Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, Human Trafficking, or Stalking

Rochester/Monroe County Homeless Continuum of Care (CoC), Doing Business As Partners Ending Homelessness (PEH).

CoC Program-Funded Housing Programs

1. Purpose

The Rochester/Monroe County Homeless Continuum of Care (CoC) is committed to the safety and well-being of tenants participating in housing programs funded by CoC Program grant funds. This commitment includes protecting tenants who are victims of **domestic violence, dating violence, sexual assault, human trafficking, or stalking**.

In accordance with the Violence Against Women Act (VAWA), CoC-funded housing programs allow eligible tenants to request an emergency transfer to another unit. This right applies regardless of sex, gender identity, or sexual orientation.

This Emergency Transfer Plan outlines eligibility requirements, documentation procedures, confidentiality protections, transfer processes, and guidance for tenant safety and support services. It is based on the U.S. Department of Housing and Urban Development (HUD) model emergency transfer plan.

2. Eligibility for Emergency Transfers

A tenant who is a victim of **domestic violence, dating violence, sexual assault, human trafficking, or stalking**, as defined in HUD regulations at 24 CFR part 5, subpart L, is eligible for an emergency transfer if:

1. The tenant reasonably believes there is a threat of imminent harm from further violence if they remain in the same dwelling unit assisted under the housing program; or
2. The tenant is a victim of sexual assault or human trafficking, and the incident occurred on the premises within the **90-calendar-day period** preceding the request for an emergency transfer.

A tenant requesting an emergency transfer must expressly submit the request in accordance with the procedures outlined in this plan.

Tenants are eligible to request an emergency transfer regardless of whether they are in good standing with the housing program, provided they meet the criteria above.

3. Emergency Transfer Request Documentation

To request an emergency transfer, the tenant must notify the housing program's management office and submit a written request. The housing program will provide reasonable accommodations to individuals with disabilities in accordance with applicable law and policy.

The tenant's written request must include **one** of the following:

1. A statement that the tenant reasonably believes there is a threat of imminent harm from further violence if they remain in the same assisted dwelling unit; **or**
2. A statement that the tenant is a victim of sexual assault or human trafficking and that the incident occurred on the premises within the 90-calendar-day period preceding the request.

4. Confidentiality

The housing program will maintain the confidentiality of all information provided by a tenant related to an emergency transfer request, as well as information about the transfer itself.

Information will not be disclosed unless:

- The tenant provides written authorization for release (which must be time-limited),
- Disclosure is required by law, or
- Disclosure is necessary for an eviction proceeding or termination of assistance hearing.

The housing program will also maintain the confidentiality of the tenant's new location, if applicable, and will not disclose it to any individual who committed or is alleged to have committed acts of domestic violence, dating violence, sexual assault, human trafficking, or stalking against the tenant.

For additional information, see the *Notice of Occupancy Rights under the Violence Against Women Act (VAWA) for All Tenants*.

5. Emergency Transfer Timing and Availability

The housing program cannot guarantee approval of an emergency transfer request or the time required to process such a request. However, it will act as quickly as possible to relocate tenants who are victims of domestic violence, dating violence, sexual assault, human trafficking, or stalking, subject to the availability of a safe and appropriate unit.

If a tenant reasonably believes that a proposed unit is unsafe, they may request an alternative unit.

When a unit is available, the tenant must agree to comply with all applicable terms and conditions of occupancy for the new unit. The housing program may be unable to transfer a tenant to a specific unit if eligibility requirements for that unit are not met.

If no safe and available unit exists for which the tenant is eligible, the housing program will assist the tenant in identifying other housing providers with available units. Upon request, the housing program will also assist tenants in contacting local organizations that provide services to survivors of domestic violence, dating violence, sexual assault, human trafficking, or stalking, as listed in the attachments to this plan.

6. Tenant Safety and Support

The housing program recognizes that safety is the primary concern in emergency transfer situations. Tenants are encouraged to access available support services, including advocacy, counseling, emergency shelter, legal assistance, and other resources.

Assistance may include referrals to local organizations that support survivors of domestic violence, dating violence, sexual assault, human trafficking, and stalking.

7. Implementation and Compliance

This Emergency Transfer Plan is implemented in accordance with HUD requirements under the Violence Against Women Act (VAWA) and applies to all CoC Program-funded housing providers within the Rochester/Monroe County Continuum of Care.

Housing providers must ensure staff are trained on this policy and that tenants are informed of their rights under VAWA.

