

EXTENSION REQUEST FORM

For use in all CES Rapid Rehousing Programs

Please complete this form for any client in Rapid Rehousing that is entering their 9th full month (OC RRH) or 11th full month (HUD/ESG) of Rental Assistance if the Housing Case Manager determines the client is in need of continued rental assistance. Please refer to the Rapid Rehousing Exit-Related Policies and Procedures as needed.

Email completed form and supporting documentation to case.conference@hscnfl.org.

In addition to completing this form, please ensure the following are updated in HMIS at the time of submission:

- Case notes
- Housing stability plans
- Most recent monthly budget (**Reminder:** Attach a copy to this form and upload in HMIS)

Click here to enter text.		Click here to enter text.	
HMIS #		Estimated # of months to Self-Sustainability	
Click here to enter text.			
Case Manager Name		Case Manager Signature	
Click here to enter text.	Click here to enter text.	Click here to enter text.	
Move In Date	Total # of months in housing	Date Form Submitted	
<p>Check one or more of the following reasons an extension is needed and explain below: <i>(Proof is required for medical, loss of income/employment, or training program selections)</i></p>			
<input type="checkbox"/> Medical or mental health reason		<input type="checkbox"/> Loss or reduction of income	
<input type="checkbox"/> Enrolled in a training/academic program		<input type="checkbox"/> Loss of employment	
<input type="checkbox"/> Other – if other, please explain below		<input type="checkbox"/> Incarceration	
<p>Explain here specific barriers the client has experienced based on your selections above:</p>			
<p>Please itemize the client’s progress or achievements since their first month of being housed. Including any training and/or certifications obtained during this rental assistance period:</p> <p>1.</p> <p>2.</p> <p>3.</p>			
<p>If granted, what is the client’s exit plan after the extension ends?</p>			
<p>Employment and Rent Contribution Questions</p>			
Does the client have earned income? If yes, what is their employment start date? (If pending employment, please attach proof to this document)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the client pay all of their rent and utility contributions on time?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did HSN make any short payments on this client’s behalf during their participation in the RRH program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the client pay all of their rent and utility contributions on time?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Tax Credit Property Questions		
Did the client apply for a tax credit property since entering into the RRH Program? If yes, complete the chart below and if no, explain why below:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Property	Application Date	Outcome
<p>Explain here why the client did not apply to any tax credit properties during their housing search:</p> 		

For HSN Use Only		
<p><u>Documentation received/reviewed:</u></p> <p><input type="checkbox"/> Case Notes</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Case Plan</p>		
<p><u>Recommended action(s):</u></p> <p><input type="checkbox"/> Extension of Rental Assistance approved for up to ____ months.</p> <p><input type="checkbox"/> Extension of Rental Assistance denied/Exit client from RRH Reason(s) for denial/exit: _____</p> <p><input type="checkbox"/> Schedule case conference for/with client</p> <p><input type="checkbox"/> Other: _____</p>		
_____ HSN Representative Name	_____ HSN Representative Signature	_____ Date

For Reviewing Agency Use Only (OC RRH Funding Source Only)		
<p><input type="checkbox"/> Extension Request Approved <input type="checkbox"/> Extension Request Denied</p>		
<p>Adjustments/Reasons/Notes: _____</p>		
_____ Reviewing Agency Representative Name	_____ Reviewing Agency Representative Signature	_____ Date