



## Notice of Emergency Transfer, Suspension, or Termination

Client Name: \_\_\_\_\_ Agency and Program: \_\_\_\_\_

As of \_\_\_\_\_ you are being *immediately* (please select appropriate action):

- 1) \_\_\_\_\_ transferred to: \_\_\_\_\_  
(program name, address and telephone number)
- 2) \_\_\_\_\_ suspended for: \_\_\_\_\_  
(number of days – 30 day maximum)
- 3) \_\_\_\_\_ terminated from our program.

This action is being taken because the following action presents *an imminent threat to the health or safety of yourself or another person*. The following *act or credible threat of violence* took place on the grounds of this facility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Provide specific facts of incident, including dates and times. If you need additional space please attach a separate sheet. Please give the names and contact information of any witnesses including the client.)

**Stay in touch with your program director. TCP will determine within 3 business days of this Emergency Action can be upheld. If TCP does NOT uphold this Action, you have the right to return to the housing premises. If the provider decides to terminate your services as a non-emergency termination, the provider will issue you a new Notice of Termination.**

### **You Have the Right to Appeal Our Emergency Decision**

*If you disagree with this decision, you have the right to appeal it through an Administrative Review. This process is described on the back or is attached. The emergency action and your appeal rights will be explained to you by the person listed below.*

**A Copy of This Notice of Emergency Action was provided to the client, if possible, by:**

Hand delivery or	First Class Mail to _____	_____
		Date
_____ Provider's Program Director Signature and Title		_____ Date

**By signing this, I am admitting only that I received a copy of this Notice.**

_____ Client Signature	_____ Date
_____ Witness Name (printed) and Signature (If Client Refuses to Sign or Not Available)	_____ Date

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**A Copy of This Notice of Emergency Action was emailed to TCP at [appeals@community-partnership.org](mailto:appeals@community-partnership.org)**

on \_\_\_\_\_ at \_\_\_\_\_ am \_\_\_ or \_\_\_ pm (select one) by \_\_\_\_\_  
Date Time Provider Staff Signature and Title

**DO NOT MODIFY THIS NOTICE**  
**Official document developed by The Community Partnership for the Prevention of Homelessness (Updated 5/6/19)**

## **Your Right to Appeal Your Emergency Transfer, Suspension or Termination**

If you disagree with our decision to immediately transfer, suspend, or terminate your shelter or supportive housing, you can appeal through an Administrative Review which will be conducted by The Community Partnership for the Prevention of Homelessness (TCP).

**YOU MUST REQUEST AN ADMINISTRATIVE REVIEW WITHIN 15 CALANDAR DAYS OF RECIEVING WRITTEN NOTICE OF THE EMERGENCY ACTION. You do not have the right to stay in your shelter or housing while you appeal, unless TCP orders the program to allow your return. STAY IN TOUCH WITH THE DIRECTOR OF YOUR PROGRAM TO FIND OUT THE TCP DETERMINATION.**

### **Immediate Review by TCP:**

- Within 3 business days, TCP will determine if this Emergency Action can be upheld.
- If the Emergency Action is *not* upheld, the provider will allow you to return.
- If the provider decides to terminate your services as a non-emergency termination, the provider will issue you a new Notice of Termination.

### **To Request an Administrative Review:**

- Please reach out to a staff member of the program you are participating in to request an Administrative Review Request form. Please fill out this form as thoroughly as possible. You are able to submit this form by email, in person, or with a TCP staff member over the phone.
  - Submit by Email: [appeals@community-partnership.org](mailto:appeals@community-partnership.org)
  - Submit by Phone: 202-543-5298
  - Submit in Person: 801 Pennsylvania Ave SE, Suite 360, Washington, DC 20003
  - You can also tell a staff member of the program you are participating in that you want an Administrative Review. The staff member must help you make your request.

### **The Administrative Review Process:**

- Within five (5) business days of the receipt of your Administrative Review Request, a notice will be sent to you informing you of the time, date, and location of the Administrative Review.
- During the Administrative review, you or your representative will have the opportunity to present your facts and provide any supporting documentation and/or information.
- Within ten (10) business days of your Administrative Review The Community Partnership for the Prevention of Homelessness (TCP) will render a final decision in regards to your appeal. You will be notified of this decision in writing.
- If you do not appear at the Administrative Review, you will still have the opportunity to request a second review. However, if the second review is missed, TCP staff will render a final decision.

### **At Your Fair Hearing or Administrative Review:**

- You have the right to be represented by a lawyer (see below), relative, or any other person of your choice who is not an employee of the The Community Partnership and to bring witnesses or evidence that helps your case.

### **Free legal representation may be available from:**

- *The Washington Legal Clinic for the Homeless at (202) 328-5500*
- *Legal Aid Society of the District of Columbia at (202) 628-1161*
- *Bread for the City at (202) 265-2400 OR (202) 561-8587*

### **Discrimination claims:**

- If you think you have been discriminated against because of your race, religion, color, sex, national origin, disability, personal appearance, age, marital status, sexual orientation or another basis, you may call the D.C. Office of Human Rights at 727-4559 within 365 days of the act.

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