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8. Safety and Security of Tenants

Pending the processing of an emergency transfer request, and during the period prior to an approved transfer being completed, tenants are encouraged to take all reasonable precautions to ensure their safety.

Tenants who are currently or have been victims of **domestic violence** are encouraged to contact Willow Domestic Violence Center for assistance in developing a safety plan. Willow is available 24 hours a day by phone or text at **585-222-SAFE (7233)**. Tenants may also contact the **National Domestic Violence Hotline** at **1-800-799-7233**. For individuals with hearing impairments, the hotline is accessible via TTY at **1-800-787-3224**.

Tenants who are victims of **sexual assault** may contact the **Rape, Abuse & Incest National Network (RAINN) National Sexual Assault Hotline** at **800-656-HOPE**, or access support through the online hotline at:
https://www.rainn.org/resources

Tenants who are victims of **stalking** may obtain information and resources through the **Stalking Prevention, Awareness, and Resource Center (SPARC)** at:
https://www.stalkingawareness.org/what-to-do-if-you-are-being-stalked/

Attachment A: HUD Form 5383 (link to fillable PDF HUD-5383)
Attachment B: HUD Form 5382 (link to fillable PDF HUD-5382)
Attachment C: Local organizations aiding victims of domestic violence, dating violence, sexual assault, or stalking.

Attachment A: (link to fillable PDF HUD-5383)

U.S. Department of Housing and Urban Development
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Exp. 1/31/2028

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

Confidentiality Note: Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

Purpose of Form: If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

VAWA protects individuals and families regardless of a victim's age, sex, or marital status.

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

Will my information be kept confidential? Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific

reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

What if I require this information in a language other than English? To read this in Spanish or another language, please contact **[**INSERT COVERED HOUSING PROVIDER'S CONTACT INFORMATION; FOR HOPWA PROVIDERS – INSERT GRANTEE NAME AND CONTACT INFORMATION**]** or go to [INSERT WEBSITE, IF APPLICABLE]. You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities. Page **2** of **3** Form HUD-5382

Need further help? For additional information on VAWA and to find help in your area, visit https://www.hud.gov/vawa. To speak with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

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

1. **Name(s) of victim(s):** _____

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

3. **Name(s) of other member(s) of the household:** _____

_____

_____

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

5. What is the safest and most secure way to contact you? (You may choose more than one.)

If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

☐ Phone Phone Number: _____

Safe to receive a voicemail: ☐ Yes ☐ No

☐ Phone E-mail Address: _____

Safe to receive an e-mail: ☐ Yes ☐ No

☐ Phone Mailing Address: _____

Safe to receive mail from your housing provider: ☐ Yes ☐ No

☐ Other Please list:_____

6. Anything else your housing provider should know to safely communicate with you?

_____

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_____

_____

Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

Dating violence means violence committed by a person:

(1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**

(2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

Sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

(1) Fear for the person's individual safety or the safety of others **or**

(2) Suffer substantial emotional distress.

Certification of Applicant or Tenant: By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

Signature: _____

Date: _____

Public Reporting Burden for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or

tenant is a victim of VAWA violence/abuse. A Federal 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 B: HUD-5382

U.S. Department of Housing and Urban Development
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VAWA protects individuals and families regardless of a victim's age, sex, or marital status.

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7 Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, and (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your

written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, or (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

What if I require this information in a language other than English? To read this in Spanish or another language, please contact: _____

Or go to: _____

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1. Name(s) of victim(s): _____

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

3. Name(s) of other member(s) of the household: _____

_____

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

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☐ Phone E-mail Address: _____

Safe to receive an e-mail: ☐ Yes ☐ No

☐ Phone Mailing Address: _____

Safe to receive mail from your housing provider: ☐ Yes ☐ No

☐ Other Please list:_____

6. Anything else your housing provider should know to safely communicate with you?

_____

_____

_____

_____

_____

Applicable definitions of domestic violence, dating violence, sexual assault, or *stalking:*

Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

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(2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship. Sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

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Date: _____

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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:

1. Willow Domestic Violence Center: 585-222-SAFE (7233) is the only New York State certified domestic violence service provider serving Monroe County. They offer a 24/7 hotline, an emergency shelter, and other free and confidential services to survivors of domestic violence. Website at www.willowcenterny.org.

2. Family Promise of Greater Rochester is a not-for-profit, interfaith, culturally-competent organization of faith communities that helps homeless families achieve sustainable independence by supporting them with tailored services including, shelter, food, personalized case management, and a diverse network of caring volunteers. Phone: 585-506-9050. Website at FPGROC.