are encouraged to reach out to:

- Local Resources: See attachment C for a list of the sexual assault and domestic violence services available through the YWCA West Central Michigan. The local 24/7 help line is (616) 454-9922 (YWCA).
- Domestic Violence: National Domestic Violence Hotline at 1-800-799-7233. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).
- Sexual Assault: Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 1-800-656-HOPE or visit the online hotline at <https://ohl.rainn.org/online/>.
- Stalking: National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Processing Emergency Transfer Requests

Covered Housing Providers must make provide information regarding the process for requesting emergency transfers and a copy of this Plan to all participants in a Covered Program.

Covered Housing Providers must honor emergency transfer requests regardless of sex, gender identity, or sexual orientation.² A Covered Housing Provider must honor requests whether or not the Eligible Participant is considered "in good standing" by the provider. The Covered Housing Provider must allow Eligible Participants to end their lease or occupancy agreement without penalty. At the participants request, the Covered Housing Program will assist the participant in contacting local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.

Covered Housing Providers must act as quickly as possible to process emergency transfer requests and conduct an appropriate transfer to a safe unit. If an Internal Transfer is not possible due a lack of available safe units, or if an Eligible Participant prefers, the Covered Housing Provider must conduct an External Transfer. In this case, the

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Covered Housing Provider must contact the Coordinated Entry System to identify the next available safe unit to which the participant can move. An Eligible Participant may be unable to move to a particular unit if the participant cannot establish eligibility for that unit or program. The Eligible Participant and their household shall retain their original homeless status and status of homeless chronicity for the purposes of the transfer. In cases of External Transfer, the Eligible Participant shall have priority over all other applicants for rental assistance, transitional housing, and permanent supportive housing projects funded under this part, provided that:

- The individual or family meets all eligibility criteria required by Federal law or regulation or HUD NOFA;
- The individual or family meets any additional criteria or preferences established in accordance with 24 CFR 578.93(b)(1),(4),(6), or (7).

In cases where members of a household separate in order to initiate an emergency transfer, the Covered Housing Provider, in consultation with the CoC, will determine appropriate actions with respect to the non-transferring household member(s).

Confidentiality and Record Keeping

Covered Housing Providers must keep records of requests for emergency transfers and documentation related to the requests in accordance with Federal and the State of Michigan guidelines. Records must be retained for a period of no less than three (3) years after the emergency transfer took place and will be available upon request for the purposes of program reporting and monitoring.

All information provided regarding domestic violence, dating violence, sexual assault or stalking, including the fact that an individual is or has experienced such violence or stalking, must be kept confidential. This includes keeping confidential the new location of the dwelling unit of the program participant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the program participant. Confidentiality also means that providers and/or property owner or manager **may not**:

- Enter the information into any shared database except the authorized HMIS-comparable DV database;
- Allow employees or others to access the information unless they are explicitly authorized to do so and have a need to know the information for purposes of their work; or
- Provide the information to any other entity or individual, except to the extent that the disclosure is:
 - o Requested or consented to by the individual in writing stating permission to release the information on a time-limited basis;
 - o Required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program; or
 - o Otherwise required by applicable law

If program disclosure is required for use in an eviction proceeding or is otherwise required by applicable law, the program will inform the victim before disclosure occurs so that safety risks can be identified and addressed. See the [Notice of Occupancy Rights](#) under the Violence Against Women Act for All Program Participants for more information about housing provider's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Related Documents and Attachments

- Attachment A: Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, [HUD Form 5383](#)
- Attachment B: Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation, [HUD Form 5382](#)
- Attachment C: MOU between YWCA West Central Michigan and CoC
- [Know Your Rights: Domestic and Sexual Violence and Federally Assisted Housing Brochure](#)

ATTACHMENT A: HUD FORM 5383

**EMERGENCY TRANSFER
REQUEST FOR CERTAIN
VICTIMS OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider’s emergency transfer plan for more information about the availability of emergency transfers.

The requirements you must meet are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.

(2) You expressly request the emergency transfer. Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider’s emergency transfer plan for more details.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you submit this form or otherwise expressly request the transfer.

Submission of Documentation: If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. Such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections or an emergency transfer to you. Such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE PERSON REQUESTING A TRANSFER

1. Name of victim requesting an emergency transfer: _____

2. Your name (if different from victim's) _____

3. Name(s) of other family member(s) listed on the lease: _____

4. Name(s) of other family member(s) who would transfer with the victim: _____

5. Address of location from which the victim seeks to transfer: _____

6. Address or phone number for contacting the victim: _____

7. Name of the accused perpetrator (if known and can be safely disclosed): _____

8. Relationship of the accused perpetrator to the victim: _____

9. Date(s), Time(s) and location(s) of incident(s): _____

10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11. _____

11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.

