**SMAC: Variance Request Form**

**Please fill in all applicable fields. Request will be returned for clarification if it is not complete.**

 **If you do not have access to HMIS, connect with your data entry person to obtain their HMIS ID #.**

**Date:**  Click here to enter text. **Household’s HMIS #:** Click here to enter text. **Initials:** Click here to enter text.

**Shared in HMIS?** [ ] **Yes** [ ]  **No If no, has a Release of Information been completed:** [ ] **YES** [ ] **NO**

**Advocate’s Contact information:**

**Name:** Click here to enter text.

**Phone:**  Click here to enter text.

**Email:**  Click here to enter text.

[ ]  **Housing case manager** [ ]  **Assessor** [ ]  **Outreach worker** [ ]  **Other \_** Click here to enter text. **\_**

**Overview of reason for request:**

Click here to enter text.

**Desired Outcome of Request:**

Click here to enter text.

**Updated Homeless History (If HMIS assessment info is not current):**

Click here to enter text.

**Does the client have a disability? If yes, please list.**

Click here to enter text.

**Current income:**

Click here to enter text.

**Please list all of the client’s support network, including case workers, CADI, social supports, etc.:**

Click here to enter text.

**What attempts have been made to help this client maintain/find housing and to increase income. Please be specific with what resources and support have been offered by you as a provider.**

Click here to enter text.

**Official Use Only: Date of consultation:**  Click here to enter text.

**Consultation group:** Click here to enter text.

**Disposition of consultation:**

**Variance Approved?** [ ] **Yes** [ ] **No** [ ] **More Info Needed**

**Recommendations:**