



**Massachusetts Department of Transitional Assistance
 Notice of Approval, Denial or Termination for
 Emergency Assistance or Other Financial Services**

Attachment A

Date

TAO

Name

SSN

Address, City & Zip

This notice is to inform you that:

Your request for: Emergency Assistance Temporary Emergency Shelter Other
 Emergency Assistance Temporary Emergency Shelter - Presumptive Eligibility

is approved
 Service(s) \$ Amount Service(s) \$ Amount

is denied
 Service(s) \$ Amount Service(s) \$ Amount

Service(s) Reason and Policy Citation

Your: Emergency Assistance Temporary Emergency Shelter Other

- is terminated** effective _____ for the reason(s) checked below:
- After being informed of the shelter placement, you did not appear at the designated shelter placement without good cause. 106 CMR 309.040(F)(1)(c)
 - You abandoned the shelter placement. 106 CMR 309.040(F)(1)(d)
 - You have feasible alternative housing. 106 CMR 309.040(F)(1)(e)
 - You refused an available placement. 106 CMR 309.040(F)(1)(c)

As a family whose income exceeded the EA Eligibility Standard during the six month period, you:

- did not provide proof of your family's income which is needed to determine how much you must save each month; or
- did not save that portion of your family's income that exceeds the EA Eligibility Standard; or
- withdrew some or all of the saved money. 106 CMR 309.020(E)

Housing Address, Name of Placement or Description of Savings Violation and Date of Incident/Violation

Other Reason and Policy Citation

If you would like to review the information or documentation supporting the Department's decision, please contact your worker at _____ or call Recipient Services at 1-800-445-6604.

If you disagree with this decision, you have a right to a fair hearing. The reverse side of this notice contains important information about your hearing rights. To request a hearing, complete the reverse side of one copy of this notice

 AU Manager / Homeless Coordinator's Signature

 Supervisor's Signature

Appeal Rights

Your Right To Appeal

You have the right to a hearing with a Hearing Officer to challenge an action or decision by the Department of Transitional Assistance about your case.

How To Appeal

If you want a hearing, fill in the blanks at the bottom of this page and mail or fax it to us at: Department of Transitional Assistance, Division of Hearings, P.O. Box 120167, Boston, MA 02112-0167 or fax to 617-348-5311.

If we get your hearing request within 10 days from the date of this notice, you can keep your shelter benefits while you are waiting for your hearing and the decision. If you appeal within 10 days and are appealing a transfer because you have been asked to leave your current family shelter placement, you can stay in your current family shelter placement until the decision, only if the family shelter approves.

We must get your hearing request **no later than 21 days** from the date of this notice or you will not get a hearing. However, there is one exception to this rule - if you are placed in a temporary emergency shelter that is beyond 20 miles of your home community, you may file an appeal **at any time** to challenge whether the Department has transferred you from a shelter beyond 20 miles of your home community back to an appropriate Department-approved shelter within 20 miles of your home community at the earliest possible date.

When the Hearing Will Be Held

Your hearing will be held as soon as possible. You will get notice at least two days in advance of the date, time and place for the hearing. You can only change the hearing date if you have a good reason (good cause). To ask for a change in the hearing date for good cause, call the Division of Hearings at 617-348-5321 or 1-800-882-2017. If you miss the hearing without good cause, you may lose your rights to a hearing.

Your Right To Get Help for the Hearing

You have the right to bring an attorney or anyone else as your representative to the hearing. To try to get free legal help for your hearing, contact legal services or other community agencies. Your local DTA office can give you information about these services. You or your representative have the right to see your case file before the hearing, to bring witnesses and present evidence at the hearing, and to question (cross-examine) witnesses against you. The Hearing Officer must make a decision based on all the evidence presented. If you do not speak English well and want an interpreter, please write this on your hearing request or call the Division of Hearings at 617-348-5321 or 1-800-882-2017, (TTY 617-348-5337 or 1-800-532-6238) for the hearing impaired, as soon as possible before the hearing.

Nondiscrimination Notice for Clients

Under federal and state law the Massachusetts Department of Transitional Assistance does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age or disability. For help with these matters, we encourage you to contact the Director of Equal Opportunity, Department of Transitional Assistance, 600 Washington Street, Boston MA 02111, Tel. 617-348-8490, or TTY 617-348-5599 for the hearing impaired.

I, _____, hereby request a fair hearing before a Hearing Officer of the Division of Hearings. I wish to request a hearing for the following reasons:

Name _____ SSN _____
Address _____ Telephone (____) _____
City/ZIP _____ Date _____
Signature _____

My authorized representative is:

Name _____ Title _____
Address _____ Telephone () _____