



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

DEVAL L. PATRICK  
Governor

TIMOTHY P. MURRAY  
Lieutenant Governor

JUDYANN BIGBY, M.D.  
Secretary

JULIA E. KEHOE  
Commissioner

**Field Operations Memo 2007-61**  
**November 19, 2007**

**To: Transitional Assistance Office Staff**

**From:**  **John Augeri, Assistant Commissioner for Field Operations**

**Re: EA Changes:**  
**1) Revisions to NFL-9 and NFL-ST; and**  
**2) Accommodating Request from EA Family for Information and/or Documentation**

**Overview**

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The *Notice of Approval, Denial or Termination for Emergency Assistance or Other Financial Services* (NFL-9) and the *Notice of Termination of Temporary Emergency Shelter* (NFL-ST) are being revised to include a field for the AU Manager or Homeless Coordinator's telephone number. Recipient Services telephone number has been pre-printed on the notices as well.

In addition, a paragraph has been added to both notices advising the EA family that they may review the information and/or documentation that were used in making the Department's decision.

**NFL-9**

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The NFL-9 is used to advise the EA family of an approval, denial or termination of EA temporary emergency shelter benefits.

If requested by the family, provide information and/or copies of the documentation the Department used to make its decision to assist the family in making a decision whether to appeal the action and/or prepare for the hearing.

Examples of the documentation that must be provided to the family when requested include but are not limited to:

- copies of the specific BEACON narrative(s) regarding the circumstances relating to the termination or denial;
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**NFL-9  
(continued)**

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- all of the documents the Department used to find the family ineligible for EA shelter benefits, such as:
    - if benefits are being denied because the family received EA benefits within the past 12 months, provide SSPS documentation of the EA benefit and the last date received;
    - if benefits are being terminated because the family abandoned the shelter placement, provide a copy of the placement letter indicating the name of the shelter where the family had been placed and the date the family abandoned the placement;
    - if benefits are being terminated because the family has feasible alternative housing, provide a copy of the new rent verification indicating the family's new housing situation.

**NFL-ST**

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The NFL-ST is used when the temporary emergency shelter benefits are being terminated due to a second noncompliance or a criminal activity that threatens the health and/or safety of the individual, a family member, another shelter resident, or the shelter staff.

If requested by the family, provide information and/or copies of the documents the Department used to make its decision to assist the family in making a decision whether to appeal the action and/or prepare for the hearing.

Examples of the documentation that must be provided to the recipient when requested include but are not limited to:

- copies of the specific BEACON narrative(s) regarding the circumstances relating to the termination;
- all of the documents the Noncompliance Committee used to support a noncompliance decision, such as:
  - in the instance of a second noncompliance, provide a copy of the original TES-WN-13 *Warning Notice of Noncompliance* and copies of all of the relevant documents the Committee used in making its decision to terminate shelter benefits;
  - in the instance of criminal activity that threatens the health and/or safety, provide all documents about the incident that the Committee used in making its decision to terminate shelter benefits.

To obtain these noncompliance documents, contact Joyce Inserra at 617-348-5068.

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**Documentation Questions** If there are questions about the documentation to be provided to the family, the Hotline designee should call the Legal Division's Attorney of the Day at 617-348-8520.

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**Revised NFL-9 and NFL-ST** The revised NFL-9 (Rev.11/2007) (Attachment A) and the NFL-ST (Rev. 11/2007) (Attachment B) with a "SAMPLE" watermark are attached to this memo for informational purposes. It is very important that the most updated version of these notices be issued. Therefore, staff must access these notices in *Policy Online* via *DTA Online*. They can be found in the *Online Forms* folder. Select *EA* for the appropriate form. All notices must be completed online.

**Note:** By accessing *Policy Online* via *DTA Online*, the AU Manager or Homeless Coordinator is guaranteed the most current *Policy Online* information.

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**Reminder** The AU Manager or Homeless Coordinator must:

- complete the NFL-9 or NFL-ST online by entering the "who, what, where and when" information;
- mail or give the original and one copy of the NFL-9 or NFL-ST to the EA family; and
- fax a copy of the NFL-9 or NFL-ST to Michael Ciccolo in the Legal Division at 617-348-5108; Joyce Inserra in Field Operations at 617-348-5111; and Centralized Placement Unit (CPU) at 617-348-5355.

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

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**Massachusetts Department of Transitional Assistance  
 Notice of Approval, Denial or Termination for  
 Emergency Assistance or Other Financial Services**

Attachment A

Date

TAO

Name

SSN

Address, City & Zip

This notice is to inform you that:

Your request for:  Emergency Assistance Temporary Emergency Shelter  Other  
 Emergency Assistance Temporary Emergency Shelter - Presumptive Eligibility

**is approved**

Service(s) \$ Amount

Service(s) \$ Amount

**is denied**

Service(s) \$ Amount

Service(s) \$ Amount

Service(s)

Reason and Policy Citation

Your:  Emergency Assistance Temporary Emergency Shelter  Other

**is terminated** effective \_\_\_\_\_ for the reason(s) checked below:

- After being informed of the shelter placement, you did not appear at the designated shelter placement without good cause. 106 CMR 309.040(F)(1)(c)
- You abandoned the shelter placement. 106 CMR 309.040(F)(1)(d)
- You have feasible alternative housing. 106 CMR 309.040(F)(1)(e)
- You refused an available placement. 106 CMR 309.040(F)(1)(c)

As a family whose income exceeded the EA Eligibility Standard during the six month period, you:

- did not provide proof of your family's income which is needed to determine how much you must save each month; or
- did not save that portion of your family's income that exceeds the EA Eligibility Standard; or
- withdrew some or all of the saved money. 106 CMR 309.020(E)

**Housing Address, Name of Placement or Description of Savings Violation and Date of Incident/Violation**

Other Reason and Policy Citation

**If you would like to review the information or documentation supporting the Department's decision, please contact your worker at \_\_\_\_\_ or call Recipient Services at 1-800-445-6604.**

**If you disagree with this decision, you have a 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

\_\_\_\_\_  
 AU Manager / Homeless Coordinator's Signature

\_\_\_\_\_  
 Supervisor'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, 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. However, there is one exception to this rule - if you are placed in a temporary emergency shelter that is beyond 20 miles of your home community, you may file an appeal **at any time** to challenge whether the Department has transferred you from a shelter beyond 20 miles of your home community back to an appropriate Department-approved shelter within 20 miles of your home community at the earliest possible date.

## 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, Boston MA 02111, Tel. 617-348-8490, or 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 (\_\_\_\_) \_\_\_\_\_



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

Attachment B

Date

TAO

SSN

Name

Address, City & ZIP

This notice informs you that your temporary emergency shelter benefits are being stopped effective for the reason(s) checked below:

- You have been asked to leave a temporary emergency shelter because there is reasonable cause to believe that a member of the EA family 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)
- 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 106 CMR 309.040(E)(1)(a) family shelter without good cause.
  - b. behaving unreasonably at the interview for the 106 CMR 309.040(E)(1)(b) family shelter resulting in your not being accepted for placement.
  - 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)(c)
  - 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)
- EA Family Member(s)**

**Description of Incident(s)/Violation(s) and Date(s)**

- 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 would like to review the information or documentation supporting the Department's decision, please contact your worker at \_\_\_\_\_ or call Recipient Services at 1-800-445-6604.**

**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.

\_\_\_\_\_  
 AU Manager / Homeless Coordinator's Signature

\_\_\_\_\_  
 Director/Designee's Signature

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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.

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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:

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Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

City/ZIP \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## My authorized representative is:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_