

**Case Conference Request Form**

\*\*Please email completed form to Heidi Markham, hmarkham@letsendhomelessness.org\*\*

**Requestor Information**

|  |  |
| --- | --- |
| Name |  |
| Agency |  |
| Phone |  |
| Email |  |

**Client Information (ONLY shared with Coordinated Entry and CoC; NOT with case conference attendees)**

|  |  |
| --- | --- |
| Name |  |
| HMIS # |  |

**Please provide a summary of the reason(s) why a case conference is being requested and what you would like to achieve by conducting a case conference.**

**What steps have been taken to address the concerns noted in the summary above?**

**Please list all relevant parties that need to be involved in this case conference.**

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|  |

For questions or if you need more information, please contact:

**Heidi Markham** | *Prioritization List Coordinator*

Partners Ending Homelessness

C: (585) 866-9375 | hmarkham@letsendhomelessness.org

**ADMIN USE ONLY**

|  |  |
| --- | --- |
| Date request received |  |
| Case conference approved | [ ]  YES [ ]  NO |
| Case conference ID # |  |
| Date of case conference |  |
| Other attendees invited |  |