**Best Practices Template:**

**REQUEST TO LENGTHEN HOUSING STAY**

**INSTRUCTIONS FOR TEMPLATE USE**

* **Purpose:** Use this template to record the process for survivors who ask to stay longer than 24 months. The OVW TH Program is meant to last for 6-24 months. Some survivors are not able to find permanent housing within that time.
* **How to use this template:** You may adapt this template to fit your needs and the work you do. You may change the wording to match the language used in your program. Before using this template with a housing applicant, please delete this instructions page. Also, please delete any notes in grey. Be sure to replace all highlighted text with your program’s information.
	+ As a basic rule, information that identifies a person should not be collected and stored in a survivor’s file. Program files can be court ordered and/or the confidentiality or privacy of files can be breached. That means collected information can have a harmful effect on a survivor's life. We suggest keeping as few notes as you can.

**BEGINNING OF TEMPLATE**

*[AGENCY LETTERHEAD]*

**Request to Lengthen Stay (Waiver of 24-Month Time Limit):**

Fiscal Year 20\_\_ OVW Transitional Housing Assistance Grant Program

Anyone in the OVW TH Program can get housing/rental support for at least 6 months and for as long as 24 months. Survivors may ask for an added 6 months of support if they’ve tried to find permanent housing but need more time to do so.

Housing Program Grantee Name (Agency Name):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials/Client number of program member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date program housing/rental services were set to end: \_\_\_\_\_\_\_\_

Requested new housing/rental services end date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*For Office Use\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Date waiver was granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New program service end date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If waiver was not granted, please choose the reason why:

* Program grant term ends on\_\_\_\_\_\_\_\_\_ and there may no longer be funds
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_