



MITT ROMNEY
Governor

KERRY HEALEY
Lieutenant Governor

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
600 Washington Street • Boston, MA 02111

TIMOTHY MURPHY
Secretary

JOHN A. WAGNER
Commissioner

Field Operations Memo 2006-32
August 1, 2006

To: Transitional Assistance Office Staff

From: *CD* Cescia Derderian, Assistant Commissioner for Field Operations

Re: Revision to the Notice of Termination of Temporary Emergency Shelter (NFL-ST) Form

Overview

EA shelter benefits are terminated when the EA AU is asked to leave a shelter because there is reasonable cause to believe that a member of the EA AU is engaging in or has engaged in a criminal activity that threatens the health, safety and/or security of the person, other residents, guests and/or staff of the shelter (106 CMR 309.040(F)(1)(a)).

The EA AU is sent a written notification when the Department intends to terminate the EA AU's shelter benefits. The *Notice of Termination of Temporary Emergency Shelter (NFL-ST) Form* is used for this purpose.

Purpose of Memo

This memo notifies staff that the *Notice of Termination of Temporary Emergency Shelter (NFL-ST) Form* (Attachment A) has been revised to provide space on the notice for:

- the name of the person engaged in the criminal activity; and
- a description of the criminal activity that is causing the termination of EA shelter benefits.

Noncompliance Committee

After reviewing the supporting documentation from the shelter, the AU Manager or Homeless Coordinator submits the information to the Noncompliance Committee for its review. The TAO will receive written notice of the Noncompliance Committee's decision. A termination notice may not be sent to the EA AU until a decision is made by the committee.

**Issuing the
NFL-ST**

If the decision of the Noncompliance Committee is to terminate the shelter benefits, the AU Manager or Homeless Coordinator completes the NFL-ST by:

- putting a check mark in the box next to the “criminal activity” paragraph;
- writing the name of the EA AU member who is engaging in or has engaged in the criminal activity; and
- writing a description of the criminal activity that is causing the termination of the shelter benefits. The precise description, as provided by the Noncompliance Committee, must state the action that is considered a criminal activity that is a threat to health, safety and/or security and the EA AU member responsible for the action.

Providing a description gives the EA AU information needed to prepare a defense to the allegations.

When the decision is to terminate benefits, the NFL-ST must be sent at least 10 days in advance of the proposed shelter termination date.

Questions

If you have any questions, please have your Hotline designee call the Policy Hotline at 617-348-8478.



Massachusetts Department of Transitional Assistance
Notice of Termination of Temporary
Emergency Shelter

Date _____

TAO _____

 Name

 SSN

 Address

 City

 ZIP

This notice informs you that your temporary emergency shelter benefits are being stopped effective _____ because:

- You have been asked to leave a temporary emergency shelter because there is reasonable cause to believe that a member of the EA assistance unit is engaging in or engaged in a criminal activity that threatens the health, safety and/or security of you, other residents, guests and/or the staff of the temporary emergency shelter. 106 CMR 309.040(F)(1)(a)

Name(s) _____

Description of Incident _____

- You did not comply with one or more of the temporary emergency shelter requirements for a second time by: 106 CMR 309.040(F)(1)(b)

- a. not attending a scheduled interview for the _____ family shelter without good cause. 106 CMR 309.040(E)(1)(a)
- b. behaving unreasonably at the interview for the _____ family shelter resulting in your not being accepted for placement. 106 CMR 309.040(E)(1)(b)
- c. not cooperating in developing your self-sufficiency plan. 106 CMR 309.040(E)(1)(c)
- d. not participating in the activities in your self-sufficiency plan. 106 CMR 309.040(E)(1)(d)
- e. rejecting one opportunity for safe permanent housing. 106 CMR 309.040(E)(1)(d)
- f. violating three or more shelter rules violations. 106 CMR 309.040(E)(1)(e)
- g. one hotel rule violation as specified on the *Notice To Recipients of EA Staying in Hotels/Motels* form or being expelled by the hotel/motel for a rule violation. 106 CMR 309.040(E)(1)(g)
- h. posing a threat to the health and/or safety of you, other guests and/or the staff of the temporary shelter. 106 CMR 309.040(E)(1)(f)

- This notice informs you that while the termination of your shelter benefits effective _____ is pending, you have again not complied with your responsibilities while in a temporary emergency shelter. Reason and Manual Citation _____

If you disagree with this decision, you have the right to a fair hearing. The reverse side of this notice contains important information about your hearing rights. To request a hearing, complete the reverse side of one copy of this notice.

 TAO Worker's Signature

 Director/Designee's Signature

Appeal Rights

Your Right To Appeal

You have the right to a hearing with a Hearing Officer to challenge an action or decision by the Department of Transitional Assistance about your case.

How To Appeal

If you want a hearing, fill in the blanks at the bottom of this page and mail or fax it to us at: Department of Transitional Assistance (DTA), Division of Hearings, P.O. Box 120167, Boston, MA 02112-0167 or fax to (617) 348-5311.

If we get your hearing request within 10 days from the date of this notice, you can keep your shelter benefits while you are waiting for your hearing and the decision. If you appeal within 10 days and are appealing a transfer because you have been asked to leave your current family shelter placement, you can stay in your current family shelter placement until the decision, only if the family shelter approves.

We must get your hearing request **no later than 21 days** from the date of this notice or you will not get a hearing.

When the Hearing Will Be Held

Your hearing will be held as soon as possible. You will get notice at least two days in advance of the date, time and place for the hearing. You can only change the hearing date if you have a good reason (good cause). To ask for a change in the hearing date for good cause, call the Division of Hearings at (617) 348-5321 or 1-800-882-2017. If you miss the hearing without good cause, you may lose your rights to a hearing.

Your Right To Get Help for the Hearing

You have the right to bring an attorney or anyone else as your representative to the hearing. To try to get free legal help for your hearing, contact legal services or other community agencies. Your local DTA office can give you information about these services.

You or your representative have the right to see your case file before the hearing, to bring witnesses and present evidence at the hearing, and to question (cross-examine) witnesses against you. The Hearing Officer must make a decision based on all the evidence presented.

If you do not speak English well and want an interpreter, please write this on your hearing request or call the Division of Hearings at (617) 348-5321 or 1-800-882-2017 (TTY (617) 348-5337 or 1-800-532-6238) for the hearing impaired, as soon as possible before the hearing.

Nondiscrimination Notice for Clients

Under federal and state law the Massachusetts Department of Transitional Assistance does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age or disability. For help with these matters, we encourage you to contact the Director of Equal Opportunity, Department of Transitional Assistance, 600 Washington Street, Room 4039, Boston MA 02111, Tel. (617) 348-8490, TTY (617) 348-5599 for the hearing impaired.

I, _____, hereby request a fair hearing before a hearing officer of the Division of Hearings. I wish to request a hearing for the following reasons:

Name _____ SSN _____

Address _____ Telephone () _____

City/ZIP _____ Date _____

Signature _____

My authorized representative is:

Name _____ Title _____

Address _____

Telephone () _____