Vermont Department for Children and Families
Ecnomic Services Division

201G-EXT

Request for Extension to 70 Night Cap

Client Name:_____

Client Date of Birth:_____

Client Email Address:_____

Name of Person and Organization submitting this request (*only complete if you are filling submitting this request on behalf of the household*):_____

Name of Housing Case Manager
and Organization Assisting client:_____

Please provide the following information:

1. What date will the 70th night of housing be reached? _____
2. How many additional nights of housing are being requested? _____
3. What is the reason for the extension request?

_____
_____
_____
_____
_____
_____
_____
_____

4. How will the additional nights of housing assist you in achieving your housing goals?

_____
_____
_____
_____
_____
_____

Please check the additional documents that are attached to this request.

- ☐ Housing Plan (required)
- ☐ Documentation of progress towards housing goals (including plans to stay with family, friends, etc.).
- ☐ Pending applications for subsidies or apartments