

HOW TO SUBMIT A WARNING OR NONCOMPLIANCE

EOHLCNoncompliance@Mass.Gov

Noncompliance 102 Training

Last Updated: 6/7/24

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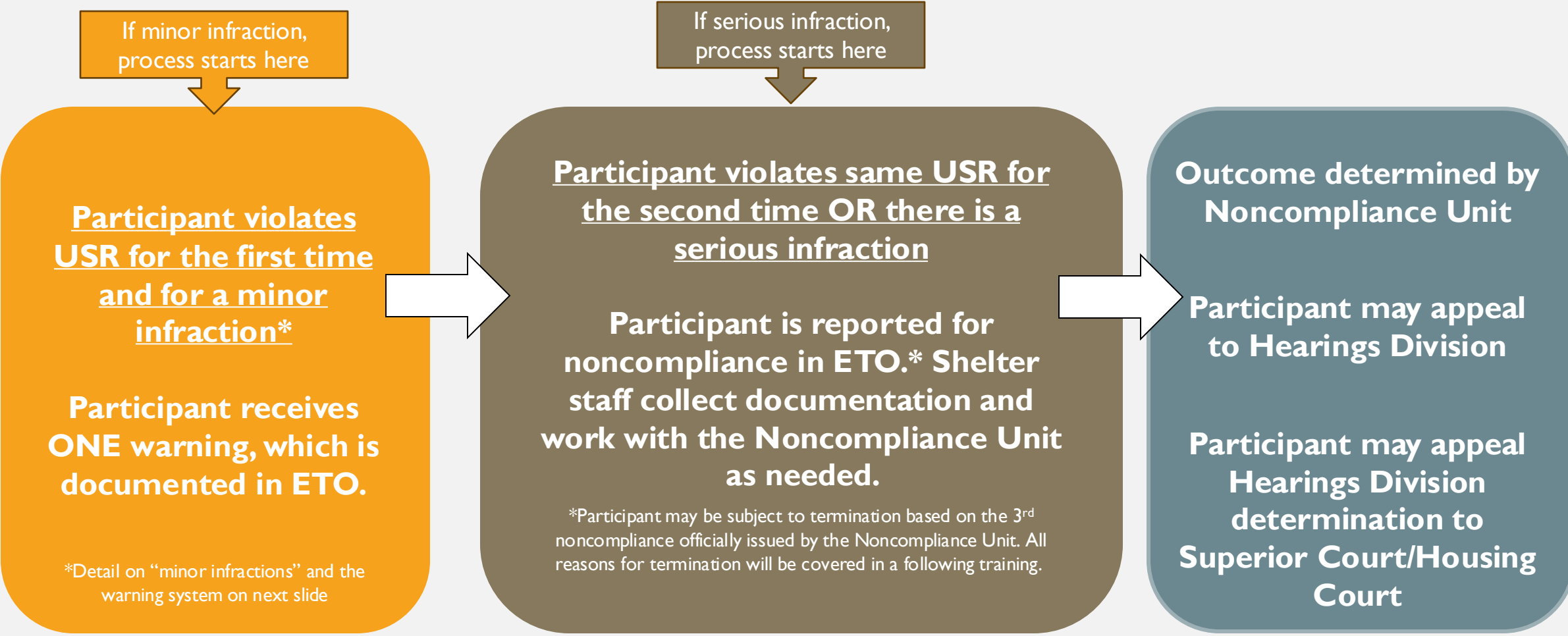
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NOTE: All families in EA shelter, **including those presumptively placed**, may receive warnings, noncompliances, and terminations.

More detailed information on terminations and appeals will be covered in a subsequent training. Note: there are reasons other than for noncompliance for which a household may be terminated.

THE BIG PICTURE: NONCOMPLIANCE PROCESS



WARNINGS



Commonwealth of Massachusetts
EXECUTIVE OFFICE OF HOUSING &
LIVABLE COMMUNITIES

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

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

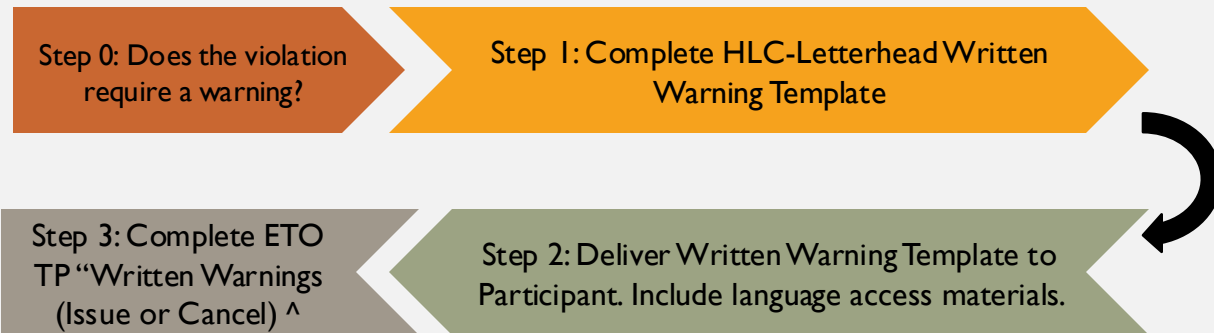
WARNING SYSTEM OVERVIEW

Why Have a Warning System?

