

**Notice of Eligibility Determination for Family Shelter or Supportive Housing**

Agency and Program \_\_\_\_\_

Client's Name \_\_\_\_\_ Date \_\_\_\_\_

Your application for Shelter or Supportive Housing made on \_\_\_\_\_, has been:

\_\_\_\_\_ *Approved.* You have given us all the papers we need.

\_\_\_\_\_ *Approved, but we still need to receive more papers from you.*

Attached is a list of what we still need. (If shelter space is available or if it is 32 degrees outside, you will be placed in shelter immediately and given seven (7) days to give us these papers, which are due on \_\_\_\_\_).

\_\_\_\_\_ *Denied,* pursuant to the Homeless Services Reform Act of 2005, D.C. Law 16-35, because our records show either:

\_\_\_\_\_ You are not homeless or at imminent risk of homelessness; or

\_\_\_\_\_ You are not a resident of the District; or

\_\_\_\_\_ You do not meet the program's special eligibility requirement/s.

Specifically, the factual basis for this denial (including dates) is:

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

(If you need additional space please attach a separate sheet)

**You Have the Right to Appeal Our Eligibility 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 Eligibility Determination was provided to the client by:**

\_\_\_\_\_ Hand delivery or \_\_\_\_\_ First Class Mail to \_\_\_\_\_  
Date \_\_\_\_\_

Provider's Authorized Representative's 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 Refused to Sign) \_\_\_\_\_ Date \_\_\_\_\_