Department of Homeless Services

Family Services - OOR

MOVE AUTHORIZATION / CONFIRMATION

Date _____ Client Name _____ Client Phone / Cell Phone # _____

Floor _____ Room # _____ Elevator Working (Yes/No) _____ Shelter/ Facility _____

Case Manager / Housing Specialist Name _____ Phone # _____

New Address _____ Apt. # _____ Borough _____ Zip Code _____

Checklist to be Completed - YES/NO

_____ 1. Client accurately counted the number of boxes, bags and pieces of furniture to be moved.

_____ 2. Elevator is working in the new apartment building.

_____ 3. Apartment address and number are correct and match lease address.

_____ 4. Client advised - NO belongings will be moved from private residences i.e. friends/families houses.

_____ 5. Client must pack their own belongings. Moving Company has the right to refuse to move any items not properly packed.

_____ 6. Client advised that they have to provide their own transportation from facility to new apartment.

_____ 7. Client is available the entire day to complete the move, and must meet Moving Company at facility at scheduled time.

_____ 8. Client advised that they are responsible to ensure that all belongings are relocated to apartment.

_____ 9. Client advised Moving Company has right to refuse to move any items not listed on Move Authorization/Confirmation form.

_____ 10. Client advised a representative must meet Moving Company at the new apartment within the designated time frame or the belongings will be returned to the facility unless other arrangements are made.

_____ 11. Client advised that storage moves will not be scheduled. Please contact Job Center.

_____ 12. Client advised that moves will not be rescheduled unless move did not occur due to the moving companys' fault. Move must be canceled by the day prior to the scheduled move date.

PLEASE WRITE NUMBER OF ITEMS TO BE MOVED FROM FACILITY

_____ Box(es)	_____ Radio(s)	_____ Speakers	_____ Mirror(s)
_____ Bag(s)	_____ Stereo Unit	_____ Computer(s)	_____ Lamp(s)
Bed(s)	***Table(s) Size***	_____ Television(s)	_____ VCR(s)
_____ Twin	_____ Small	_____ Washer	_____ DVD Player(s)
_____ Queen	_____ Medium	_____ Dryer	
_____ King	_____ Large	_____ Dishwasher	
_____ Dresser(s)	_____ Chair(s)	_____ Refrigerator	

★ Other Items - please describe below

Move Date: _____ Time: _____

* Be available at the shelter the day of the move. For assistance, please call: 212-361-6817/6541

Client's Signature _____ Date _____

ICU Case Manager Signature _____ Date _____