The warning system is a trauma-informed approach to helping families understand the rules and adjust behavior, in situations involving minor infractions.

How does the Warning System work?

A participant's first violation for a minor infraction results in a warning, not a noncompliance.



^Sometimes, a Written Warning will need to be canceled after it is issued. Step 4 (Cancel Written Warning) will be covered later in this training.

If the participant violates the same rule again, they are subject to receiving a noncompliance. If the participant violates a different rule involving a minor infraction (for the first time), they will receive a warning specific to that rule violation.

Violations that Warrant a Warning Before a Noncompliance (Unless Significant Threat to Health and Safety)

Access to Units	EOHLC Requirements: <ul style="list-style-type: none"> • Attending meetings • Developing Rehousing Plan • Participating in Rehousing Plan tasks
Babysitting	Fire Safety
Care of Children	Overnights
Child Left Unattended	Personal Belongings and Cleanliness
Curfew	Pets
Damage to Property	Prescription Medication
Disturbance of Quiet Enjoyment	Visitors

The first violation of each individual rule typically would trigger a warning unless there are significant health/safety concerns. Note that some infractions are so trivial as not to warrant either a warning or a noncompliance. These are called “de minimis” – see the [De Minimis slides below](#).


STEP 1: WRITTEN WARNING TEMPLATE: PAGE 1

Step 1: Complete the Written Warning Template

- Official Template is on HLC Letterhead
- Can be found on the Provider Portal
- Must be hand-delivered to participant
- Orally interpret as needed via staff or TransPerfect

If the participant's native language is...

- English: use the English version
- Spanish, Portuguese, Haitian Creole, or Cape Verdean Creole: use that language form.
 - **WRITE ALL SHORT RESPONSE ANSWERS IN ENGLISH!**
- Other language: use the English version



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

(CLIENT NAME)
(STREET ADDRESS)
(CITY, STATE, ZIP)

(INSERT DATE WARNING IS ISSUED)

Dear (INSERT CLIENT NAME):

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

<input type="checkbox"/> Access to Units/Searches	<input type="checkbox"/> Failure to develop the Rehousing Plan <i>(missing Rehousing Plan meeting and/or not signing Rehousing Plan)</i>
<input type="checkbox"/> Babysitting/Childcare	<input type="checkbox"/> Failure to participate in Rehousing Plan
<input type="checkbox"/> Care of Children	<input type="checkbox"/> Fire Safety and Smoking
<input type="checkbox"/> Child Left Unattended	<input type="checkbox"/> Overnights
<input type="checkbox"/> Curfew	<input type="checkbox"/> Personal Belongings and Cleanliness of Shelter Unit
<input type="checkbox"/> Damage to Property and Expenses	<input type="checkbox"/> Pets
<input type="checkbox"/> Disturbance of Quiet Enjoyment	<input type="checkbox"/> Prescription Medication
<input type="checkbox"/> Failed to meet EOHLC Requirements <i>(missing any meeting, which includes missing Rehousing Plan meeting, not signing Rehousing Plan, and not participating in Rehousing Plan)</i>	<input type="checkbox"/> 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.

Pro tip: Type this section, because you'll want to copy and paste it into ETO later

WRITE IN ENGLISH

STEP 1: WRITTEN WARNING TEMPLATE: PAGE 2

Step 1: Complete the Written Warning Template

- Official Template is on HLC Letterhead
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- Must be hand-delivered to participant
- Orally interpret as needed via staff or TransPerfect

If the participant's native language is...

- English: use the English version
- Spanish, Portuguese, Haitian Creole, or Cape Verdean Creole: use that language form.
 - **WRITE ALL SHORT RESPONSE ANSWERS IN ENGLISH!**
- Other language: use the English version

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 (INSERT LANGUAGE) on (DATE).

TransPerfect ID # (if applicable): _____

Staff Member: _____

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

Optional

Wait to complete until giving to participant

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 confi from t them
I confi that th d
I confi

DO NOT COMPLETE THIS BOX!

Staff S
Staff Title Date

STEP 1: WRITTEN WARNING TEMPLATE: PAGES 3 & 4

Step 1: Complete the Written Warning Template

- Official Template is on HLC Letterhead
- Can be found on the Provider Portal
- Must be hand-delivered to participant
- Orally interpret as needed via staff or TransPerfect

Make sure participant understands WHY and HOW they should fill out this response form.

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:

You did not break the rules:


LEAVE BLANK FOR PARTICIPANT

STEP 2: GIVE WRITTEN WARNING TO PARTICIPANT

Step 2: Give the participant the written warning

1. Print the completed Written Warning Template
2. Written Warnings must be delivered in-hand to the participant receiving the warning
3. Ensure the date listed on page 1 is the same as the date the participant receives the paperwork
4. Complete the translation section using pen/pencil while with the participant
5. If possible, scan a PDF of the fully completed (including translation) Template. If scanning isn't possible, take clear photos of both pages.

Why is #5 important? You must upload a PDF of the completed document into ETO.



