

Overnight Approval Request Form for Families in Emergency Assistance (EA) Hotel Placements

Instructions

An entire EA Household may take up to four nights (overnights) away from an EA shelter or hotel each month, **but you need to ask for approval from the Department of Housing & Community Development (DHCD) first.** If do not stay at the EA shelter or hotel for two or more nights in a row, without permission or without good cause, you may be terminated from the program.

An individual family member can also take overnights away from the EA shelter or hotel separately from the rest of the family. **You also need to ask for approval for any member of your family to be away from the EA shelter or hotel on any night.** Approval may be denied for individual family members to be out for more than two nights in a row, unless there is a good reason for a longer absence.

To ask for approval, if you are an EA family in a shelter, submit this form to the shelter staff. If you are an EA family in a hotel fill out this form and fax it to the DHCD Associate Director's designee (name and fax number to be provided by the hotel) at least 2 business days before your household or any member of your household spends the night away from your EA shelter or hotel.

If you request an overnight less than 2 business days before you plan to be out, you need to explain why you did not make your request on time. If you take an overnight after submitting a late request and do not have approval before you leave, DHCD may deny your request after you have left and find that the overnight was a violation of the rules. This could lead to a termination of your shelter benefits.

If your entire household needs be away from the EA shelter or hotel more than 4 days in a row, you need to request a Temporary Emergency Shelter Interruption (TESI). Contact your Homelessness Coordinator to request a TESI.

Overnight Request Form

Name of person making the request: _____

This is a request to be away from the _____ EA Shelter/Hotel, Room _____ on the following nights:

(list all dates): _____.

This request is for [check one]: ____ the entire household or _____ part of the household.

If you checked part of the household, list who in your family will be away: _____

Reason(s) for the requested overnight(s) for an individual household member:

If this request is submitted less than 2 business days before the requested overnight(s), explain why:

Signature of Person Making Request: _____ Date: _____

Mobile phone where you can be reached, if any: _____

If you are an EA family in shelter, submit this form to the shelter staff. If you are a family in a hotel, fax this form to the Associate Director's designee at the number provided by the hotel. The hotel will provide you with a telephone number to call to confirm that it was received. The hotel will fax this form for you for free. DHCD will let you know whether your request has been approved. If you do not hear from DHCD within 2 business days, you may assume your request was approved.

To be filled out by the Associate Director or designee

Approved Approved with the following changes: Not Approved

Include reason for disapproval:

DHCD/EA Provider Staff Signature: _____ Date: _____

Print name and phone number of DHCD/EA Provider Staff signing: _____