



Moves & Transportation Request Form

Please submit at least 24 Hours in Advance; Complete All Sections of this Form:

Program Admin Name:	<i>Carol Ann Rickoffs</i>	Tel #	<i>212-361-0643</i>	Date Submitted:	<i>9/15/23</i>
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All request must be in by 2pm. Request after 2pm cannot be guaranteed. Request after 4pm are for the next business day.

Request Type: Only one Request Type Should be marked per request form.	Issued Voucher	NYCHA HPD Viewings:	Other:
	NYCHA <input type="checkbox"/> FHEPS <input type="checkbox"/> SEC8 <input type="checkbox"/> 421A <input type="checkbox"/> CITYFAPS <input checked="" type="checkbox"/> HPD <input type="checkbox"/> SOTA <input type="checkbox"/> TBRA <input type="checkbox"/> LINC <input type="checkbox"/> ESOD <input type="checkbox"/> Other	Development Name <input type="checkbox"/>	<input type="checkbox"/> Veteran <input type="checkbox"/> Beds Only <input type="checkbox"/> Transportation Viewing only. <input type="checkbox"/> Disabled ADA bus needed.

Facility Name:	<i>Huntington House</i>	Facility Phone#:	<i>646-292-7710</i>	Ext	
Caseworker Name:	<i>Michelle Rainey</i>	Caseworker Cell #:	<i>646-292-7716</i>	Ext	
Client Name:	<i>Ruth Francis FTS</i>	Client Cell Phone:	<i>917-365-2676</i>	Case/ Cares #	<i>22162948</i>
Day Needed: (Check the box to select the day of the week)	Monday <input checked="" type="checkbox"/> Thursday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Wednesday <input type="checkbox"/> Saturday <input type="checkbox"/>	Date Needed:	<i>9/18/23</i>	Departure Time:	<i>8:00</i>
Confirm if Client needs emergency Bedding. If So Record the # of beds and/or cribs.		# of beds	<i>3</i>	# of Cribs	<i>0</i>
Requesting For Moving Vehicle: Are There Passengers? (Passengers not allowed with A&A)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Number of adult Passengers:		<i>1</i>	Number of Children Passengers:	<i>2</i>	Facility code:
				<i>Fm26</i>	

If there is an elevator is it accessible, is it operating : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Pick Up & Drop Off (Complete Address needed)		Is the building a walk up Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Facility address :	Street:	Borough:	State:	Zip Code	Room/ Apt #
	<i>347 East 10th St.</i>	<i>N.Y.</i>	<i>N.Y.</i>	<i>10009</i>	<i>6C</i>
Destination Address:	Street:	Borough:	State:	Zip Code	Room/ Apt #
	<i>111-16 43rd Ave</i>	<i>Queens</i>	<i>N.Y.</i>	<i>11368</i>	<i>2nd fl</i>
Check If Storage move only <input type="checkbox"/>		Storage move (Leave blank if not needed)		Storage Hours	
Storage Facility Name	Street	Borough State:	Zip Code		

Please list the exact number of items on the move request or the movers may not be able to complete the move as they need exact numbers.

Items	Facility	Storage	Items	Facility	Storage	Items	Facility	Storage	Other Items	Facility	Storage
Air conditioner			End Table			Microwave			Suitcase	<i>2</i>	
Armoire			Entertainment Center			Microwave cart			Table		
Baby crib			Exercise Equipment			Mirror			TV	<i>2</i>	
Bags	<i>37</i>		Fan	<i>2</i>		Pictures			VCR/DVD		
Bicycle			File cabinet			Plants			Weights		
Box Spring			Fish tank			Plastic Bins			Wheel Chair		
Boxes			Floor Lamp			Platform Bed			Laptop	<i>2</i>	
Bunk bed set			Folding Chairs			Playpen			Air Fryer	<i>1</i>	
Carpets			Folding table			Printer			Scatter	<i>1</i>	
Chair			Frame bed			Refrigerator					
Computer			Futon Bed			Shopping cart					
Couch			Head Board			Sofa					
Deep freezer			High Chair			Speakers					
Dresser			Love Seat			Stroller					
Dryer			Mattress			Stereo System					

Client signature (upon pick up)	Client signature (upon drop off)
Date	Date
Time	Time
Case Manager Signature	A&A /Fleet Staff Signature

For DHS Administration use only: A&A ☐

Fleet ☐

Administrative Contracts ☐

Phone (212) 232-0561: Fax (646) 500-6666:

E-mail: MOVES@DHS.NYC.GOV

Transportation Request

Moveout Transportation Request

Requester Information

Requester Name: Tiffany Alexander Date Submitted: 09/15/2023 Email Address: talexander@highlandparkcdc.org
Cell Number: (929) 409-2741 Alternate Number: (718) 210-1412 Subsidy Type: SEC8
Move Type: Client Move

