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| [PROGRAM NAME] |
| Effective as of January 2018 |
| D.C. Department of Human Services |

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kathy Harris, Administrator, DHS/FSA

Approval date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**These are the rules of the [Program Name]**

**A “transitional housing” program, governed by the Homeless Services Reform Act of 2005,**

**as amended (D.C. Official Code § 4-751.01 *et seq.*) (HSRA)**

**A. Your Responsibilities**

1. You must follow all Program Rules in this packet.

2. Participation in the transitional housing organization’s program

* You must seek employment, education, or training when appropriate.
* You must participate in assessment and case management services.
* You must seek appropriate permanent housing.

3. Alcohol, drugs, violence

* You must *not* do any of the following while on the transitional housing organization’s property:
  + use or possess alcohol, illegal drugs, or marijuana. (*See* D.C. Official Code § 48-904(a)(1E).).
  + use or possess weapons.
  + assault or batter any individual, or threaten to do so.
  + commit any other acts that endanger the health or safety of yourself or any other individual on [Program Name] premises.

4. Respect and Cleanliness

* You must respect the safety, personal rights, and private property of [Program Name] staff and other residents.
* You must maintain clean sleeping and living areas, including bathroom and cooking areas.
* You must use communal areas appropriately, with attention to cleanliness and respect for the interests of other residents.
* Food and any other items used in the common areas must be cleaned up after use.
* You are responsible for your own personal property.

**B.** **Your Rights**

1. You have the right to be treated fairly and respectfully.

* You have the right to be treated with dignity and respect by [Program Name]’s staff, The Community Partnership for the Prevention of Homelessness (TCP), and the Department of Human Services (DHS).
  + - You have the right to access homeless services free from discrimination on the basis of race, color, religion, national origin, language, culture, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, and place of residence or business, as required by the following laws:

**District of Columbia Human Rights Act (D.C. Official Code § 2-1401 *et seq*.)**

**Americans with Disabilities Act of 1990 (ADA) (42 U.S.C. § 12101 *et seq*.)**

**Rehabilitation Act of 1973 (29 U.S.C. § 701 *et seq*.)**

**Title II of the Civil Rights Act of 1964 (42 U.S.C. § 2000a *et seq.*)**

**Language Access Act of 2004 (D.C. Law 15-167; D.C. Official Code § 2-1931 *et seq*.)**

* You have the right to access services free from verbal, emotional, sexual, financial, and physical abuse and exploitation.
* You have the right to practice or not to practice a religion.
  + - You have the right to be treated in all ways in accordance with your gender identity and expression, including:
      * use of gender-specific facilities including restrooms, showers, and locker rooms;
      * being addressed in accordance with your gender identity and expression;
      * having documentation reflect your gender identity and expression;
      * being free from dress codes that are in conflict with your gender identity or expression;
      * confidentiality of information regarding your gender identity and expression; and
      * being free from discrimination in the provision of health care and mental health services related to your gender identity or expression.
* You have the right to be free from testing for drugs or alcohol except:
  + - * + when [Program Name]’s guidelines or program eligibility requirements prohibit intoxication and a licensed social worker or a certified addiction counselor determines that there is reasonable cause to believe that you are engaging in drug or alcohol use; or
        + when you consent to drug or alcohol testing as part of your case management plan.

1. You have the right to shelter during severe weather conditions, as provided by the HSRA.

3. You have rights relating to your personal information

* You have the right to confidential treatment of all your personal, social, legal, financial, education, and medical records and information related to you or a member of your family by DHS, TCP, or [Program Name] in a manner consistent with the confidentiality requirements of District and federal law. This is true whether the information came from you or another source. Basic information about you, including your receipt of services, is stored in the D.C. Homeless Management Information System (HMIS). This city-wide data collection system provides a record for administering the program and evaluating the services provided to you. Your information will not be disclosed without your written consent, unless disclosure is required by law or permitted by law to meet funding, administrative or, research requirements. You may request a copy of [Program Name]’s privacy policy at any time.
* At a reasonable time and with reasonable prior notice, you have the right to view and copy, or have someone you authorize view and copy, all records and information (both paper and electronic) that are related to you and kept by [Program Name], TCP, or DHS.

