

RSE FORM GUIDANCE

Where must a referral come from?

1. A referral must be made by the DOC or Drug Court agent working with the participant.
2. The Form **MUST be completed by the referring agent**. The participant may not complete this form, nor any other third party agent.
3. Any referral must be made because the DOC/DC agent deems it appropriate to do so.

Referrals should not be made simply because a participant or housing operator requested it.

In these cases, "appropriate" would mean that a DOC/DC agent assess that:

- i. The participant's situation continues to be "risk of homelessness"/UNABLE to make housing payments. CHP is not intended to "save money" or to support bad budgeting/spending habits.
- ii. The participant has demonstrated efforts to resume self-pay, but has faced barriers preventing them from being ready to do so by the current CHP end date.
i.e. the participant has been actively engaged in seeking stable employment, but an unforeseen life event, medical condition, Drug Court requirement, or expense occurs that requires more time under support.

If a participant is not willing to engage in making efforts towards self-sustainability, they would not be appropriate.

How long is an appropriate extension?

1. **When assessing how long an appropriate extension request should be**, consider the earliest possible date that the participant would be capable of self-pay or be self-sustainable.

Keep in mind, **CHP support is not a guaranteed payment for the participant**. CHP Support is contingent on continued qualification. Once they are CAPABLE of self-payments, they would no longer qualify and a supportive date to transition off of CHP funding would be set.

When there is uncertainty, it is often easier to extend month by month then setting a goal date too far out.

Should a referral for an extension be sent if there is uncertainty of appropriateness?

1. Yes! When in doubt, please reach out to the CHP Coordinator for guidance.

The easiest role of thumb: The expectation is that all participants complete the CHP funding with the ability to begin self-pay/maintain housing on their own. If the participant is not able to do so, with effort, it may be likely their extension would be appropriate.

Request for Support Extension (RSE) Form

This request is to be made and completed by the Criminal Justice Service Agent (CJSA) only. The CJSA is defined as the participant's Probation/Parole Officer or Case Manager (Drug Court or Department of Corrections). **All fields must be completed.**

Date: _____ Participant Name: _____

Criminal Justice Service Agent (CJSA) Name: _____ Email: _____

Current Support End Date: _____ (M/D/Y) : Requested Extension/End Date: _____ (M/D/Y)

Will this request extend past 6 months of CHP Support? Yes No Unknown

NOTE: *Requests to extend support past 6 months may be approved in exceptional circumstances. The CHP Coordinator would present the request to the DOC, HHS, and the NHJB for consideration. See CHP Coordinator for appropriate form.*

Participant Employment Status: Employed Part-Time Employed Full-Time Unemployed

Employment Notes: _____

CHP is not for those seeking simply to "save money" or for those with income but poor budgeting habits.

Is it the assessment of the Referring Agent (CJSA) that this participant would otherwise be unable to pay rent without this requested extension? Yes No

Please Outline the Details Supporting this Request

DETAIL: Why is the participant assessed to be incapable of paying housing costs?

DETAIL: How will this extension allow the participant to transition to self-sufficient living?

By submitting this request, the signing agent(s) is certifying that they are unaware of any facts relative to the supervision of the CHP participant that would make the requested extension inappropriate.

DOC Agent Signature: X _____ Date: _____

Drug Court Agent Signature: X _____ Date: _____

FOR INTERNAL USE ONLY

Approval Date:

Reason:

Denial Date:

Reason: