NOTICE OF TERMINATION FROM SHELTER SERVICES

Dear _____,   NOTICE DATE: _____

This letter serves as written notice that you are being terminated from shelter services ("Program") at_____, effective _____.

You are being terminated from the Program for violating the Terms of Service that you agreed to follow when you entered the Program. These violations include:

_____

_____

_____

_____

_____

You have the right to appeal this decision. To submit an appeal, follow the appeals process outlined on the Right to Appeal Form. You also have the right to discuss with shelter staff why you are being terminated from the Program.

If needed, you may store your belongings at the Program location for up to 72 hours from the date shelter services are terminated. After 72 hours, we will contact you to pick up your belongings. If we are not able to confirm a pickup time within 72 hours from your termination date, we will no longer be able to hold your belongings.

You may request assistance from Program staff in accessing other services as well as to request a referral to another shelter services program. Relocation to another shelter program is dependent on bed availability.

Please sign below to confirm receipt of this notice:

☐ I have received notice and acknowledge the reason(s) for my termination from shelter services.

   Participant's Signature: _____ Date: _____

☐ Participant did not sign; however, reason(s) for termination were verbally explained to the participant.

☐ Participant was not notified; documentation was recorded in participant file.

If you have any questions, please request to speak with the manager/supervisor on duty.

Thank you,

Staff Member Name: _____

Staff Member Signature: _____ Date: _____

INTERNAL USE ONLY: Signature of Supervisor/Manager on Duty: _____

RIGHT TO APPEAL TERMINATION FROM SHELTER SERVICES

If you believe you are being or have been wrongfully terminated from shelter services, **you have the right to appeal your termination**. Submission of an appeal may not result in a different outcome, but your concerns will be reviewed during the appeal process.

You must submit an appeal within thirty (30) days after termination of shelter services.

You may submit your completed appeal in any of the following ways:
- Hand this document directly to any shelter staff.
- Send an email to [*EMAIL ADDRESS*].
- Mail this document to [*MAILING ADDRESS*].
- Call this phone number [XXX-XXX-XXXX] and explain you are appealing your shelter termination.

If you would like to request assistance in completing or submitting this document, please notify shelter staff immediately or call the shelter to request assistance: [*XXX-XXX-XXXX*].

You have the right to request a meeting to discuss your appeal prior to a decision. If you would like to request a meeting, please check the box below. If you request a meeting, staff will contact you using the contact information you provide below.

☐ I would like to request a meeting with shelter staff to discuss my appeal prior to a decision.

A decision will be provided within seven (7) calendar days of submission. Shelter staff will notify you of the decision using the contact information you provide below.

Appeal Narrative: Provide a brief description of your concerns with the decision to terminate your shelter services. Please include details that you feel are relevant to the appeals process (use additional pages if necessary):

_____

_____

_____

_____

_____

Your Name: _____Shelter Name: _____

Bed Number: _____

Address: _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____

Shelter staff will notify you of the decision using the contact information you have provided. If none of the options above is available to you, please call the shelter or visit the shelter in-person and ask for information about your appeal.

If you believe that you are being or have been wrongfully terminated from shelter services, **you have the right to appeal** directly to the San Diego Housing Commission (SDHC).

Although you have a right to appeal directly to SDHC, you are encouraged to access the Program Operator's appeals process. SDHC acknowledges there may be circumstances when you prefer to file an appeal directly with SDHC. In those circumstances, please follow the instructions below to submit an appeal directly to SDHC:

- Send an email with the information requested below to shelterappeals@sdhc.org.
- Call this phone number: 619-578-7786.
- Submit your request using this form and drop off with the Lobby Receptionist or Security at the SDHC at 1122 Broadway. Offices are open during the week between 9 a.m. and 4 p.m. (SDHC is closed on alternating Fridays. Specific dates are available online at https://sdhc.org/about-us/contact-us/)

Please check the box below if you have already submitted an appeal through the Program's appeals process:

☐ I submitted an appeal through the shelter appeals process.

You must submit an appeal within thirty (30) days after termination of shelter services or the Program operator's final appeal decision.

If you would like to request assistance in completing or submitting this document, please contact SDHC staff using the email address or phone number listed above.

A written decision on your appeal will be provided within fourteen (14) business days of submission. SDHC staff will notify you of the decision on your appeal using the contact information you provide below. If none of the options below is available to you, please call SDHC at 619-578-7786 and ask for information about your appeal. You may request a meeting to present your argument to SDHC by selecting the box below:

☐ I would like to request a meeting with SDHC staff to discuss my appeal prior to a decision.

Appeal Narrative: Provide a brief description of your concerns with the decision to terminate your shelter services. Please include any details that you feel are relevant to the appeals process (use additional pages if necessary):

_____

_____

_____

_____

_____

_____

Your Name: _____Shelter Name: _____

Bed Number: _____

Address: _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____