



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 2006-50A
December 29, 2006

To: Transitional Assistance Office Staff

From:  John Augeri, Assistant Commissioner for Field Operations

Re: Revision to the Notice of Approval, Denial or Termination for Emergency Assistance or Other Financial Services (NFL-9) and Procedures for Noncompliance Referrals and EA Notices

Overview

EA AUs are issued a written notification when the Department intends to terminate their shelter benefits or when EA AUs have been found to be noncompliant with EA regulations. The *Notice of Termination of Temporary Emergency Shelter (NFL-ST)*, and the *Notice of Approval, Denial or Termination for Emergency Assistance or Other Financial Services (NFL-9)* and the *Warning Notice of Noncompliance (TES-WN-13)* are used for these purposes.

Purpose of Memo

This memo:

- Clarifies the notification procedure to EA AUs on decisions by the Noncompliance Committee;
 - Summarizes and elaborates Field Operations Memo 2006-50;
 - Clarifies the noncompliance referral documentation requirements;
 - Distributes recently revised EA Notices (TES-WN-13, NFL-ST and NFL-9); and
 - Provides termination information for the TES-WN-13, NFL-ST and NFL-9.
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**Noncompliance
Notification**

The AU Manager or Homeless Coordinator refers an EA AU to the Noncompliance Committee when the EA AU has violated with one or more of the temporary emergency shelter requirements or a member of the EA AU is or has engaged in criminal activity that threatens the health, safety and/or security of anyone in the shelter. Upon receipt of a noncompliance referral (EAN-1) along with all of the supporting documentation, the Noncompliance Committee will render a decision.

If the decision of the Noncompliance Committee is to warn the EA AU about the noncompliance (TES-WN-13) or to terminate the shelter benefits (NFL-ST), the appropriate notification letter must be sent to the EA AU. The NFL-ST must be sent at least 10 days in advance of the proposed shelter termination date.

Note: Until further notice, the TES-WN-13 and the NFL-ST will be completed by the Noncompliance Committee. These notices will be mailed by the Committee to the EA AU to the EA AU's last known address.

A copy of the notification letter and the Noncompliance Committee's decision will be sent to the TAO by Field Operations for the EA AU record. TAO staff is responsible for answering questions and participating in recipient appeals regarding noncompliance.

**Noncompliance
Documentation**

When submitting an EA AU for noncompliance, AU Managers or Homeless Coordinators are reminded to submit the noncompliance referral (EAN-1) with **all** of the pertinent documentation needed by the Noncompliance Committee to make a decision. Pertinent documentation includes, but is not limited to, the following:

- The EA-15, Self-Sufficiency Plan/Agreement- Phase I, and the most recent versions of the three parts of the Self-Sufficiency Plan and prior months' versions, as necessary, to show nonparticipation in an activity;
 - All of the warning letters from the shelter that corroborate the noncompliance for violating three or more reasonable rules, along with precise information about the incident, such as the exact time of curfew as compared to the time the EA AU returned to shelter, the specific chores that were not completed;
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**Noncompliance
Documentation
(continued)**

- Information about how much money should have been saved to date as compared to how much money actually has been saved;
- The exact address of the safe, permanent housing that the EA AU rejected and the reason for rejection.

If information is missing, the AU Manager or Homeless Coordinator must contact the shelter or HAP provider. If the EAN-1 is submitted without all of the required documentation, it will be returned to the AU Manager or Homeless Coordinator for additional information.

**Revised EA
Notices**

**TES-WN-13
and
NFL-ST**

The TES-WN-13 and NFL-ST notices were previously revised to include a separate section to identify the name(s) of the EA AU member(s) responsible for the noncompliance or termination; a description of the incident(s)/violation(s); the date(s) each of the incident(s)/violation(s) occurred; and the name and address of the shelter where the incident(s)/violation(s) occurred. See Field Operations Memo 2006-50 for basic instructions on completing the TES-WN-13 and NFL-ST notices. Field Operations Memo 2006-50A provides more detailed instructions.

