

Exhibit 10

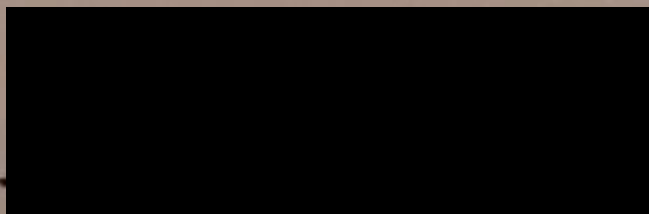
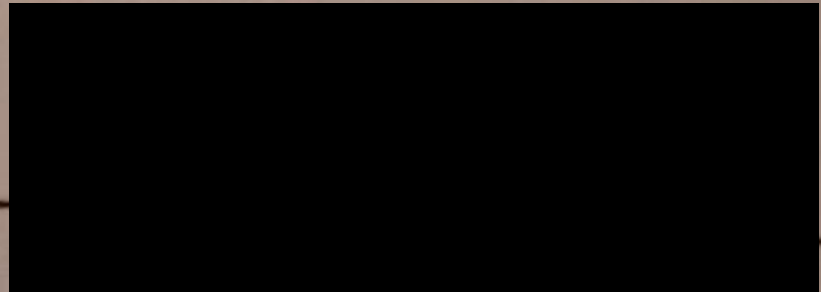
Form 402A
7/16 Revised

414
Division of Adult Services
Department of Homeless Services

CLIENT NOTIFICATION OF TRANSFER

Shelter: Fort Washington Annex

Date 6/29/21

CLIENT'S SURNAME: 	FIRST NAME: 	CARES NUMBER: 
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You are being OFFICALLY transferred by 7/1/21 because You are returning to Congregate Shelter

Right of Review

Upon receipt of this notice, you are entitled to meet with your caseworker to discuss why you are being transferred. If you disagree with the transfer, you may have a Supervisory Review to respond to the reason(s) for your transfer.

I accept the reason(s) for transfer and I do NOT request a Supervisory Review

Client's Signature (X) _____

I do not accept the reason(s) for transfer and I request a Supervisory Review

Client's Signature (X) _____

DATE: _____