**Supportive Housing Extension Request Form**

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| --- | --- | --- |
| **Date**  Click to Enter Date | **Client Care ID**  [Type text] | **Center Name**  Choose an item. |

**Please complete and return to the Performance Contracts Mailbox at** [**performance.contracts@hhsc.state.tx.us**](mailto:performance.contracts@hhsc.state.tx.us)**, the Housing Subject Matter Expert, and contract manager.**

1. Number of months requested:Choose an item.
2. Explain the situation that prompted the extension request:

[Type text]

1. Provide the update to the client’s transition plan:

[Type text]