4. You have the right to give input and feedback about [Program Name]’s services

* You have the right to be told the name and job title of any staff member delivering services.
* You have the right to provide input and feedback to DHS or [Program Name] about delivery of services.
* You have the right to file complaints with, testify before, or provide information to [Program Name], DHS, the Mayor, or other appropriate offices regarding the delivery of services or your treatment.
* You have the right to actively participate in the development of your service plan, be told of your progress, and receive a review of the service plan upon request.

1. You have the right to timely notice of decisions made by [Program Name], TCP, or DHS that adversely affect your receipt of services and you have the right to appeal any such decision through a Fair Hearing, when required and permitted by the HSRA. (*See* Section D of these Program Rules for more information.)

6. You have the right to continue to receive housing and services without change while you wait for the final outcome of any Fair Hearing requested within fifteen (15) calendar days of receipt of written notice of the decision you are appealing that adversely affects your receipt of services. However, in cases of a non-emergency transfer, emergency transfer, emergency suspension, or emergency termination, this right does not apply.

7. You have the right to be free from retaliation, punishment, or sanction for exercising any rights provided in these Program Rules or under the HSRA.

8. You have the right to meet and communicate privately with attorneys, advocates, clergy, physicians, and other professionals.

9. You have the right to leave and return to [Program Name] and to receive visitors during reasonable hours and under such reasonable conditions as specified in Section G of these Program Rules.

* You have the right to leave and return to your transitional housing unit within reasonable hours as specified in Section G the Program Rules.
* You have the right to receive visitors in designated areas of the [Program Name] premises under the conditions explained in the Program Rules.

10. You have the right to privacy

* You have the right to reasonable privacy in caring for personal needs and in maintaining personal living quarters.
* You have the right to reasonable prior notice of the date, time, and name of the staff person making any routine inspections of your living quarters.
* You have the right to be present or have another adult member of the family present at the time of any routine inspection.
* You do not have the right to prior notice of an inspection or to be present during an inspection if, in the opinion of [Program Name]’s Program Director, there is reasonable cause to believe that you are in possession of a substance or object that poses an imminent threat to the health and safety of yourself or others on the premises and such reasonable cause is documented in your record.
* You have the right to conduct your own financial affairs, subject to the reasonable requirements of your service plan or of the Program Rules.

11. If you have a disability, you have the right to receive reasonable modifications to policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless [Program Name] demonstrates that the modifications would fundamentally alter the nature of the services.

* You have the right to request or have another person authorized to act on your behalf request a reasonable modification at any time, either verbally or in writing from [Program Name].
* When you ask for a modification, you will be asked to fill out a modification/accommodation request form. If you are unable to fill out the form, a staff person will help you.
* If an immediate modification is required and evident, [Program Name] may conditionally approve the request until a final decision is made.
* Once a decision is made, you will receive notification as to whether the request was approved or denied.
  + If your accommodation request is approved, it may be granted immediately.
  + If it is denied, you will be informed in writing.
    - If you wish to appeal the decision you may request a fair hearing from the Office of Administrative Hearings (OAH). (*See* Section D for additional information about this process.)
    - If you would like to file a complaint regarding the decision you may submit a complaint to the DHS American with Disabilities Act (ADA) Coordinator by phone at (202) 671-4438, by email at ADA.Services@dc.gov, or by fax at (202) 671-4409. You may also file a complaint with the D.C. Office of Human Rights at (202) 727-4559.

**C. [Program Name]’s Rights to Sanction, Transfer, Suspend or Terminate You**

1. [Program Name] can use alternative sanctions for specified violations of the Program Rules. (*See* Section L below.)
2. [Program Name] can TRANSFER you to another provider.

* You must receive at least 15 days’ oral and written notice of the transfer date and the reason for the transfer. However, in the case of an emergency transfer, this does not apply.
* You can be transferred through direct arrangements with other shelter or housing organizations or with central intake.
* You can be transferred when you consent to the transfer.
* You can be transferred without your consent if:
  + [Program Name] identifies and secures a placement with another shelter or housing organization that more appropriately meets your medical, mental health, behavioral, or rehabilitative service needs; or
  + You do not comply with the rules and responsibilities listed in this document and you have received notice of the Program Rules. [Program Name] must make a good-faith effort to assist you with complying with the Program Rules.

3. [Program Name] can SUSPEND your services.

