**Connecticut Rapid Re-Housing Exception to Standard Practice**

**HMIS ID #** \_\_ \_\_\_\_\_\_ **CAN making this decision**\_ \_\_\_\_ \_\_

Exception: Participant requires rental assistance beyond 12 month maximum (not to exceed 24 months in any circumstances)

Please check applicable box to confirm that at the time of 12 month renewal, participant’s income does not exceed: [ ]  *30% AMI for ESG* [ ]  *50% AMI for CoC/YHDP*

**DOH CAN Manager must also approve any requests for this exception** after local CAN approval**.** E-mail Kara.Zichichi@ct.gov or Leigh.Shields-Church@ct.gov or Kathleen.Durand@ct.gov (YHDP). *Attach recertification form or upload it to HMIS if it contains personal identifying information.*

Reason for Exception (provide as much factual detail as possible):

Requester Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Date*

(Requester, please forward this completed form to CAN Coordinator or acting moderator.)

**All requests for exceptions must be discussed at a Coordinated Access Network (CAN) Case Conference.**

Concurrence with Exception:*[ ]*  Yes[ ]  No Date of CAN Case Conference: \_\_\_ \_\_\_\_

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*   *\_\_\_\_\_\_\_\_*

*Printed Name of CAN Coordinator / Housing Matching Facilitator (or authorized individual) Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*DOH CAN Manager Approval Signature Date*

If approved, upload this form along with the fund request form and other required documentation in HMIS. An annual HQS inspection (or new HQS if moved) must be included in the fund request packet.