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

(CLIENT NAME)
(STREET ADDRESS)
(CITY, STATE, ZIP)

(INSERT DATE WARNING IS ISSUED)

Dear (INSERT CLIENT NAME):

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

DO NOT COMPLETE

STEP 3: ISSUE WRITTEN WARNING IN ETO

Step 3: Complete ETO Touchpoint (TP) “Written Warnings (Issue or Cancel)”

- Complete the “Written Warning” tab
- Complete the ETO fields EXACTLY how you completed them on the paper version
- Don’t forget to upload the scanned version (or photos) of the completed Template!

Pro tip: Providers should keep copies of all completed documents given to participants.

You should keep a copy of this document for your records, in case you need to cancel the written warning (more next!)

The screenshot displays the ETO web application interface. On the left is a dark blue sidebar with a menu containing: To-Do List, My Favorites, Help, Participants, Participant History, Record Efforts, My Work, Entities, TouchPoints, Reports, Program Administration, and Site Administration. The main content area has a header with the ETO logo and a search bar containing 'abuela madrigal'. Below the search bar, a blue banner reads 'Written Warnings from Providers for Madrigal, Abuela on 5/24/2024'. The 'Written Warning' tab is selected, showing a form with fields for: Staff Email Address (with a red arrow pointing to it), Staff Phone Number, Date of Rule Violation (with a calendar icon), and Time of the Rule Violation. The top right of the interface shows the organization name 'A Sample HMIS Organization - ETO Training' and 'EA Shelter - Bed Registry Training'.

STEP 4: CANCEL A WRITTEN WARNING?

(If Needed) Step 4: Cancel a Written Warning

- Warnings may be canceled because a participant showed good cause, had a relevant RA, or other reason that you deem acceptable
 - The Noncompliance Unit is NOT involved with canceling written warnings. It is up to providers to determine if warnings should be canceled or not.
 - There is no appeal for a warning.
- Access a copy of the completed Written Warning Template.
 - Complete the bottom section on page 2: "Cancel Written Warning"
 - Scan a PDF of the completed "Written Warning Template" including the "Cancel Written Warning" section
 - Edit the ETO TP "Written Warning (Issue or Cancel)" by completing the second tab, "Cancel Warning"
 - Hand deliver to the participant. Include translation services and paperwork as 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: ☐

eto

A Sample HMIS Organization - ETO Training
EA Shelter - Bed Registry Training

CHANGE MESSAGE

abuela madrigal Within Participant In EA Shelter

Written Warning Cancel Warning

For what reason are you rescinding the written warning? Select all that apply.

☐ Good Cause
☐ Disability-related reasonable accommodation
☐ Other

Please briefly describe why you are rescinding the written warning.

Please upload all relevant documentation. No documentation is required for Reasonable Accommodation.

NONCOMPLIANCE REQUESTS



Commonwealth of Massachusetts
**EXECUTIVE OFFICE OF HOUSING &
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Noncompliance Request Supplement: Instructions for Participant Response

WHAT'S THE NEW NONCOMPLIANCE PROCESS?

STEP 0A: IS THERE GOOD CAUSE, RA, ETC?

Stop the noncompliance process if the participant had De Minimis, Good Cause, or a relevant RA) [Remember: you should also contact your ADA Coordinator to determine if there is an RA on file]

STEP 0B: WARNING OR NONCOMPLIANCE?

If it's the first time a participant has violated a minor rule and they have not received a warning; **stop the noncompliance process** and move to the Written Warning process.

STEP 1: COMPLETE ETO TP "NONCOMPLIANCE REQUEST FORM"

Write in English.

You will not be able to complete the "Document Upload" tab until step 5.

STEP 1.5: WAIT FOR NCU REVIEW

Wait until the NC Unit reaches out to discuss your responses on the request.

The NCU will help you submit a complete TP.

STEP 5: ADD FINAL DOCUMENTS TO ETO TP

Upload final documents into the "Document Upload" tab of the TP.

Must include uploads of the completed supplement material to prove that there was translation, if needed.

STEP 4: DELIVER THE NONCOMPLIANCE PACKET

Noncompliance Packets can be delivered by hand, mail, fax, or left under the door

If translation needs to be done, the only accepted method of delivery is IN HAND.

Packet Includes:

Printed ETO TP

- Supplement material
- Language access material

STEP 3: COMPLETE THE NONCOMPLIANCE SUPPLEMENT

Found in the Provider Portal.

Must have a copy (scanned or photo) of completed material.

See future slides for details on language access.