* You can be suspended from services if you fail to comply with or refuse to comply with the rules and responsibilities listed in this document, or if you engage in any of the behaviors listed as a basis for a termination. (*See* Section C.4.)
* You can be suspended from services for up to 30 days depending on what you did that led to your suspension.
* [Program Name] may suspend your services when:
  + [Program Name] has given you oral and written notice of the Program Rules, resident responsibilities, and prohibited behaviors;
  + [Program Name] has made a good-faith effort to enable you to comply with the Program Rules;
  + [Program Name] has made a reasonable effort to transfer you to another shelter or housing organization; and
  + [Program Name] has given you at least 15 days’ notice of the suspension date for a non-emergency suspension period lasting ten (10) days or more.
* [Program Name] may not suspend adult individuals or adult family members in a manner that results in minor children or dependent adults being left unattended in a transitional housing unit.

4. [Program Name] can TERMINATE your services.

* You can be terminated from [Program Name] if you:
  + Possess a weapon on [Program Name]’s premises;
  + Possess or sell illegal drugs or marijuana on [Program Name]’s premises (*see* D.C. Official Code § 48-904.01(a)(1E));
  + Assault or batter any person on [Program Name]’s premises;
  + Endanger your safety or the safety of others on [Program Name]’s premises;
  + Intentionally or maliciously vandalize, destroy, or steal the property of any person on the [Program Name]’s premises;
  + Fail to accept an offer of appropriate permanent or supportive housing that better serves your needs after having been offered two appropriate permanent or supportive housing opportunities; or
  + Knowingly engage in repeated violations of Program Rules.
* In cases of termination where the violation is not an imminent threat to your health and safety or the health and safety of others, [Program Name] must:
* Give you at least 15 days’ oral and written notice before the effective date of the termination and reason for the termination.
* Document that they have considered suspension or have made a reasonable effort to transfer you, depending on the severity of the act leading to the termination.

5. [Program Name] can transfer, suspend, or terminate you IMMEDIATELY if you pose an imminent threat to yourself or others.

* You may be immediately transferred, suspended, or terminated if you present an imminent threat to the health or safety of yourself or any other person on [Program Name]’s premises.
* [Program Name] is not required to give you prior written notice.
* [Program Name] is required, however, to try to give you written notice at the time the action is taken.
* If it is not possible or safe to give you written notice at the time of the action, [Program Name] is required to try to give you written notice within the next 15 days.
* If [Program Name] is unable to locate or contact you, then [Program Name] must give you the written notice when you request it, if fewer than 90 days have passed since the emergency transfer, suspension, or termination began.
* [Program Name] must notify DHS immediately of the action taken against you.
* Within 24 hours of receipt of the notification, DHS will issue a written decision as to whether the providers’ emergency transfer, suspension or termination can be upheld or denied;
* [Program Name] is to give a copy of the completed Emergency Finding form to you as soon as reasonably possible after receiving the document from DHS.
* If your whereabouts are unknown and [Program Name] has made reasonable efforts to find you, then [Program Name] shall retain a copy of the Emergency Finding form from DHS and deliver it to you if and when the opportunity arises.
* If DHS denies the providers’ emergency action, the provider must immediately reinstate services to you.
* If DHS upholds the providers’ emergency action, you may appeal the emergency action through a Fair Hearing. (*See* Section D for information about this process.)

**D. Your Right to Appeal**

1. Internal Mediation Program:If [Program Name] has a mediation program, you may have the right to mediate a problem through the internal mediation process.

2. Your Right to Appeal

* You have the right, when permitted by the HSRA, to appeal any decision that adversely affects your receipt of services. You also have the right to appeal any violation of the Common Standards that apply to [Program Name] (*see* D.C. Official Code § 4-754.21 through § 4-754.25) or any violation of your rights listed in Section B of these Program Rules.
* Your appeal is called a Fair Hearing and is held at the District of Columbia’s Office of Administrative Hearings (OAH).
* You have the right to an Administrative Review before the Fair Hearing. The Administrative Reviewis less formal than a Fair Hearing and is conducted by an employee of the D.C. Department of Human Services (DHS).
* You have a right to timely notice, when required by the HSRA, of any non-emergency termination, suspension for a period lasting 10 days or more, or transfer by [Program Name], TCP, or DHS that negatively affects your services, 15 days before the notice is effective.
* You have the right to continue to receive housing and services without change while you wait for the final outcome of any Fair Hearing that is requested within 15 calendar days of receipt of a written notice of a non-emergency suspension or termination that negatively affects your services. However, in the cases of a non-emergency transfer, emergency transfer, emergency suspension, or emergency termination this right does not apply.

