



Community Intervention Housing

Department of Health and Human Services • Milwaukee County Special Needs Housing Division

EXTENTION REQUEST FORM: Request for extensions must be submitted two business days prior to exit date. Forms can be emailed to Emily.Franklin@milwaukeecountywi.gov

Date: _____

Consumer Name: _____ D.O.B. _____ Sex: M F

CIH Admission date: _____ Location: _____

Case manager's name: _____ Agency: _____

Level of care: CSP TCM CCS CIS Other _____

Telephone #: _____ Case manager's email: _____

During the time the consumer has been in CIH, has the consumer been compliant with exit plan from initial referral?

Yes No If no, please explain: _____

Has this consumer experienced any changes in their original status (job loss, delay in housing)? Yes No

Please provide reason(s) consumer needs more time in CIH? Attach documents (i.e. case notes)

FOR OFFICE USE ONLY:

Extension granted: Yes No If yes, new date of exit: _____

If no, explain:

CIS Signature: _____ Date: _____

Supervisor signature: _____ Date: _____