The TES-WN-13 or NFL-ST notice must provide information about WHO, WHAT, WHEN and WHERE, if applicable.

This memo provides some examples for completing the TES-WN-13 and NFL-ST:

In addition to putting a checkmark in the box next to item *f. not participating in the activities in one or more parts of the self-sufficiency plan without good cause*, the incident(s)/violation(s) **description** must include the date, shelter information, and particular reason such as,

- “you did not do housing search during the month of October at the Emmaus House Shelter in Haverhill”,
- “you did not meet with Housing Search Worker on 11/7 and 11/14 at Sandra’s Lodge in Waltham”, or
- “you agreed to save \$300 per month and you should have saved \$900 by October 30, 2006 but you have saved \$0 at Sandra’s Lodge in Waltham.”

Revised EA
Notices
(continued)

TES-WN-13
and
NFL-ST
(continued)

If the noncompliance is for violating three or more shelter rules, in addition to placing a checkmark in the box next to *a. violating three or more reasonable shelter rules*, the name and address of the shelter and each rule violation as well as the date of each violation that resulted in the determination of noncompliance must be written. For example:
“While in the Hestia House Shelter in Waltham,
- you left the shelter on 12/13/2006 and did not sign out;
- you did not do your assigned chores (cleaning kitchen) on 12/9/2006;
or
- you returned at 2:16AM on 12/20/2006 when curfew is at 9:00 PM.”

Important: Until further notice, the TES-WN-13 and NFL-ST will be completed and sent by the Noncompliance Committee.

The Committee will mail the original and one copy of the TES-WN-13 or NFL-ST to the EA AU, fax a copy of the notice and the noncompliance decision to the TAO, and forward one copy of the notice to both Central Office Field Operations and to Michael Ciccolo in the Legal Division at 617 348 5108.

NFL-9

The NFL-9 is used to advise the EA AU of an approval, denial or termination of EA temporary emergency shelter benefits. The NFL-9 notice has been revised effective 11/2006 to include a new section, *Housing Address, Name of Placement or Description of Savings Violation and Date of Incident/Violation*. In this section describe the details about the termination, the date(s) associated with the incident/violation, and the name and address of the shelter. **The NFL-9 notice must provide information about WHO, WHAT, WHEN and WHERE, if applicable.**

To complete the NFL-9 for terminating shelter benefits, the AU Manager or Homeless Coordinator must:

- Put a checkmark next to the appropriate box(es) to identify the applicable reason and corresponding policy citation for terminating the EA AU or the EA 6-Month AU and write the specific details about the termination, such as:
 - For terminations due to failing to appear at a placement, write, “(Enter recipient’s name) did not appear at Hestia House in Waltham for shelter placement on 12/11/2006”;

Revised EA
Notices
(continued)

NFL-9
(continued)

-
- For terminations due to refusing a shelter placement, write, “(Enter recipient’s name) refused an available shelter placement at Broderick House Shelter in New Bedford on 7/4/2006”;
 - For terminations due to abandoning a placement, write “(Enter recipient’s name) abandoned shelter placement at St. Mary’s Shelter in Dorchester on 11/28/2006”;
 - For terminations due to the having feasible alternative housing, write “(Enter recipient’s name) now has feasible alternative housing at 3267 Main St., Brockton, MA”;

For EA 6 Mo AUs only:

- For terminations due to failure to provide verification of income on an EA 6 Month AU, write “(Enter recipient’s name) did not provide verification of income for the month of November 2006 while residing at Hestia House in Waltham ”;
- For terminations due to failure to meet escrow requirements on an EA 6 Month AU, write “(Enter recipient’s name) did not save the monthly escrow amount of \$300 in the month of December”; or “(Enter recipient’s name) withdrew money from the escrow account. You should have \$1500 but you only have \$499 in the escrow account while residing at Hestia House in Waltham.”
- Put a checkmark next to the “Other Reason” box when the reason for termination is for a reason not specifically listed on the NFL-9. A description of the reason, along with the policy citation must be included on the NFL-9 notice, such as, but not limited to:
 - For terminations due to no longer having any children in the home, write “(Enter recipient’s name) does not have a dependent child under age 21 living in the assistance unit, 106 CMR 309.020(A)(1)”;
 - For terminations due to failure to keep an appointment, write “(Enter recipient’s name) failed to keep an appointment on 12/13/2006 to review EA eligibility, 106 CMR 309.020(I).”

