**EA Templates |** *Internal Transfer Requests*

When requesting an Internal Transfer, please use the template below and then send it as an email to the Central Placement inbox (eohlcplacementteam@mass.gov).

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| --- | --- |
| **HOH’s Name & Last 4 SS #** |  |
| **Household Composition/Size** |  |
| **Current Address, City & Zip**  *(including unit capacity)* |  |
| **Proposed Address, City & Zip**  *(including unit capacity)* |  |
| **Reason for Transfer** |  |
| **Does the participant have an approved or pending reasonable accommodation/ADA request?** |  |
| ***If yes,* what type of accommodation?** |  |
| **Are there any known services or support(s) in place that could or would be affected due to this transfer?** |  |
| **Date of proposed transfer** |  |