

Appeal - Request to Exclude Placement from NOFA Computation

Client Name: _____ Date: _____

HMIS ID #: _____ Date of Referral: _____

Housing Program: _____

Case Manager Name: _____

Email: _____ Phone: _____

Sending Agency: _____

Sending Agency Case Manager: _____

Email: _____ Phone: _____

Please clearly describe reasons for appeal:

Receiving Agency Signature: _____

Date: _____

Submit form to Program Manager at The Alliance to End Homelessness in Suburban Cook County,
kurt@suburbancook.org

Appeal Resolution			
Appeal Request Accepted	Yes	No	Date
Members of CE Grievance Committee Votes	Name		
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
Comments			