

**Notice of Emergency Transfer, Suspension, or Termination**

Client Name: \_\_\_\_\_ Agency and Program: \_\_\_\_\_

As of \_\_\_\_\_ you are being *immediately* (please circle appropriate action):

- 1) transferred to: \_\_\_\_\_  
(program name, address and telephone number)
- 2) suspended for: \_\_\_\_\_  
(number of days – 30 day maximum)
- 3) terminated from our program.

This action is being taken pursuant to Section 24(a) of the Homeless Services Reform Act of 2005 (D.C. Law 16-0035, effective October 22, 2005), because the following action presents *an imminent threat to the health or safety of yourself or another person*. The following *act or credible threat of violence* took place *on the grounds of this facility*:

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

(Provide specific facts of incident, including dates and times. If you need additional space please attach a separate sheet. Please give the names and contact information of any witnesses including the client.)

**Stay in touch with your program director. DHS will determine within 24 hours if this Emergency Action can be upheld. If DHS does NOT uphold this Action, you have the right to return to the shelter. If the provider decides to terminate your services as a non-emergency termination, the provider will issue you a new Notice of Termination.**

**You Have the Right to Appeal Our Emergency 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 Emergency Action was provided to the client, if possible, by:**

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

\_\_\_\_\_  
Provider's Program Director 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 Refuses to Sign or Not Available) Date

=====  
**A Copy of This Notice of Emergency Action was faxed to DHS at 202-541-3964**

on \_\_\_\_\_ at \_\_\_\_\_ am or pm (circle one) by \_\_\_\_\_  
Date Time Provider Staff Signature and Title