



**Massachusetts Department of Housing and Community Development
Division of Housing Stabilization**

**Notice of Termination of Temporary
Emergency Shelter**

Date _____

Field Office _____

SSN _____

Name _____

Address, City & ZIP _____

This notice informs you that your temporary emergency shelter benefits are being **stopped effective** _____ **unless you file an appeal by then** as specified in 760 CMR 67.06(6)(a)3. for a third noncompliance for the reason(s) checked below:

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

- a. not cooperating in developing your re-housing plan. 760 CMR 67.06(5)(a)3.
Explain: _____
- b. not participating in the activities in your re-housing plan. 760 CMR 67.06(5)(a)3.
Explain: _____
- c. violating one or more reasonable rules adopted by the Department for use in shelters, including hotels. 760 CMR 67.06(5)(a)4.
Explain: _____
- d. posing a threat to the health and/or safety of you, other guests and/or the staff of the temporary emergency shelter.
760 CMR 67.06(5)(a)5.
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 Citation _____

If you would like to review the information or documentation supporting the Department's decision, please contact your worker at _____ or call DHS at 1-877-418-3308.

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.

Homeless Coordinator's Signature

Regional Supervisor/Designee's Signature

I, _____, hereby request a fair hearing before a Hearing Officer of the Office of the Chief Counsel. 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 () _____

Appeal Rights

If you have trouble reading or understanding this notice, please feel free to call DHS at 1-877-418-3308. We can help explain it to you.

Your Right To Appeal

You have the right to a hearing with a Hearing Officer to challenge an action or decision by the Massachusetts Department of Housing and Community Development about your case.

How To Appeal

If you want a hearing, fill in the above form and mail, fax or email the entire form to us at: Massachusetts Department of Housing and Community Development, Hearings Division, 100 Cambridge Street, Suite 300, Boston, MA 02114; fax to 617-573-1515 or email to DHCDEAHearings@massmail.state.ma.us (if you are able to scan).

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 Division-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 Hearings Division at (617)-573-1528 or 1-877-418-3308. 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. For contact information for legal services providers covering your area, you can call the Legal Advocacy Resource Center (LARC) at 1-800-342-5297. Your local DHS office can give you information about community agencies in your area.

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, understand, read, or write English well and want an interpreter, please write this on your hearing request or call the Hearings Division at (617)-573-1528 or 1-877-418-3308 (TTY (617)-573-1140 for the Deaf or hard-of-hearing) , as soon as possible before the hearing.

You have the right to request assistance as a reasonable accommodation on the basis of disability. Your Homeless Coordinator will work with you to see if a reasonable accommodation can be provided. Although you can ask for a reasonable accommodation at any time, it is best to do it as soon as possible. If your reasonable accommodation request is denied, you can ask us to reconsider through the Central Office ADA Accommodation Team. If that reconsideration request is denied, you can appeal to the Division of Hearings, Office of the Chief Counsel, DHCD, or file a complaint with an agency that enforces rights of disabled persons such as the Massachusetts Commission Against Discrimination or the U.S. Department of Justice.

Nondiscrimination Notice for Applicants and Participants

Under federal and state law the Massachusetts Department of Housing and Community Development does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age, disability, familial status, children, marital status, military/veteran status, receipt of public assistance/housing subsidy, ancestry, and genetic information.

For help with these matters, we encourage you to contact the Associate Director, Division of Housing and Stabilization, DHCD, 100 Cambridge St., 4th Fl., Boston, MA 02114, Tel. (617) 573-1370, TTY (617) 573-1140 for the Deaf or hard-of-hearing.

My authorized representative for my appeal is:

Name _____ Title _____

Address _____

Telephone () _____