



**Notice of Termination**  
**(Non DHS Funded Programs)**

\_\_\_\_\_  
Client Name \_\_\_\_\_ Date Notice Issued  
Your housing subsidy, supportive services, and/or housing placement at  
\_\_\_\_\_ *(insert program name)* will end.

Shelter or Housing Name and Address:

\_\_\_\_\_  
Your termination will be effective at 5:00 p.m. on \_\_\_\_\_  
(This date must be *at least* 15 calendar days from the date of this notice.)

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

- \_\_\_\_\_ Possessing a weapon on provider's premises.
- \_\_\_\_\_ Possessing or selling illegal drugs on provider's premises.
- \_\_\_\_\_ Assaulting or battering any person on the provider's premises.
- \_\_\_\_\_ Endangering your own safety or the safety of others on the provider's premises.
- \_\_\_\_\_ Intentionally or maliciously vandalizing, destroying, or stealing the property of any person on provider's premises.
- \_\_\_\_\_ Knowingly engaging in repeated violations of the following provider Program Rule(s).

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 Our Termination 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. This termination decision and your appeal rights will be explained to you by the person listed below.*

**A Copy of This Notice of Termination was provided to the client 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 Refused to Sign) \_\_\_\_\_ Date

**DO NOT MODIFY THIS NOTICE**

## **Your Right to Appeal Your Shelter or Supportive Housing Termination**

If you disagree with our decision to 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 RECIEIVING WRITTEN NOTICE OF THE TERMINATION.**

### **To Receive 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.

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

- To continue to receive housing and services during the appeal of a non-emergency termination or suspension, you must ask for an Administrative Review within 15 calendar days of receiving written notice of the termination or suspension.
- In the case of a non-emergency transfer, emergency transfer, or emergency termination this right does not apply.

### **At the 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**

Official document developed by The Community Partnership for the Prevention of Homelessness (Created 5/6/19)