

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 pursuant to Section 24(a) of the Homeless Services Reform Act of 2005 (D.C. Law 16-0035, effective October 22, 2005), 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. give the names and contact information of any witnesses including the client.)
Please give the names and contact information of any witnesses including the client.)

Stay in touch with your program director. DHS will determine within 24 hours if this Emergency Action can be upheld. If DHS does NOT uphold this Action, you have the right to return to the shelter. 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 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 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 DHS at emergency.terminations@dc.gov

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

DO NOT MODIFY THIS NOTICE

Official document developed in accordance with the Homeless Services Reform Act of 2005 Revised 3/28/17

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 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 appeal this emergency transfer, suspension, or termination within 90 days of the receipt of written notice of the emergency action, ***but you do not have the right to stay in your shelter or housing while you appeal, unless DHS orders the program to allow your return.*** **STAY IN TOUCH WITH THE DIRECTOR OF YOUR PROGRAM TO FIND OUT THE DHS DETERMINATION.**

Immediate Review by DHS:

- Within 24 hours, DHS 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 a “Fair Hearing”, you need to:

- Call the Office of Administrative Hearings, at 202-442-9094 *or* send in your request in writing to the Office of Administrative Hearings, 441 4th Street, N.W., Suite 450 North, 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 202-698-4170, or send in your request in writing to the Family Services Administration, 64 New York Avenue, N.E., Washington, D.C. 20002.

To Receive an “Administrative Review”:

- You do not need to request an Administrative Review. Once you request a Fair Hearing, you will be scheduled for an Administrative Review.
- 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 727-4559 within 365 days of the act.

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