Point of Contact Information

Name: Monique Taylor Cell Phone Number: (929) 409-2379

Client Information

Name: TOSHANAWE BRYANT Phone Number: (646) 301-0414 Alternate Number: (917) 966-0347

Facility Information

Facility Name: TILDEN HALL FAMILY RESID Facility Phone Number: (718) 210-1382 Facility Code: FK43
Street No: 2520 Street Name: TILDEN AVENUE City: BROOKLYN
Zip Code: 11226 Borough: Brooklyn

Program Admin Information

Name: CAROL ANN ALLSOP-RICKETTS Work Number: (212) 361-0647 Cell Number: --
Alternate Number: --

Client Pickup Information

Client Information

Is this a shelter pickup?: Yes Is this the same as facility above?: Yes Are there any item(s) to be moved from the shelter?: Yes
Facility Name: TILDEN HALL FAMILY RESID Facility Phone Number: (718) 210-1382 Facility Code: FK43
Street No: 2520 Street Name: TILDEN AVENUE City: BROOKLYN
Zip Code: 11226 Borough: Brooklyn Room No: 4G
Pickup Date: 09/18/2023 Day Needed: Monday Preferred Pickup Time: AM
No. of Adult Passengers: 2 No. of child Passengers: 1 No of Pets: 0
No of Carriers: 0 ADA Bus Needed: No Request submitted to: Clean Collection

Item(s) to be moved from Shelter

Item(s)	Quantity	Description
Bags	20	
Boxes	7	
Fan	3	
Folding Table	1	
Plastic Bin	5	
Suitcase	4	

Drop-off Information

Unit #: 4D Street No: 641 Street Name: EAST 28 STREET
City: BROOKLYN Zip Code: 11210 Borough: Brooklyn
Walkup Building: No Elevator Accessible: Yes

Notes

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Transportation Request

Moveout Transportation Request

Requester Information

Requester Name: tyasia millar Date Submitted: 09/15/2023 Email Address: tyasia.millar@samanitanvillage.org
Cell Number: (929) 919-0810 Alternate Number: -- Subsidy Type: CityFHEPS
Move Type: , Storage Pickup

Point of Contact Information

Name: tyasia millar Cell Phone Number: (929) 919-0810

Client Information

Name: Leon Hines Phone Number: (347) 419-5402 Alternate Number: (347) 457-5878

Facility Information

Facility Name: Greenpoint YMCA Annex Facility Phone Number: -- Facility Code: B004
Street No: 99 Street Name: MESEROLE AVENUE City: BROOKLYN
Zip Code: 11222 Borough: Brooklyn

Program Admin Information

Name: JOSEPH VIAUD Work Number: (332) 999-7765 Cell Number: --
Alternate Number: --

Storage Pickup Information

Storage Facility Name: cubesmart Facility Phone Number: (718) 991-1430
Street No: 1425 Street Name: BRUCKNER BOULEVARD City: BRONX
Zip Code: 10472 Borough: Bronx Pickup Date: 09/18/2023
Day Needed: Monday Preferred Pickup Time: AM Request submitted to: Clean Collection

Item(s) to be moved from Storage

Item(s)	Quantity	Description
Bags	6	

Drop-off Information

Unit #: 3A Street No: 1433 Street Name: TELLER AVENUE
City: BRONX Zip Code: 10456 Borough: Bronx
Walkup Building: Yes Elevator Accessible: Unknown

Notes

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Transportation Request

Moveout Transportation Request

Requester Information

Requester Name: Mark Richards Date Submitted: 09/14/2023 Email Address: mrichards@basicsinc.org
Cell Number: (917) 828-6847 Alternate Number: (917) 543-0435 Subsidy Type: CityFHEPS
Move Type: Client Move

Point of Contact Information

Name: Jeffrey Ocasio Cell Phone Number: (929) 628-3678

Client Information

Name: Sarah Denory Phone Number: (917) 543-0435 Alternate Number: (917) 828-6847

Facility Information

Facility Name: Kenilworth Facility Phone Number: (332) 236-9357 Facility Code: B01W
Street No: 1 Street Name: KENILWORTH PLACE City: BROOKLYN
Zip Code: 11210 Borough: Brooklyn

Program Admin Information

Name: DEBORAH GRAY Work Number: (646) 946-5690 Cell Number: --
Alternate Number: --

Client Pickup Information

Client Information

Is this a shelter pickup?: Yes Is this the same as facility above?: Yes Are there any item(s) to be moved from the shelter?: Yes
Facility Name: Kenilworth Facility Phone Number: (332) 236-9357 Facility Code: B01W
Street No: 1 Street Name: KENILWORTH PLACE City: BROOKLYN
Zip Code: 11210 Borough: Brooklyn Room No: 105A
Pickup Date: 09/18/2023 Day Needed: Monday Preferred Pickup Time: PM
No. of Adult Passengers: 1 No. of child Passengers: 0 No of Pets: 0
No of Carriers: 0 ADA Bus Needed: Yes Request submitted to: Clean Collection

