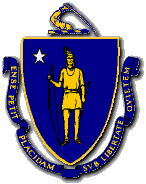
Commonwealth of Massachusetts

executive office of Housing &

livable communities

# Maura T. Healey, Governor u Kimberley Driscoll, Lieutenant Governor u Edward M. Augustus Jr., Secretary



**WRITTEN WARNING: VIOLATION OF UNIFORM SHELTER PROGRAM RULES(S) AND/OR REHOUSING PLAN**

(CLIENT NAME) (INSERT DATE WARNING IS ISSUED)

(STREET ADDRESS)

(CITY, STATE, ZIP)

Dear (INSERT CLIENT NAME):

You have broken the Uniform Shelter Program Rules(s) or Rehousing Plan (RHP) requirement(s) checked below:

|  |
| --- |
| Access to Units/Searches |
| Babysitting/Childcare |
| Care of Children |
| Child Left Unattended |
| Curfew |
| Damage to Property and Expenses |
| Disturbance of Quiet Enjoyment |
| Failed to meet EOHLC Requirements *(missing any meeting, which includes missing Rehousing Plan meeting, not signing* *Rehousing Plan, and not participating in Rehousing Plan)* |
|  |
|  |

|  |
| --- |
| Failure to develop the Rehousing Plan *(missing Rehousing Plan meeting and/or not signing Rehousing Plan)* |
| Failure to participate in Rehousing Plan |
| Fire Safety and Smoking |
| Overnights |
| Personal Belongings and Cleanliness of Shelter Unit |
| Pets |
| Prescription Medication |
|  |
|  |
| Visitors/Guests |

The date you broke the Uniform Shelter Program Rules(s) or Rehousing Plan is (MM/DD/YYYY):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| Briefly describe the behavior. Include information on who, what, where, and when. Please write in English. |

We expect you to follow the Uniform Shelter Program Rules. You also must follow your Rehousing Plan requirements while in EA shelter. We have included a copy of the rules with this warning.

We may request a Notice of Noncompliance if you break the same rule(s) again. Breaking the rules can lead to losing your shelter benefits. You can fill out the Household Response form to tell us your side of the story. If you did not break the rule, please fill out the attached Household Response form. You should also fill out the form if you had a good reason why you broke the rule. A good reason can include a health issue or a disability. Give the response form to the person below within three (3) business days from the date on this form. Business days are Monday, Tuesday, Wednesday, Thursday, and Friday. Weekends and holidays are not business days.

To talk about this warning, please contact the staff named below.

Sincerely,

­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(NAME)

(TITLE)

(AGENCY)

(HOME SHELTER SITE ADDRESS)

(CITY, STATE, ZIP)

Cell Phone:

Fax:

(EMAIL)

­­­­­­­­­­­­­­­­­ This Document was orally translated into client’s native language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_\_\_\_

TransPerfect ID # (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check here if the participant’s native language is English and there was no translation needed:

|  |
| --- |
| **Cancel Written Warning**  **To Be Completed by Shelter Staff if the Written Warning is Canceled Due to Good Cause, the Effect of a Disability or Health Condition, or Another Reason**  I confirm that this written warning is being cancelled because the EA Household provided documentation that excuses them from this warning.  I confirm that I have given the EA Household a new copy of this written warning, with this box completed, and explained that the warning has been canceled.  I confirm that I have uploaded a copy of this updated and canceled written warning into the Touchpoint in ETO.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Staff Signature Staff Printed Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Staff Title Date  This Document was orally translated into client’s native language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_\_\_\_  TransPerfect ID # (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Staff Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Check here if the participant’s native language is English and there was no translation needed: |

*Written Warning Household Response*

*This form is for the family to respond. It must be given to the family.*

You have three (3) business days to respond below. Business days are Monday, Tuesday, Wednesday, Thursday, and Friday. Weekends and holidays are not business days. Shelter staff may cancel this warning based on your answers. Answering these questions is optional. If you choose to complete this form, please give it to shelter staff. Include documents when possible. For example, if you were late to curfew because you were working, include a copy of your timecard to show that you were working.

Why I did not break the rule(s):

|  |
| --- |
|  |

Why I had Good Cause:

|  |
| --- |
|  |

The effect of a disability or health condition:

|  |
| --- |
|  |

Any other reasons why you think we should find you did not break the rules:

|  |
| --- |
|  |