



Notice of Suspension of Shelter or Supportive Housing

(Non-DHS Funded Programs)

Client Name

Date Notice Issued

You are being suspended from: _____

Your suspension will begin at 5:00 p.m. on _____ and end at 5:00 p.m. on _____

- The beginning date of the suspension must be *at least* 15 calendar days from the date of this notice.
- A suspension may not be for more than 30 days from the beginning to end dates.

NOTE: A provider may not suspend an adult if the suspension would result in leaving a minor child or dependent adult unattended.

This action is being taken for the following reason(s):

_____ Client has failed or refuses to comply with Provider’s Program Rules and the Client Responsibilities listed therein; **OR**

_____ Client has engaged in the following behavior, listed as a basis for termination in the Provider's Program Rules:

- _____ Possessing a weapon on provider’s premises.
- _____ Possessing or selling illegal drugs on provider’s premises.
- _____ Assaulting or battering any person on provider’s premises.
- _____ Endangering your own safety or the safety of others on provider’s premises.
- _____ Vandalizing, destroying, or stealing property on provider’s premises.
- _____ Knowingly and repeatedly violating the provider’s Program Rules:

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

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

You Have the Right to Appeal a Suspension

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 suspension and your appeal rights will be explained to you by the person listed below.

A Copy of This Notice of Suspension was provided to the client by:

_____ Hand delivery by _____
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 Refused to Sign) Date

Your Right to Appeal Your Suspension from Shelter or Supportive Housing

If you disagree with our decision to suspend 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 SUSPENSION

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
 - 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.

In Some Cases, you have the right to stay in shelter while you appeal:

- To keep your shelter while you appeal, you must ask for an appeal before the beginning date of your shelter suspension.

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 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 727-4557 within 365 days of the act.

DO NOT MODIFY THIS NOTICE