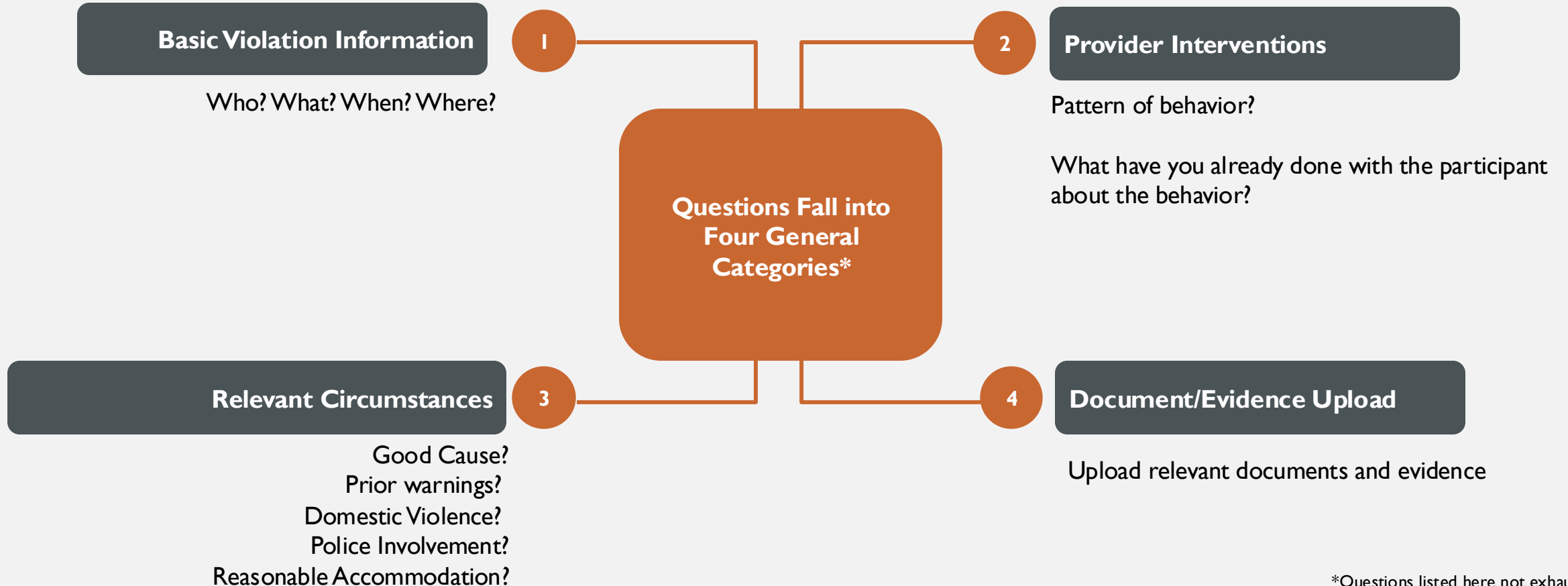
STEP 2: PRINT ETO TP

Instructions are provided later in this training.

CHANGES TO THE NONCOMPLIANCE (NC) REQUEST FORM

There have been many changes to the NC Request form. The new Form is mostly yes/no single select questions and some short-response questions.

The form in ETO has conditionality, which means that only the questions relevant to the request that you're submitting must be completed.



WHY CHANGE THE NC REQUEST FORM?

1

SAVE YOU TIME.

- No more confusion around what information the NC Unit needs by asking everything up-front

2

REDUCE EMAIL-TAG.

- Lessen the emails going back and forth between providers and NC Unit for submissions
- Use ETO to establish one source of truth (not in email) for requests

3

STANDARDIZE THE PROCESS.

- Make the process the same across NC Unit members and Providers

CAN I STILL DRAFT MY NC REQUEST BEFORE SUBMITTING?

Yes!

You are encouraged to draft questions before entering information into ETO. If you have specific questions about any part of the NC Request, you may contact the NC Unit for guidance.

Remember:

You should NOT start the ETO TP if you are not ready to submit. Drafting your answers (with or without the NC Unit) should be done outside of ETO.

Teams Meeting with NC Unit

- Talk through the violation that happened
- Understand what evidence is required
- Set a meeting by emailing
EOHLCNoncompliance@mass.gov

Email Short Response Questions to NC Unit for Review

- Send specific short response questions over email for NC Unit to review
- Send questions to
EOHLCNoncompliance@mass.gov

STEP 1: COMPLETE NC TP IN ETO

Step 1: Complete the ETO TP “Noncompliance Request Form”

- Answer all required questions on the “Noncompliance Request” tab
- Complete the entire “Noncompliance Request” tab in one sitting. Do not save/submit the Touchpoint until you are done answering all questions
- Some questions have conditionality, which means that how you answer a question may trigger additional questions.
 - For example, if you answer “Yes” to “Was DCF called,” you will have to answer additional questions like, “Was a 51A filed?”
- After you complete the TP, the NCU will reach out with feedback and suggested revisions. Wait to complete the next step until after the NCU has confirmed that your TP is ready for submission and to print.
- This Touchpoint will remain editable for 14 days.

The screenshot displays the ETO web application interface. On the left is a dark blue sidebar with a menu containing: To-Do List, My Favorites, Help, Participants, Participant History, Record Efforts, My Work, Entities, TouchPoints, Reports, Program Administration, and Site Administration. The main content area has a header with the ETO logo and the text 'A Sample HMIS Organization - ETO Training EA Shelter - Bed Registry Training'. Below the header is a search bar with 'abuela madrigal' entered. A tab titled 'Noncompliance Request Form from Providers for Madrigal, Abuela on 5/24/2024' is active. The form itself has two tabs: 'Non Compliance Request' (selected) and 'Document Upload'. The 'Non Compliance Request' tab contains several input fields: 'Staff Work Email Address:' (with a red arrow pointing to it), 'Staff Work Phone Number:', 'Date of Rule Violation:' (with a date picker showing 'mm/dd/yyyy'), and 'Time of the Rule Violation:'.