Item(s) to be moved from Shelter

Item(s)	Quantity	Description
TV	1	32" TV
Bags	7	Clothing and Linen
Other	3	3 bags of cosmetics and medications
Shopping Cart	1	Small Black
Suitcase	3	Clothing and bedding

Drop-off Information

Unit #: 3B Street No: 1 Street Name: SULLIVAN PLACE
City: BROOKLYN Zip Code: 11225 Borough: Brooklyn
Walkup Building: No Elevator Accessible: Yes

Notes

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Transportation Request

Moveout Transportation Request

Requester Information

Requester Name: Gregory Lacewell	Date Submitted: 09/14/2023	Email Address: glacewell@winync.org
Cell Number: (917) 471-0789	Alternate Number: (212) 360-5477	Subsidy Type: CityFHEPS
Move Type: Client Move		

Point of Contact Information

Name: Chany Marin	Cell Phone Number: (347) 513-7422
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Client Information

Name: CHANY MARIN	Phone Number: (347) 513-7411	Alternate Number: (917) 471-0789
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Facility Information

Facility Name: JENNIE A CLARKE RES	Facility Phone Number: (212) 360-5477	Facility Code: FM23
Street No: 179	Street Name: EAST 100 STREET	City: NEW YORK
Zip Code: 10029	Borough: Manhattan	

Program Admin Information

Name: MELISSA RAMOS	Work Number: (212) 361-7416	Cell Number: (917) 637-7952
Alternate Number: --		

Client Pickup Information

Client Information

Is this a shelter pickup?: Yes	Is this the same as facility above?: Yes	Are there any item(s) to be moved from the shelter?: Yes
Facility Name: JENNIE A CLARKE RES	Facility Phone Number: (212) 360-5477	Facility Code: FM23
Street No: 179	Street Name: EAST 100 STREET	City: NEW YORK
Zip Code: 10029	Borough: Manhattan	Room No: 3B
Pickup Date: 09/18/2023	Day Needed: Monday	Preferred Pickup Time: PM
No. of Adult Passengers: 2	No. of child Passengers: 2	No of Pets: 0
No of Carriers: 0	ADA Bus Needed: No	Request submitted to: Clean Collection

Item(s) to be moved from Shelter

Item(s)	Quantity	Description
Bags	35	garbage bags
TV	1	40 in

Drop-off Information

Unit #: 3G	Street No: 725	Street Name: GARDEN STREET
City: BRONX	Zip Code: 10457	Borough: Bronx
Walkup Building: Yes	Elevator Accessible: Yes	

Notes

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Transportation Request

Moveout Transportation Request

Requester Information

Requester Name: Keemati Singh	Date Submitted: 09/14/2023	Email Address: Ksingh@hfhny.org
Cell Number: (718) 244-0670	Alternate Number: --	Subsidy Type: SEC8
Move Type: Client Move		

Point of Contact Information

Name: Keemati Singh	Cell Phone Number: (718) 244-0670
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Client Information

Name: ELVIA PEREZ	Phone Number: (914) 446-4231	Alternate Number: (914) 446-4231
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Facility Information

Facility Name: SARATOGA INN	Facility Phone Number: (718) 244-0670	Facility Code: FQ04
Street No: 175-15	Street Name: ROCKAWAY BOULEVARD	City: Jamaica
Zip Code: 11434	Borough: Queens	

Program Admin Information

Name: WHITNEY HOPKINS	Work Number: (212) 361-7957	Cell Number: --
Alternate Number: --		

Client Pickup Information

Client Information

Is this a shelter pickup?: Yes	Is this the same as facility above?: Yes	Are there any item(s) to be moved from the shelter?: Yes
Facility Name: SARATOGA INN	Facility Phone Number: (718) 244-0670	Facility Code: FQ04
Street No: 175-15	Street Name: ROCKAWAY BOULEVARD	City: Jamaica
Zip Code: 11434	Borough: Queens	Room No: 452
Pickup Date: 09/18/2023	Day Needed: Monday	Preferred Pickup Time: AM
No. of Adult Passengers: 1	No. of child Passengers: 3	No of Pets: 0
No of Carriers: 0	ADA Bus Needed: No	Request submitted to: Clean Collection

Item(s) to be moved from Shelter

Item(s)	Quantity	Description
Folding Chairs	1	
Microwave	2	
Boxes	16	
Shopping Cart	2	
Suitcase	2	

Drop-off Information

Unit #: 2	Street No: 13-59	Street Name: PINSON STREET
City: FAR ROCKAWAY	Zip Code: 11691	Borough: Queens
Walkup Building: Unknown	Elevator Accessible: Unknown	

Notes

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