3. To Request a Fair Hearing

* + - Call the Office of Administrative Hearings, at (202) 442-9094 or send a request for a Fair Hearing in writing to the Office of Administrative Hearings, 441 4th Street, N.W., Suite 450 North, Washington, D.C. 20001; or
* Call the DHS Family Services Administration, at (202) 671-4170, or send a request for a Fair Hearing in writing to the DHS Family Services Administration, 64 New York Avenue, N.E., Washington, D.C. 20002; or
* Tell a staff member where you reside that you want a Fair Hearing. By law, the staff member must help you make your request.

4. To Receive an Administrative Review

* You do not need to file a separate request for an Administrative Review. Once you request a Fair Hearing, DHS will conduct an Administrative Review of your appeal to determine the legality of your appeal and, if possible, to reach an informal resolution.
* 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 the right to the Fair Hearing you requested.
* After the Administrative Review, the Office of Administrative Hearings will send you a notice of the date, time and place of the Fair Hearing.

5. In some cases, you have the right to continue to receive housing and services during your appeal.

* To continue to receive housing and services during the appeal of a termination or suspension you must ask for an appeal within 15 days of receiving written notice of the termination or suspension.
* If the action was a regular transfer, emergency transfer, emergency suspension, or emergency termination based on an imminent threat to health or safety, you *do not* have the right to continue to receive housing and services during the appeal unless DHS orders [Program Name] to continue to provide housing services during your appeal.
* If you have already left [Program Name] and it is more than 15 days after you received the written notice, you do not have the right to return and continue to receive services during your appeal. However, you can still appeal within 90 days from the date of the written notice of the termination and, if you win your appeal, you will be placed back into [Program Name] or a similar program.

6. Your rights at the Fair Hearing or Administrative Review

* You have the right to be represented by a lawyer (*see* Section D.7), relative, or any other person of your choice who is not an employee of the D.C. Government.
* You have the right to bring witnesses or evidence that helps your case.

7. You may request free legal representation from:

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

8. You may file discrimination claims:

* If you think you have been discriminated against because of race, religion, color, sex, national origin, disability, personal appearance, age, marital status, sexual orientation or another basis, you may file a complaint with the D.C. Office of Human Rights at (202) 727-4559 within 365 days of the discrimination.

1. **Special Eligibility Criteria**

* To be eligible for this program, you family must:
  + be a woman experiencing homelessness or at imminent risk of becoming homeless (*see* 29 DCMR 2501.1(a));
  + be a resident of the District of Columbia (*see* 29 DCMR 2501.1(b));
  + [other special eligibility criteria. If the program prohibits intoxication and any substance abuse, it should be mentioned here]; and
  + [other special eligibility criteria, such as an age requirement].
* [If the Program has an Intake Process, describe it here].

**F.** **Curfew**

* Curfew hours are: .
* You are expected to be in the facility by curfew.
* You may request a curfew extension or adjustment for [Provider should list when curfew requests can be made]. To request a curfew extension or adjustment, you must [Provider should explain process for requesting curfew extension].
* If you are not able to make curfew on any given night, you must [Provider should give policy for contacting staff if missing curfew on in an emergency].
* Please note that curfew hours at [Program Name] are subject to change with written notice.

**G.** **Visitation**

* You are allowed to have visitors under the following circumstances:
  + [Outline visitation hours].
  + [Explain if visitors are restricted to certain areas of the property].
  + [List any applicable sign in and out or check in and out procedures].
  + All visitors must follow the Program Rules.
  + [If there are any circumstances where a visitor can be banned from the property, Provider should identify those circumstances].
  + [If there are restrictions regarding residents visiting each other in individual units, explain those restrictions here.]
  + [Indicate if overnight guests are allowed. If they are, explain the process for getting approval for overnight guests.]
  + [Possible language to include:] Social workers, case managers, therapists, counselors, and other professionals are not considered visitors for the purposes of this section and can visit as needed, without prior authorization. These professionals must show valid business identification and must sign in and out of the facility.

