

**NEW YORK CITY HOUSING AUTHORITY
APPLICATIONS AND TENANCY ADMINISTRATION DEPARTMENT**

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Case #:

Re: VDV INPATIENT HOSPITAL LETTER

Dear Sir/Madam:

On , received

Date of hospital admission Patient last name First name MI

medical care at as a victim of domestic violence.

Name of hospital

The patient was admitted as an inpatient and treated for ,

,

Type of injuries/condition

which patient claims to have been caused by ,

Perpetrator Last name First name MI

/

Relationship to victim Address, if known

during a domestic violence incident on or about .

Date of injuries/condition

The patient fears that the perpetrator of the attack has knowledge of the patient's residence which places him/her at continued risk of another attack. The undersigned is of the opinion that due to the patient's injuries/condition, it is in the best interest of the patient/family to be relocated.

Sincerely,

Hospital Personnel

Last name First name Title Sign

Telephone #
() -

Date _____

(mm/dd/yyyy)

Hospital Stamp or Seal

