



Housing Extension Request

This request is for an extension to continue to live in ARH housing.

- ☐ List the length of extension and dates you are requesting
- ☐ Answer the questions listed below
- ☐ Residents must be currently active in approved treatment services and following ARH housing rules.
- ☐ Resident must be current on housing fees and paying promptly each week.

ARH staff will be given a copy of the form. Changes are not permitted without prior Clinical and ARH approval.

Print Resident Name:

Requested Dates:

Clinician Name:

Length of Extension:

Emergency Contact Name:

Phone:

1. How have you benefited from treatment so far, and what positive changes have you made?

2. What are your goals moving forward and how will you work on them?

3. What can you do during the extension to achieve your goals?

4. What do you plan to do differently during the extension?

5. How can your treatment team help/challenge you to ensure that you're prepared to transition at the end of the extension?

Resident Signature

Date

ARH Supervisor Signature:

Date

Clinical Approval Signature:

Date