STEP 2: PRINT ETO TP

Step 2: Print the completed ETO TP

- Print the completed “Noncompliance Request” TP
- This printout will be included in materials to participants, so they can see the request

The screenshot shows the ETO Training interface. The top navigation bar includes the ETO logo, the organization name 'A Sample HMIS Organization - ETO Training', and user information for 'Yesenia De Los Santos, Site Manager'. The left sidebar contains a menu with items like 'To-Do List', 'My Favorites', 'Help', 'Participants', 'Participant History', 'My Work', 'Entities', 'TouchPoints', 'Reports', 'Program Administration', and 'Site Administration'. The main content area is titled 'Review TouchPoints' and shows a search for 'abuela madrigal'. Below the search bar, there are sections for 'TOUCHPOINT NAME' and a table of touchpoints. The table has columns for 'DATE COMPLETED', 'LAST UPDATED', 'IDENTIFIER', 'COLLECTION', 'PROGRAM', 'STAFF', 'STATUS', and 'TAKE ACTION'. A red arrow labeled '1' points to the 'Participant History' menu item. Another red arrow labeled '2' points to the 'Noncompliance Request Form' touchpoint in the table.

DATE COMPLETED	LAST UPDATED	IDENTIFIER	COLLECTION	PROGRAM	STAFF	STATUS	TAKE ACTION
5/20/2024	5/20/2024			EA Shelter - Bed Registry Training	Yesenia De Los Santos		

From the Participant's Touchpoint page, select the completed “Noncompliance Request Form” Touchpoint

STEP 2: PRINT ETO TP

Step 2: Print the completed ETO TP

- Print the completed “Noncompliance Request” TP
- This printout will be included in materials to participants, so they can see the request

The screenshot shows the ETO TP interface. The top navigation bar includes the ETO logo, the organization name 'A Sample HMIS Organization - ETO Training EA Shelter - Bed Registry Training', and user information for 'Yesenia De Los Santos Site Manager'. A search bar contains the text 'abuela madrigal'. The main content area displays the 'Noncompliance Request Form' for 'Madrigal, Abuela' on '5/20/2024'. The form includes fields for 'Staff Work Email Address', 'Staff Work Phone Number', 'Date of Rule Violation', and 'Time of the Rule Violation'. A red arrow points to the 'Print' button in the top right corner of the form area.

Choose “Print”

STEP 3: COMPLETE SUPPLEMENT MATERIALS

PAGE I

Step 3: Complete Supplement Materials

- Can be found on the Provider Portal

If the participant's native language is...

- English: use the English version
- Spanish, Portuguese, Haitian Creole, or Cape Verdean Creole: use that language form.
 - **WRITE ALL SHORT RESPONSE ANSWERS IN ENGLISH!**
 - This document will include translations for the ETO print out
- Other language: use the English version



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Noncompliance Request Supplement: Instructions for Participant Response

The participant must receive this form in their native language, if that language is English, Spanish, Portuguese, Haitian Creole, or Cape Verdean Creole. Use the English form and multilingual notice for all other languages.

A shelter, housing assistance provider, or noncompliance coordinator must complete this form when an Emergency Assistance (EA) participant does not comply with the Uniform Shelter Program Rules. Please describe, with as much detail as possible, the behavior that has resulted in the noncompliance/termination request and what steps have been taken by the submitter. The person submitting this form must include all supporting documents such as police reports, landlord/management housing offers, drug results, etc.

Please email all documents to Executive Office of Housing and Livable Communities (EOHLC) Division of Housing Stabilization (DHS) Noncompliance Unit, EOHLCNoncompliance@mass.gov, or fax all documents to the Noncompliance Unit at 617-573-1577.

To Be Completed by Shelter Staff:

The person submitting the request must give a copy to the EA household for comment. The EA household has three (3) business days after receipt of this notice to give their response to the Noncompliance Unit.

By signing below, I acknowledge that on this date I gave a copy of the completed Form EN-NDR, this notice, and the multilingual notice, to the EA Head of Household _____ (NAME) by:

☐ mail; ☐ hand delivery; ☐ leaving a copy under his/her door; ☐ fax to this number _____

The rule(s) I believe the family broke is (are):

on the following date (MM/DD/YYYY):

--	--	--	--	--	--	--	--	--	--

This is the start of the [noncompliance and/or termination] process.

- A Noncompliance is a formal finding that a participant broke a rule. If the EA Household gets three or more noncompliance, they will be asked to leave shelter.
- A termination means the EA Household broke the rules in a serious way. A termination means we are ending shelter benefits early, and we are asking the EA Household to leave shelter.

Staff Signature _____

Staff Printed Name _____

Staff Title _____

Date _____

This Document was orally translated into client's native language _____ on (date) ____/____/____

TransPerfect ID # (if applicable): _____

Staff Member: _____

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

Wait to complete
until giving to
participant

STEP 3: COMPLETE SUPPLEMENT MATERIALS

PAGE 2

Step 3: Complete Supplement Materials

- Can be found on the Provider Portal

If the participant's native language is...

