Vermont Department for Children and Families
Economic Services Division

201G-EXT
(218M in OnBase)

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:

➔On what date are you prepared to leave the hotel? _____

The Department may grant extensions to the 70-day limit for the following households. Check all the boxes that apply to you and describe the documents you are providing to support your request:

☐ I am an eligible household actively awaiting a placement in housing, treatment, or other services.

➔What documentation is being provided to support this request?

_____

☐ I am an eligible household with a member for whom continued placement in a hotel or motel is medically necessary to ensure the household's ability to access a course of treatment or post-treatment care that would be materially disrupted or rendered ineffective by a loss of housing during the treatment episode.

➔What documentation is being provided to support this request?

_____

☐ I am an eligible household with a member with a disability for whom there are no reasonable alternative accessible placements.

➔What documentation is being provided to support this request?

_____

☐ I am an eligible household with a member for whom unsheltered homelessness poses a documented imminent risk to the member's health or safety.

➔What documentation is being provided to support this request?

_____

A housing plan must be submitted with this request. The plan should detail the steps being taken towards permanent housing, including timelines for each actionable step.

We need supporting documentation and a housing plan to review your request. If this information is not provided, your request for additional nights cannot be approved.