**H.** **Case Management Requirements**

1. General

* [How frequently does client need to meet with case manager? Explain how case management plan is developed. Note that client has the right to and are encouraged to participate and provide input into the case management plan].
* [**Sample language:**] You are required to meet weekly with your assigned case manager. You will develop a case management plan with your case manager, listing short and long term service goals. You have the right to and are encouraged to participate and provide input into the creation of these goals.
* [**Sample language:**] You must follow your case management plan and must follow up on all referrals made by your case manager and other clinical staff.
* [**Sample language:**] If your service plan requires you to meet with the substance abuse counselor or aide, these meetings are mandatory and usually take place twice a week.
* [**Sample language:**] If your service plan includes attendance at weekly substance abuse educational groups, individual substance abuse counseling sessions, and Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) meetings, such attendance is mandatory.
* [If applicable, explain how case management reviews work].
* [Explain consequences for not meeting weekly or for not meeting case management goals.]
* You must be honest and truthful with your case manager and provide truthful and accurate information to the best of your knowledge regarding your eligibility status and homelessness status. Knowingly making any false or misleading statements or misrepresentations or providing forged or counterfeit documents regarding your eligibility or homelessness status is a violation of these Program Rules.

1. Financial Planning

* [If financial planning is part of case management, explain how financial plan is developed].
* You will be asked to submit documentation of all forms of income, if documentation is not already on file. Income is considered to be but is not limited to: employment (full time and part time), Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Temporary Assistance for Needy Families (TANF), child support, unemployment benefits, Supplement Nutrition Assistance Program (SNAP) benefits or food stamps.
* If you have income, you may be encouraged to contribute to an escrow account as part of your financial plan. Your suggested escrow contribution amount will determined by your assessment and your particular circumstances.
* Escrow helps establish a record of your ability to make regularly monthly payments and may help you be eligible for a rental reference based on regular escrow payments.
* [If the client can receive escrow contributions upon exit from the program, explain how that works].

1. Education, Employment Training, or Employment

* If your service plan goals include either education (such as General Education Development (GED) classes, literacy development, or parenting skills classes) or employment training (such as nursing training or daycare aide classes), you will be expected to follow up on any recommendations or referrals to appropriate trainings or programs.
* [Explain how any other requirements relating to education, employment training, or employment work].

1. Permanent or Supportive Housing Search

* [If you have requirements in case management for housing search, explain those requirements here].

**I.** **Behavioral Requirements**

1. Health and Safety Requirements

* [If children are allowed in the program, explain any immunization requirements].
* [If you have requirements about main doors to the facility being closed, list them here.]
* [If you have unscheduled safety checks, you **must** use the following language:] [Program Name] staff may occasionally perform unscheduled safety checks if, in the opinion of [Program Name]’s Program Director, there is reasonable cause to believe that you are in possession of a substance or object that poses an imminent threat to the health and safety of you or any other person on the [Program Name] premises and such reasonable cause is documented in your record.
* [List any restrictions on smoking cigarettes here.]

1. Substance Abuse Policy and Drug Testing

* Intoxication is prohibited at [Program Name].
* [**Sample language:**] If you have a current addiction or an addiction history, you may be asked to receive treatment or attend recovery programs as part of your service plan. Your service plan may require you to consent to regular and unannounced toxicology screenings.
* If you have not consented to regular and unannounced toxicology screenings as part of your service plan and a social worker or certified addictions counselor determines that there is a reasonable cause to believe that you are engaging in drug or alcohol abuse, you can be required to take a toxicology test.
* [**Sample language:**] If you test positive for drugs or alcohol, you will need to meet immediately with your social worker or case manager and the substance abuse counselor to further discuss the positive testing and to revise your service plan goals to make plans to stop the substance abuse.
* [**Sample language:**] If your service plan includes attendance at weekly substance abuse educational groups, individual sessions, and Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) meetings, your attendance is mandatory.

1. Illegal Drugs, Alcohol, Weapons, and Prostitution

* Illegal drugs or drug paraphernalia are not allowed in your unit or anywhere on the [Program Name] premises.
* No alcohol or marijuana is allowed on the [Program Name] premises.
* Using, selling, purchasing, or distributing any form of illegal drugs, marijuana, or alcohol on the [Program Name] premises is strictly prohibited.
* Weapons of any kind are not allowed on the [Program Name] premises.
* Prostitution is strictly prohibited on the [Program Name] premises.