- English: use the English version
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 - **WRITE ALL SHORT RESPONSE ANSWERS IN ENGLISH!**
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Noncompliance Determination Request Emergency Assistance (EA) Household Response

To the head of the EA household _____ (name):

You are getting this form because we believe you may have broken a shelter rule. The rule we believe you broke is _____ on the following date (MM/DD/YYYY):

--	--	--	--	--	--	--	--

Attached is a description of why shelter staff believe you broke the rule.

This form helps EOHLC to decide whether or not to give you a noncompliance/termination. This form tells EOHLC what shelter staff thinks happened. It is also a chance for you to tell us your side of the story.

You can explain:

- (1) that you did not break the rule,
- (2) that you had a good reason for breaking the rule,
- (3) that you or a family member have a disability or health condition that caused you to break the rule,
- (4) any other reasons why you think we should find you did not break the Rules.

It is optional to complete this form. You may use more pieces of paper if you like and may also provide documentation if you have it. If we receive your response on this form in time, we will consider your side of the story.

It is important that you act quickly. You must send this completed form to the EOHLC Noncompliance Unit by fax to (617) 573-1577 or by mail or overnight delivery to 100 Cambridge Street, Boston, MA 02114. You can ask your family's shelter provider or EOHLC homeless coordinator to fax the form for you.

If you got this notice directly from shelter staff (hand-delivered) you must send your response to us within three (3) business days from the date of this notice. (A business day is Monday, Tuesday, Wednesday, Thursday, or Friday, not counting legal holidays.) **If this notice was sent to you by mail, we must receive your response within seven (7) business days from the date of this notice.**

If the family shelter provider or EOHLC homeless coordinator faxes the form for you, they must give you proof that the fax was received. You also can call EOHLC Division of Housing and Stabilization at (617) 573-1370 and press 2 for Housing Stabilization or (877) 418-3308 (TTY (617) 573-1140 for the Deaf or hard-of-hearing) to confirm that we got your Response.

What happens after I return this form:

EOHLC will read everything you and your shelter tell us. We will consider whether we think you broke a rule. We will send you our decision in writing.

If we send you a Notice of Noncompliance or Termination, you can appeal it. An appeal is a hearing to see if we made the correct decision. A hearing officer will look at all the facts and hear both sides of the story. The hearing officer can decide to change our decision.

STEP 3: COMPLETE SUPPLEMENT MATERIALS: PAGES 3 & 4

Step 3: Complete Supplement Materials

- Can be found on the Provider Portal

Make sure participant understands WHY and HOW they should fill out this response form.

If you do receive a Notice of Noncompliance or Termination is later sent out, you must appeal that notice within 21 days. **You must appeal a Notice of Termination in 10 days in order to be able to remain in shelter while your appeal is pending.** This Response form is not an appeal.

If you have any questions about this letter or need help filling it out, you may contact your Homeless Coordinator or your family shelter case worker.

Some shelter rules violations may be a crime or may result in a court case. These can be things like assault, having a weapon, having drugs, or abusing or neglecting your kids. In those cases, you may want to speak with an attorney before completing this form. What you say in this form can be used against you.

Why I did not break the rule(s):

The effect of a disability or health condition:

Why I did not break the Rules:

You might have a good reason why you broke the rule. A good reason is referred to as good cause. Examples of good cause are: an emergency, transportation issues, work schedule, lack of childcare, illness, or the death of someone. It can be other things too.

Why I had Good Cause:

LEAVE BLANK FOR PARTICIPANT

STEP 4: DELIVER THE NONCOMPLIANCE PACKET

HOW

You may deliver using the following methods:

- Hand-delivery (preferred)
- Leave under door
- Fax
- Mail

*** If translation is needed, IN HAND is the only acceptable delivery method.**

WHAT TO INCLUDE

The following is the “NC Packet”

- ETO Print out of answered questions
- Supplement Material
- Additional translation documents, if needed

SCAN A COPY / TAKE A PHOTO

DON'T FORGET: You are required to upload a scanned PDF or photo of the completed NC Supplement!!!

You cannot complete the NC supplement until you determine delivery. The language access questions should be answered accurately.

