

**Notice of Suspension of Shelter or Supportive Housing**

\_\_\_\_\_  
Client Name \_\_\_\_\_  
Date Notice Issued

You are being suspended from: \_\_\_\_\_

Your suspension will begin at 5:00 p.m. on \_\_\_\_\_ and end at 5:00 p.m. on \_\_\_\_\_

- The beginning date of the suspension must be *at least* 15 calendar days from the date of this notice.
- A suspension may not be for more than 30 days from the beginning to end dates.

**NOTE: A provider may not suspend an adult from shelter or supportive housing, if to do so would leave unattended a minor child or dependent adult.**

This action is being taken pursuant to Section 21 of the Homeless Services Reform Act of 2005 (D.C. Law 16-0035, effective October 22, 2005), for the following reason(s):

\_\_\_\_\_ Client has failed or refuses to comply with Provider’s Program Rules and the Client Responsibilities listed therein. Sec. 21 (a); **OR**

\_\_\_\_\_ Client has engaged in the following behavior, prohibited by Sec. 22(2):

- \_\_\_\_\_ Possessing a weapon on provider’s premises.
- \_\_\_\_\_ Possessing or selling illegal drugs on provider’s premises.
- \_\_\_\_\_ Assaulting or battering any person on provider’s premises.
- \_\_\_\_\_ Endangering your own safety or the safety of others on provider’s premises.
- \_\_\_\_\_ Vandalizing, destroying, or stealing property on provider’s premises.
- \_\_\_\_\_ Failing to accept two offers of appropriate permanent or supportive housing.
- \_\_\_\_\_ Knowingly and repeatedly violating the provider’s Program Rules:

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

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

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

**You Have the Right to Appeal a Suspension**

*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 suspension and your appeal rights will be explained to you by the person listed below.*

**A Copy of This Notice of Suspension was provided to the client, by:**

\_\_\_\_\_ Hand delivery, by \_\_\_\_\_  
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 Refused to Sign) \_\_\_\_\_  
Date