



From: Officer-in-charge

(Name of referring agency / centre)

Ref.: _____

Tel. No.: _____

Fax. No.: _____

Date: _____

To: Supervisor

Caritas Family Crisis Support Center

Ref.: _____

Tel. No.: 2383 2122

Fax. No.: 2383 2231

Total pages: _____

Request for Extension of Stay

Name of Client: _____

Sex / Age: _____

The above-named client has been admitted to your Center since _____ (date).

I write to request for extension of his/her* stay for _____ more days from _____
to _____ due to the following reason(s): _____

Follow-up plan: _____

Remarks (if any): _____

For case discussion, please contact the responsible social worker, Mr / Ms / Miss / Mrs*
_____ (Name of IFSC Worker) at phone no. _____

* Please delete as appropriate

(_____)
Officer-in-charge

Name of Referring Agency / Centre