

Exceptional Circumstances Request - Community Housing Program

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: _____ Applicant/Participant Name: _____

CJSA Name: _____ CJSA Email: _____

NOTE: Requests made to consider exceptional circumstances require approval by the DOC, HHS, and the NHJB. In this event, the CHP Coordinator will present this request to the DOC, HHS, and the NHJB for consideration. Please provide all pertinent details supporting this request in the fields below.

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

Total Income/Month: _____

If receiving income, please define why the individual is in "risk of homelessness" without CHP support:

Exception to be considered: Multiple Unit Occupants Service Animal

Duration of Support Past 6 Months; Total Duration if Approved: _____

Please Provide the Situational Details Supporting this Request

What other Funding Support has this Applicant Applied For? Please include outcome/status.

If this request is approved, what is the detailed plan for the applicant to be self-sustainable at the end this support?

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

Referring Agent (CJSA) Signature: X _____ Date: _____

Drug Court Coordinator Signature: X _____ Date: _____

Supervising PPO signature: X _____ Date: _____