

**Notice of Eligibility Determination for Individual Adult  
Shelter or Supportive Housing**

Agency and Program \_\_\_\_\_

Client's Name \_\_\_\_\_ Date \_\_\_\_\_

Your application for Shelter or Supportive Housing made on \_\_\_\_\_, has been:

\_\_\_\_\_ *Approved.* You have given us all the papers we need.

\_\_\_\_\_ *Approved, but we still need to receive more papers from you.*

Attached is a list of what we still need. (If shelter space is available or if it is 32 degrees outside, you will be placed in shelter immediately and given seven (7) days to give us these papers, which are due on \_\_\_\_\_).

\_\_\_\_\_ *Denied,* pursuant to the Homeless Services Reform Act of 2005, D.C. Law 16-35, because our records show either:

\_\_\_\_\_ You are not homeless or at imminent risk of homelessness; or

\_\_\_\_\_ You are not a resident of the District; or

\_\_\_\_\_ You do not meet the program's special eligibility requirement/s.

Specifically, the factual basis for this denial (including dates) is:

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

(If you need additional space please attach a separate sheet)

**You Have the Right to Appeal Our Eligibility Decision**

*If you disagree with this decision, you have the right to appeal it through an Administrative Review and a Fair Hearing. 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 Eligibility Determination was provided to the client by:**

\_\_\_\_ Hand delivery or \_\_\_\_ First Class Mail to \_\_\_\_\_  
Date \_\_\_\_\_

Provider's Authorized Representative's 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 Refused to Sign) \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT MODIFY THIS NOTICE**

Official document developed in accordance with the Homeless Services Reform Act of 2005 (2/21/06)

## **Your Right to Appeal Your Denial of Eligibility for Individual Adult Shelter or Supportive Housing**

If you disagree with our decision to deny you eligibility for shelter or supportive housing, you can appeal through a Fair Hearing. Before the Fair Hearing, you have a right to an Administrative Review. The Administrative Review is optional and less formal than a Fair Hearing. If you want, you can choose to have both.

*You have the right to request an appeal **within 90 days** after the date of your denial of eligibility.*

### **To Request a “Fair Hearing”, you need to:**

- Call the Office of Administrative Hearings, at 727-8280 *or* send in your request in writing to the Office of Administrative Hearings, 441 4<sup>th</sup> Street, N.W., Suite 540 South, Washington, D.C. 20001; **OR**
- Tell a staff member where you reside that you want a Fair Hearing. By law, he or she must help you make your request; **OR**
- Call the Family Services Administration, at 541-3914, or send in your request in writing to the Family Services Administration, 2146 24<sup>th</sup> Place, N.E., Washington, D.C. 20018.

### **To Receive an “Administrative Review”:**

- You do not need to file a separate request for an administrative review. Once you request a Fair Hearing, you will automatically be offered an opportunity for an Administrative Review by the Family Services Administration.
- A notice will be sent to you notifying you of the time, date, and place for the Administrative Review.
- If you do not appear at the Administrative Review, you will still have a Fair Hearing. The Office of Administrative Hearings will send you a notice telling you the time, date and place for the Fair Hearing.

### **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 D.C. Government 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 727-4557 within 365 days of the act.