12. If voluntarily provided, list any third-party documentation you are providing along with this notice:

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

ATTACHMENT B: HUD FORM 5382

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION

U.S. Department of Housing and Urban Development

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

- 1. Date the written request is received by victim: _____
- 2. Name of victim: _____
- 3. Your name (if different from victim's): _____
- 4. Name(s) of other family member(s) listed on the lease: _____

- 5. Residence of victim: _____
- 6. Name of the accused perpetrator (if known and can be safely disclosed): _____

- 7. Relationship of the accused perpetrator to the victim: _____
- 8. Date(s) and times(s) of incident(s) (if known): _____

- 10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

ATTACHMENT C: MOU BETWEEN YWCA AND COC

**Memorandum of Understanding
Between YWCA West Central Michigan And
Grand Rapids/Wyoming/Kent County Continuum of Care
(aka) Grand Rapids Area Coalition to End Homelessness**

This document outlines specific services that are available to members of the Grand Rapids Area Coalition to End Homelessness, as the services relate to the development of Emergency Transfer Plans in providing housing safe opportunities to household identifying domestic violence or sexual assault. The YWCA West Central Michigan provides comprehensive services to survivors of domestic and sexual violence in Kent County. As such, these services are available to any individual or household within the service area, including those who are participating in Coalition member programming.

Members of the Coalition to End Homelessness, who receive federal or state funding may be required to follow requirements and processes outlined in the CoC’s Emergency Transfer Plan. This Plan may incorporate emergency responses and linkages to specific, non-housing, services that will support safety. Through this MOU, the YWCA agrees that a referral to YWCA West Central Michigan services may be incorporated into the CoC Emergency Transfer Plan or an individual organization’s Emergency Transfer Plan or procedures, where appropriate. The YWCA West Central Michigan also may be referenced as a victim service provider in any Continuum of Care/ Coalition to End Homelessness documents that may be related to the formation of an Emergency Transfer Plan.

Emergency Transfer plans must pertain to all family members. YWCA services are available to family members as outlined below, irrespective of age, race, ethnicity, gender, gender expression or immigration status. Specifically, services relate to domestic violence, sexual assault, child sexual abuse, stalking, and human sex trafficking.

The following table outlines services that are available through the YWCA West Central Michigan. Note that some services may be limited to availability, and unless otherwise noted, are provided without cost to the participant.

Service Type	Detail	Notation
Help Line (24/7)	Provides advocacy support and initial triage for most services	(616) 454-9922 (YWCA)
Personal Advocacy	Help with safety planning, resource linkages, support, problem solving	Accessed through the Help Line
Legal Advocacy	Descriptions of legal options, guidance through legal systems, referral (in house) to Legal Aid of Western MI	Accessed through the Help Line
Emergency Shelter	Short-term emergency stay in shelter for victims and dependent children. Lethality screening involved in assessment.	Assessment by phone or in person arranged through Help Line
Counseling Services	Individual and family counseling available for all household members. Insurance and subsidized services. Disability and LGBTQ specialist.	Immediate needs should be assessed through Advocacy services first. Counseling Program # (616) 459-4652

Men Choosing Alternatives to Violence	Psycho-education group for men who batter. Minimum 6 month participation.	Fee for service. Access through Counseling Program (616) 459-4652
Domestic Violence Support group – for survivors	Available on drop-in basis. Group is for survivors only	Call helpline for times and days (616) 454-9922
Sexual Assault Support Group – for survivors	Available on drop-in basis. Group is for survivors only	Call helpline for times and days (616) 454-9922
LGBTQ survivors of assault support group	Available on drop-in basis. Group is for survivors only	Call helpline for times and days (616) 454-9922
Nurse Examiner Program (24/7)	Provide medical-forensic exam up to 5 days after assault, both domestic violence and sexual assault, adults, teens and children.	Does not require law enforcement involvement. YWCA staff are mandated reporters of child abuse. Access through the Help Line. (616) 454-9922
Supervised Parenting Time and Safe Child Exchange	Provide monitored parenting time or child exchange for visitation in cases of domestic violence when other parent or children are at risk. Voluntary or Court-ordered.	Subsidy is available, accept referrals from CPS as well. Call Safe Connections Manager (616) 426-3754
Health Relationships	Healthy Relationships is a 8 week educational course for adults with intellectual and/or developmental disabilities focused on sexual exploitation prevention	See YWCAWCMI.org website for WEAVE programming or call (616) 426-3729

The YWCA West Central Michigan engages in strict confidentiality practices as outlined by the Violence Against Women Act. This MOU does not imply that there is any agreement of sharing confidential client information for the purpose of service coordination, or otherwise. Sharing of client information is only conducted with the expressed written permission of the client.

The table above outlines services that are available to address safety concerns and recovery issues that are often associated with domestic and sexual violence. The YWCA West Central Michigan agrees that information about these services may be made available to the service population of any CoC provider, with possible referrals incorporated into Emergency Transfer Plans if desired. Even with a referral, all YWCA services must be engaged in voluntarily, at the initiation of the participant. The YWCA reserves the right to assess participants for appropriateness of service requested. This MOU does not constitute an agreement that a service will be provided to any specific individual referred.

The MOU reflects the ongoing array of services available to survivors and their family members in the community. Service offerings of the YWCA change periodically to meet community need. The information provided is accurate as of 6/1/2019. This MOU should be updated annually to reflect any updates.

CoC Chair Name: _____ Date: _____

CoC Chair Signature: _____ Date: _____

YWCA Director Name: _____ Date: _____

YWCA Director Signature: _____

Date: _____

Last updated: XXXXXX