

# Exhibit 9

Form 402A  
Revised 8/10/98

Division of Adult Services  
Department of Home Services

## CLIENT NOTIFICATION OF TRANSFER

Transfer to: Atlantic House Men's Shelter

Date: 6/23/21

CLIENT'S SURNAME	FIRST NAME	H.A. NUMBER
[REDACTED]	[REDACTED]	[REDACTED]

are being OFFICIALLY transferred by 6/23/21, because of an accommodation for a single room.

### Right of Review

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 transfer.

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

Client's Signature (X) \_\_\_\_\_

Date: \_\_\_\_\_

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

Client's Signature (X) \_\_\_\_\_

Date: \_\_\_\_\_

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