



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
600 Washington Street • Boston, MA 02111

DEVAL L. PATRICK
Governor


TIMOTHY P. MURRAY
Lieutenant Governor

JUDYANN BIGBY, M.D.
Secretary

JULIA E. KEHOE
Commissioner

Field Operations Memo 2008-10
February 29, 2008

To: Transitional Assistance Office Staff

From:  John Augeri, Assistant Commissioner for Field Operations

Re: EA: Revisions to NFL-9 and NFL-ST and the Introduction of the NFL-ST/CA

Overview

Currently when an EA family is terminated from a temporary emergency shelter, the AU Manager or Homeless Coordinator completes either the NFL-9 or the NFL-ST notice online. These notices have been revised to allow the AU Manager or Homeless Coordinator additional space to annotate detailed information (“who, what, where and when”) relating to the appropriate termination reason selected. Refer to Field Operations Memo 2007-61 for further details. In addition, a new notice has been created for terminations due to criminal activity.

NFL-9

The NFL-9, *Notice of Approval, Denial or Termination for Emergency Assistance or Other Financial Services* (Attachment A), has been revised to provide additional space directly after the specific termination reason(s) to explain in detail why the family has been terminated from temporary emergency shelter by answering the questions “who, what, where and when.”

NFL-ST

The NFL-ST has been separated into two notices:

- The NFL-ST, *Notice of Termination of Temporary Emergency Shelter* (Attachment B), will now be used only when the temporary emergency shelter benefits are being stopped based on a second instance of noncompliance; and
- The NFL-ST/CA, *Notice of Termination of Temporary Emergency Shelter- Criminal Activity* (Attachment C), is a new notice. It has been developed for use only when the temporary emergency shelter benefits are being stopped based on criminal activity.

As with the NFL-9, space has been designated on both notices directly after the specific termination reason(s) to explain in detail why the family has been terminated from temporary emergency shelter by answering the questions “who, what, where and when.”

Reminder

The NFL-9, NFL-ST, and NFL-ST/CA must be completed online. Until further notice, please continue to fax copies of the NFL-9, NFL-ST and NFL-ST/CA to Michael Ciccolo in the Legal Division at 617-348-5108; Joyce Inserra in Field Operations at 617-348-5111 and Centralized Placement Unit (CPU) at 617-348-5355.

Questions

If you have any questions, please have your Hotline designee call the Policy Hotline at 617-348-8478.



Notice of Approval, Denial or Termination for Emergency Assistance Or Other Financial Services

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

[] is denied Service(s), Reason(s) and Policy Citation(s)

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) Explain:

[] You abandoned the shelter placement. 106 CMR 309.040(F)(1)(d) Explain:

[] You have feasible alternative housing. 106 CMR 309.040(F)(1)(e) Explain:

[] You refused an available shelter placement. 106 CMR 309.040(F)(1)(c) Explain:

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. 106 CMR 309.020(E) Explain:

[] You did not save that portion of your family's income that exceeds the EA Eligibility Standard. 106 CMR 309.020(E) Explain:

[] You withdrew some or all of the saved money. 106 CMR 309.020(E) Explain:

[] Other Reason and Policy Citation Explain:

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 617-348-5532 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 () _____



Massachusetts Department of Transitional Assistance
Notice of Termination of Temporary
Emergency Shelter

ATTACHMENT B

Date _____

TAO _____

Name _____

SSN _____

Address, City & ZIP _____

This notice informs you that your temporary emergency shelter benefits are being stopped effective _____ as specified in 106 CMR 309.040(F)(1)(b) for the reason(s) checked below:

You did not comply with one or more of the temporary emergency shelter requirements for a second time by:

- a. not attending a scheduled interview for the _____ family shelter without good cause. 106 CMR 309.040(E)(1)(a)
 Explain: _____
- b. behaving unreasonably at the interview for the _____ family shelter resulting in your not being accepted for placement. 106 CMR 309.040(E)(1)(b)
 Explain: _____
- c. not cooperating in developing your self-sufficiency plan. 106 CMR 309.040(E)(1)(c)
 Explain: _____
- d. not participating in the activities in your self-sufficiency plan. 106 CMR 309.040(E)(1)(c)
 Explain: _____
- e. rejecting one opportunity for safe permanent housing. 106 CMR 309.040(E)(1)(d)
 Explain: _____
- f. violating three or more shelter rules. 106 CMR 309.040(E)(1)(e)
 Explain: _____
- g. violating one hotel rule as specified on the *Notice To Recipients of EA Staying in Hotels/Motels* form or being expelled by the hotel/motel for a rule violation. 106 CMR 309.040(E)(1)(g)
 Explain: _____
- h. posing a threat to the health and/or safety of you, other guests and/or the staff of the temporary emergency shelter. 106 CMR 309.040(E)(1)(f)
 Explain: _____

This notice informs you that while the termination of your shelter benefits effective _____ is pending, you have again not complied with your responsibilities while in a temporary emergency shelter.

Reason and Manual 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 the 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

 Director/Designee’s Signature

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When the Hearing Will Be Held

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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.

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Name _____ SSN _____

Address _____ Telephone () _____

City/ZIP _____ Date _____

Signature _____

My authorized representative is:

Name _____ Title _____

Address _____

Telephone () _____



Massachusetts Department of Transitional Assistance
**Notice of Termination of Temporary Emergency Shelter -
 Criminal Activity**

ATTACHMENT C

Date

TAO

Name

SSN

Address, City & ZIP

This notice informs you that your temporary emergency shelter benefits are being stopped effective _____ because:

- You have been asked to leave a temporary emergency shelter because there is reasonable cause to believe that a member of the EA assistance unit is engaging in or engaged in a criminal activity that threatens the health, safety and/or security of you, other residents, guests and/or the staff of the temporary emergency shelter.

106 CMR 309.040(F)(1)(a)

EA Family Member(s), Description of Incident(s), and Date(s)

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 the 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.

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Signature _____

My authorized representative is:

Name _____ Title _____
Address _____ Telephone () _____