Date: Today’s Date

RE: Insert Head of Household Name

Dear Insert Dependency Case Manager Name,

The above-mentioned participant has been prioritized for Rapid Rehousing services through the Coordinated Entry Team of Homeless Services Network.

Rapid Rehousing is a time limited housing intervention designed to assist families experiencing homelessness in moving into stable housing as quickly as possible with the assistance of Case Management Services, Housing Identification Services and Temporary Financial Rental Assistance.

It has been brought to my attention that this participant has an open Dependency Case with the Department of Children and Families. In these cases, it must be verified that reunification is the goal of the case and that reunification is likely to take place within 90 days of case management assignment.

We are aware that no guarantee can be made that reunification will occur due to all aspects of a Dependency case, however, to possibly qualify the participant for services, can you please respond to the following questions:

Does the participant in fact, have an active Dependency Case?

Click or tap here to enter text.

Is the participant actively engaging in services and case plan? Click or tap here to enter text.

Has the participant completed most of/all case plan goals with housing being the last task to be completed? Click or tap here to enter text.

If the participant were to continue actively engaging in services is reunification likely to occur in the next 90 days? Why/Why not? Click or tap here to enter text.

Is there any additional information that should be provided about the case or participant?
Click or tap here to enter text.

Click or tap here to enter text. Click or tap here to enter text.

DCF Case Manager Signature Date