



Notice of Transfer Due to Shelter Termination

Date

TAO

Address

Dear _____

The Department of Transitional Assistance is informing you and your family of a transfer to another temporary emergency shelter. Your EA shelter benefits are being continued at

_____ effective _____.
Shelter Name

Your last night at _____ is _____.
Shelter Name

This transfer is authorized pursuant to 106 CMR 309.040(E)(4) because your present shelter placement has been terminated by your current shelter provider. You will receive separate notice of any noncompliance finding pursuant to 106 CMR 309.040(E).

You have the right to appeal this transfer if you disagree that the noncompliance events specified by the Department as the reason for the transfer occurred or if you believe the Department has not made all reasonable efforts to locate a temporary emergency shelter that will accommodate the physical composition of your entire EA assistance unit and to place you within 20 miles of your home community (106 CMR 309.070 (B)(1)(e)). See the reverse side of this notice for information about your appeal rights.

If you fail to appear at this temporary emergency shelter placement without good cause or you refuse the placement your EA benefits will terminate. 106 CMR 309.040(F)(1)(c)

TAO Worker's Signature

Telephone Number

Original and Copy to EA Family - Copy to AU Record, HAP Provider & Shelter

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. You may appeal the shelter placement only if you believe the Department has not made reasonable efforts to find temporary emergency shelter to accommodate the physical composition of your household and to place you within 20 miles of your home community.

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 167, 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.

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, Room 4039, Boston MA 02111, Tel. (617) 348-8490, 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 () _____