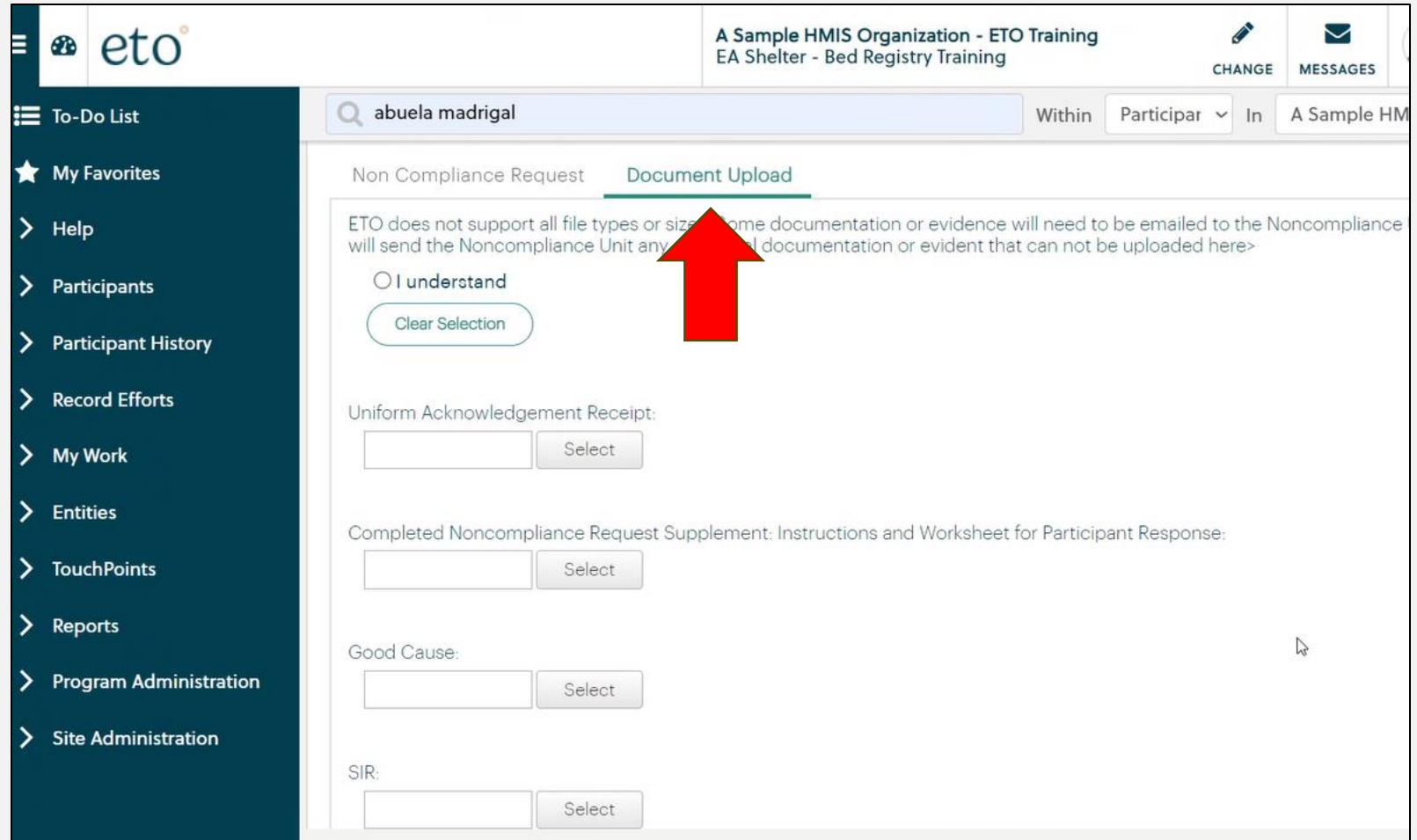
***Remember – Write in English for all forms (even forms translated into a different language)**

*This Document was orally translated into client's native language _____ on (date) ____/____/_____
TransPerfect ID # (if applicable): _____
Staff Member: _____
Check here if the participant's native language is English and there was no translation needed: ☐*

STEP 5: UPLOAD FINAL DOCUMENTS & EVIDENCE IN ETO

Step 5: Upload Final Documents & Evidence Into ETO

- Required documents (scanned PDF)
 - Completed NC Supplement packet
 - Receipt of signed USRs
- If relevant, include (scanned PDF)
 - SIR
 - Police Report
 - 51A/DCF Report
 - Other supporting documentation



The screenshot displays the ETO web application interface. On the left is a dark blue sidebar with navigation links: To-Do List, My Favorites, Help, Participants, Participant History, Record Efforts, My Work, Entities, TouchPoints, Reports, Program Administration, and Site Administration. The main content area is titled 'A Sample HMIS Organization - ETO Training' and 'EA Shelter - Bed Registry Training'. It features a search bar with 'abuela madrigal' and filters for 'Within', 'Participant', and 'In'. The 'Document Upload' tab is selected, showing a message: 'ETO does not support all file types or sizes. Some documentation or evidence will need to be emailed to the Noncompliance Unit and the Noncompliance Unit will send the Noncompliance Unit any additional documentation or evidence that can not be uploaded here>'. Below this message is a radio button labeled 'I understand' and a 'Clear Selection' button. A red arrow points to the 'Document Upload' tab. Further down, there are three sections, each with a text input field and a 'Select' button: 'Uniform Acknowledgement Receipt:', 'Completed Noncompliance Request Supplement: Instructions and Worksheet for Participant Response:', and 'Good Cause:'. At the bottom, there is a section for 'SIR:' with a text input field and a 'Select' button.