Important: Until further notice, the AU Manager or Homeless Coordinator must complete and mail the original and one copy of the NFL-9 to the EA AU, and fax a copy to Michael Ciccolo in the Legal Division at 617 348 5108 and Joyce Inserra in Field Operations at 617 348 5111.

**Revised EA
Notices
(continued)**

The revised TES-WN-13 (Attachment A), NFL-ST (Attachment B) and NFL-9 (Attachment C) are attached to this memo to ensure that AU Managers and Homeless Coordinators have the most recent version of the notices available to them.

**NFL-9
(continued)**

Remember: Until further notice, the TES-WN-13 and NFL-ST will be completed by the Noncompliance Committee. AU Managers and Homeless Coordinators continue to complete the NFL-9.

Questions

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



Warning Notice of Noncompliance

Date

TAO

Address

Name

SSN

Address

City/Town ZIP

This Warning Notice explains how you have not met your responsibilities while in a temporary emergency shelter. You have not met the temporary emergency shelter requirements by:

- a. violating three or more reasonable shelter rules. 106 CMR 309.040(E)(1)(e)
b. being a threat to the health and/or safety of yourself, other shelter guests and/or the staff of the temporary emergency shelter. 106 CMR 309.040(E)(1)(f)
c. not attending scheduled interview(s) at the family shelter(s) without good cause. EA 106 CMR 309.040(E)(1)(a)
d. behaving unreasonably at the interview(s) at the family shelter(s) resulting in your not being accepted for placement in the shelter(s). EA 106 CMR 309.040(E)(1)(b)
e. not cooperating in developing one or more parts of the self-sufficiency plan. EA 106 CMR 309.040(E)(1)(c)
f. not participating in the activities in one or more parts of the self-sufficiency plan without good cause. EA 106 CMR 309.040(E)(1)(c)
g. rejecting one opportunity for safe permanent housing. EA 106 CMR 309.040(E)(1)(d)

EA AU Member(s)
Description of Incident(s)/Violation(s) and Date(s)

If you disagree with the noncompliance decision and/or the decision to transfer you, 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.

You may request a face-to-face interview with your worker to discuss this situation and the consequences of another instance of noncompliance. Call your worker at the telephone number below if you want to have such an interview.

If you do not comply with the temporary emergency shelter requirements again, for any the above reasons, your temporary emergency shelter benefits will be stopped.

AU Manager / Homeless Coordinator's Signature

Telephone Number

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. You may appeal the shelter placement only if you believe the Department has not made reasonable efforts to find temporary emergency shelter to accommodate the physical composition of your household and to place you within 20 miles of your home community.

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 the shelter approves, you can stay in your current shelter placement until 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 () _____



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)
- 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)(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 AU 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 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
 NFL-ST (Rev. 10/2006)
 13-039-1006-05

 Director/Designee's Signature

Appeal Rights

Your Right To Appeal

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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.

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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:

Name _____ SSN _____

Address _____ Telephone () _____

City/ZIP _____ Date _____

Signature _____

My authorized representative is:

Name _____ Title _____

Address _____

Telephone () _____



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

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)	Reason and Policy Citation
_____	_____

Your: Emergency Assistance Temporary Emergency Shelter Other **is terminated** effective _____ because:

- You did not appear at a 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 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.

TAO Worker's Signature_____
Supervisor's Signature

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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.

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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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Name _____ SSN _____

Address _____ Telephone () _____

City/ZIP _____ Date _____

Signature _____

My authorized representative is:

Name _____ Title _____

Address _____

Telephone () _____