1. General Conduct

* You are required to behave respectfully to other residents and to [Program Name] staff.
* Profanity and vulgar language are unacceptable and will not be tolerated.
* You are responsible for the actions of your visitors.
* You and your visitors must maintain quiet tones within the building. Yelling and screaming are not acceptable.
* You are not allowed to hang out of the windows or climb in or out of the windows.
* Bullying of any kind, including cyberbullying, is prohibited in [Program Name]. A copy of [Program Name]’s bullying prevention policy is available for any client upon request, and any incident of bullying should be reported to [Program Name] staff.

1. Other Section(s) Regarding Behavior

* [Examples of other things Provider may want to address include:].

1. [How clients request weekend passes, if necessary ]
2. [If certain small appliances are forbidden in units (e.g., hotplates), Providers should expressly state that.
3. **Pets**

* You are notallowed to have pets or animals on the [Program Name] premises.
* Exceptions to this rule will be made for service animals in accordance with the program’s reasonable modification policy and the Americans with Disabilities Act (ADA).

**K.** **Alternative Sanctions**

* Residing at [Program Name] means agreeing to follow all of these Program Rules, as well as the HSRA.
* If you fail to follow these Program Rules or comply with the HRSA, you may receive a rule violation notice, a warning letter, or an alternative sanction, as described below.
* Alternative sanctions may include the loss of special privileges and the imposition of additional responsibilities, including but not limited to:
  + 1. Reduced visitation hours
    2. Reduced curfew hours [Or imposition of curfew, if one does not exist]
    3. Additional case management meetings or counseling sessions
    4. Additional training classes
    5. Additional parenting classes
    6. Additional job search requirements
    7. Denial of overnight passes
    8. Denial of permission to attend special events
    9. Another privilege suspended at the discretion of staff
* After you receive two (2) or more rule violation notices or warning letters, [Program Name] may take steps necessary to transfer your or issue a termination notice, as allowed by the HSRA. (*See* Section C of these Program Rules for more information about terminations and transfers.)
* If you have any questions about these sanctions, please contact your case manager [or appropriate Program staff, as identified by Provider].

1. **Grievance Policy and Procedure**

* If you have a complaint and feel that you have been unfairly treated or discriminated against, then you are eligible to file a grievance.
* Before filing a formal grievance, you are encouraged to discuss the grievance with your social worker or case manager.
* If you are not satisfied with the outcome of the discussion with your case manager or social worker, you may make a verbal or written complaint by following the procedure below. If you would like assistance, you may dictate your complaint to a staff member who will provide you with a written copy.
* In order to file a grievance unrelated to a termination, transfer, or suspension, you can obtain a grievance form from your case manager [Provider should include relevant staff if not case manager].
* When you complete the grievance form, you should submit it to the [Appropriate Staff Person, identified by Provider].
* All forms of grievance (verbal and written) will be acknowledged within 48 hours of receipt.
* You will receive a written response from the [Appropriate Staff Person] within 7 days of submitting the grievance.
* If you are not satisfied with the [Appropriate Staff Person]’s response or wish to contest the [Appropriate Staff Person]’s decision, you may appeal to the [Executive Director or other high level staff person] at the following address:

[Provide address for Executive Director or other High-Level Staff] or

[address]

* If you do not feel comfortable with meeting with the staff at [Program Name], you may forward a written complaint directly to the Executive Director at the address above.
* If you do not feel comfortable meeting with any of the [Program Name] staff, you may forward a written complaint to: Candyce Coates or Charlene Traynor, Program Officers, The Community Partnership for the Prevention of Homelessness, 801 Pennsylvania Avenue, S.E., Washington, DC 20003 or at ccoates@community-partnership.org or ctraynor@community-partnership.org.
* At any time you may request an Administrative Review or Fair Hearing, as permitted by the HSRA. (*See* Section D of these Program Rules for how to request a Fair Hearing or Administrative Review.)

**M. Signed Acknowledgment**

I acknowledge that I have received, understand, and accept the Program Rules of the program.

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Resident Signature Printed Name Date

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Staff Member’s Signature and Printed Name Date

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

Staff Member’s Title