## Prevention Extension Request Form

In accordance with Pierce County Homeless Housing Programs Prevention Policy 2.3.3.5 Length of Rental Assistance, the duration of Prevention assistance should be responsive to the individual needs of each Participant. While the standard duration of services is expected to be less than six months, on a case-by-case basis, service providers may request an extension in assistance beyond six months up to a total of 24 months of assistance. Requests must be made in writing to Pierce County using this approved form. While a household does not need to have a specific qualifier in order to continue receiving Prevention assistance after six months, Prevention service providers are encouraged to work with households to graduate them out of the program or clearly identify a qualifying need for continuance.

If a particular provider or program appears to be requesting more than 50% of their Participants extend beyond six months, a contract discussion may occur between the service provider and Pierce County to determine if technical assistance is needed.

**Requests for a term limit extension must be requested no less than 45 days prior to the end of each term.** If approved, a three-month or six-month extension may be granted to the household.

The Prevention Program Manager/Supervisor should review the Request Form and sign it prior to submission. Completed forms should be submitted to [PCHSCommunityPrograms@piercecountywa.gov](mailto:PCHSCommunityPrograms@piercecountywa.gov).

### Section 1: Overview Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name:** |  | **Program Name in HMIS:** |  |
| **Program Manager Name:** |  | **Staff Name:** |  |
| **Email:** |  | **Email:** |  |
| **Phone:** |  | **Phone:** |  |
| **HoH HMIS ID:** |  | **Funding Source:** | ESG  THA  CHG  DRF  Other: |
| **Will the HH remain eligible at re-evaluation?** | Yes  No |  |  |

### Section 2: Housing Stability Plan

Please submit a copy of the Housing Stability Plan with this form. Please be sure to REDACT all Personally Identifying Information prior to submission.

1. How often has the Housing Stability Plan been reviewed and updated with the household? How engaged has the household been in achieving the Housing Stability Plan?

1. What is the household’s progress on their Housing Stabilization Goals?

**Achieved and complete**

**Making adequate progress**

**Not making adequate progress**

**If not making adequate progress, please provide additional information on what has prevented the household from achieving their Housing Stabilization Goals and what steps are being taken to address those barriers?**

**Do you anticipate that the household will achieve these goals in the next three months? Why or why not?**

1. What is the household’s progress on their Employment/Income Goals?

Achieved and complete

**Making adequate progress**

**Not making adequate progress**

**If not making adequate progress, please provide additional information on what has prevented the household from achieving their Employment/Income Goals and what steps are being taken to address those barriers?**

**Do you anticipate that the household will achieve these goals in the next three months? Why or why not?**

1. What is the household’s progress on any Other Goals on their Housing Stability Plan?

Achieved and complete

**Making adequate progress**

**Not making adequate progress**

**If not making adequate progress, please provide additional information on what has prevented the household from achieving their Other Goals and what steps are being taken to address those barriers?**

**Do you anticipate that the household will achieve these goals in the next three months? Why or why not?**

### Section 3: Household Engagement & Circumstances

1. How often does the household and case manager interact? How are interactions typically conducted (in-person, phone, virtual)?

1. Has anything in the household’s circumstances changed in the last three months that impacts their ability to earn income, work, or maintain stable housing? What resources have been offered to attempt addressing any newly identified barriers?

1. Please identify any remaining needs the household may have that may impede achieving the or maintaining housing stability or any other information that is relevant to this request.

### Section 4: Provider Assessment

1. **What is staff assessment of the household’s likelihood of reaching housing stability within the next 90 days? How long do you anticipate the household will need Pierce County Prevention services (i.e., how long of an extension are you requesting)? What obstacles may prevent the household from achieving stability in this time? How will seek to support the household to prevent/address anticipated obstacles?**

1. Program Manager/Supervisor Review.

As the Prevention Program Manager/Supervisor, I have reviewed this Extension Request for accuracy and completeness and agree with the staff person’s assessment and request for additional time in the program.

**Prevention Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prevention Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Section 5: Extension Request Outcome

**REMAIN IN PROGRAM (assuming the household continues to meet eligibility and program requirements)**

* + - * 1. **Household is approved remain for up to**       **additional days**
        2. **What goals, if any, does the household need to work on meet during the extension?**

**EXIT PROGRAM (Check appropriate response below):**

**Has achieved housing stability**

**No longer meets eligibility and/or program requirements [*must be exited before the end of the review period*]**

**COMMENTS:**