

Request to Exclude Placement from NOFA Computation

Client Name: _____ Date: _____

HMIS ID #: _____ Date of Referral: _____

Date Housed (Entered in HMIS): _____

Length of Time from Referral to Housed: _____

Housing Program: _____

Case Manager Name: _____

Email: _____ Phone: _____

Sending Agency: _____

Sending Agency Case Manager: _____

Email: _____ Phone: _____

1. Time from Referral to Housed exceeds 60 days: Y/N

If HMIS date housed is more than 60 days but interim housing has been arranged for the client, please describe interim arrangement and date interim housing began.

Date interim housing began: _____

Interim housing arrangement:

2. Agency has participated in case conferencing and communicated regularly with Entry Point Referral Manager regarding issues with placement:

Yes

No

3. Clearly describe unusual circumstances beyond receiving agency's control adversely delaying the housing process and steps receiving agency is taking to remediate those circumstances:

Receiving Agency Signature: _____

Date: _____

Submit Form to Entry Point Referral Manager, referrals@myentrypoint.org

Entry Point Resolution			
Sending Agency confirmation	Yes	No	Date
Request to exclude approved	Yes	No	Date
Comments			