

## Status Change Form

Please complete the Status Change Form for the Continuum of Care participants/clients leaving the CoC Program, relocating to another unit or jurisdiction, hospitalized and/or incarcerated.

CoC Participant/client's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Status Change Date: \_\_\_\_\_

Is the Continuum of Care participant leaving the Continuum of Care Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for Leaving  
(please check one)

- \_\_\_ Other housing opportunity before completing program
  - \_\_\_ Completed program
  - \_\_\_ Voluntary Departure
  - \_\_\_ Non-payment of rent
  - \_\_\_ Non-compliance with services
  - \_\_\_ Moved with family/friends
  - \_\_\_ Criminal activity/Destruction of property/violence
  - \_\_\_ Lease expired/Reached maximum time allowed
  - \_\_\_ Needs could not be met by project
  - \_\_\_ Disagreement with rules/persons
  - \_\_\_ Death
  - \_\_\_ Other (please specify)
- \_\_\_\_\_

Destination  
(please check one)

- \_\_\_ Alternate housing with support services
  - \_\_\_ Transitional housing
  - \_\_\_ Other subsidized housing
  - \_\_\_ Non-subsidized housing
  - \_\_\_ Unknown/Disappeared
  - \_\_\_ Places not meant for human habitation (e.g. street)
  - \_\_\_ Moved in with family/friends
  - \_\_\_ Psychiatric hospital
  - \_\_\_ Inpatient substance abuse treatment facility
  - \_\_\_ Other hospital
  - \_\_\_ Jail/Prison (specify charges)
- \_\_\_\_\_
- \_\_\_ Same charge ( ) New charge ( )
- \_\_\_ Places not meant for human habitation
  - \_\_\_ Emergency shelter
  - \_\_\_ Transitional shelter
  - \_\_\_ Other (please specify)
- \_\_\_\_\_

If the Continuum of Care participant/client is relocating to another unit or transferring to another jurisdiction, please note new address: \_\_\_\_\_

Subrecipient Signature: \_\_\_\_\_