EVIDENCE TO INCLUDE WITH THE NONCOMPLIANCE REQUEST

Best practice:
always include **case
notes, ETO
notes, and logs**

Please include a copy of the signed receipt of the Uniform Shelter Rules, which is attached at the end of the large Uniform Shelter Rules packet with every noncompliance request

Every member of the EA household who is 18 years of age or older must sign the Uniform Shelter Rules

Babysitting

- babysitting request form

Criminal Activity / Illegal Activity

- police report
- 51A report
- video or photos (with date/time stamp)
- witness statements/affidavits with phone numbers
- ADA RA information

Curfew / Overnights

- **Requests will not be accepted without logs or sign-out sheets**
- security notes
- video or still photos (with date/time stamp) from a surveillance camera showing what time the participant left shelter and returned
- requests for overnights that were approved or denied

Damage to Property

- bill or estimate of the damage
- the RHP where the participant was required to make payments

Disturbance of Quiet Enjoyment

- Video or still photos (with date/time stamp)

Drug Testing

- results of the drug test
- medical reports

Fire Safety and Smoking

- pictures (with date/time stamp) of the cigarettes, marijuana, lighters, ashes, ash trays

Harassing or Threatening Language

- video, voicemail or other audio recording
- witness statements/affidavits with phone numbers

Meetings

- copy of the one-time or reoccurring notice of the meeting
- communication with the participant regarding rescheduling (texts/emails)

EVIDENCE TO INCLUDE WITH THE NONCOMPLIANCE REQUEST

Best practice:
always include **case
notes, ETO
notes, and logs**

Please include a copy of the signed receipt of the Uniform Shelter Rules, which is attached at the end of the large Uniform Shelter Rules packet with every noncompliance request

Every member of the EA household who is 18 years of age or older must sign the Uniform Shelter Rules

Personal Belongings & Cleanliness of Room

- photos (with date/time stamp) of all things in each room that are a violation (ex. trash on the floor in the kitchen and belongings stored on the back porch which block the exit)

Pets

- photos (with date/time stamp) of the pet in the unit or on shelter property

Prescription Medication

- photos (with date/time stamp) of where the prescription medication was being stored within the unit

Rehousing Plan

- violation of the RHP (participant did not complete the activities in the plan)
- copy of the RHP that was signed and copy of the next RHP that was reviewed with the case manager and lack of progress was noted.
- refusal to sign the plan – copy of the meeting notice

Sexual Harassment

- police report
- 51A
- Video
- witness statements/affidavits with phone numbers

Weapons

- photos (with date/time stamp) of the weapon
- police report,

Violent Behavior

- video or still photos (with date/time stamp), audio recordings, witness statements/affidavits with phone numbers

Substance Abuse

- photos (with date/time stamp) of the substance in the participant's possession or the unit
- medical reports
- police report
- 51A,

Visitors/Guests

- security notes
- video or still photos (with date/time stamp) from a surveillance camera showing what time the participant's visitor arrived and left shelter

SIR FORM



Department of Housing and Community Development
Division of Housing Stabilization

DHCD Serious Incident Report

This is also a request for a finding of non-compliance: ☐ Yes ☐ No

If yes to transfer request, please indicate: ☐ Internal ☐ External

Date of report:			
Shelter Agency:			
Shelter Program Name:			
Type of shelter:	<input type="checkbox"/> Congregate	<input type="checkbox"/> Co-Shelter	<input type="checkbox"/> Scattered Site
Name of staff completing report:			
Title of staff completing report:			

List all family members

Name	Relationship	Age	Sex		
	HOH		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other

Date of Incident	Time of Incident	Location of Incident

Details of Incident (Please describe the event in detail, including any relevant information, injuries, if there were witnesses, and other impacts.)

**IF YOU CHECK “YES” TO THE
NONCOMPLIANCE QUESTION...**

**DON'T FORGET TO REQUEST A
NONCOMPLIANCE!**

**(Send the SIR and the NC Request to
the Noncompliance Unit)**

SERIOUS INCIDENT REPORT

- ☐ A Serious Incident Report (SIR) can be submitted to document a serious event, threat to health and safety, disability-related event, criminal activity, violent behavior, etc. that occurs in the shelter.
- ☐ You must request a Noncompliance in addition to completing a SIR if the incident is also a violation of the USRs or CMRs.
- ☐ The narrative in the noncompliance request should be a condensed/summarized version of what is written in the Serious Incident Report. Pull out all the relevant facts that support the violation(s).
- ☐ **Include the Noncompliance Unit if the serious incident involve a Uniform Shelter Rule violation.**

Who to Contact:

virginia.k.griffin@mass.gov; barbara.j.duffy@mass.gov; amy.greenwood@mass.gov; ita.mullarkey@mass.gov; amber.noyes@mass.gov; diana.santana@mass.gov; your contract manager, any appropriate staff from your agency. Inspections team (if unit condition is of concern);

Please include Noncompliance team (if NC is requested)

6 MONTH EXPIRATION RULE

- **A noncompliance for rehousing plan or USR violations expires after 6 months if the participant has not committed any new rule violations.** USR violations that are also threats to Health and Safety do not expire.
- The expiration clock starts to run from the **date of the most recent incident**, not the date that the noncompliance was requested or issued.
- If a participant leaves the shelter program permanently, their noncompliance notices reset to zero.
- Noncompliance notices do not reset or erase for participants who are transferred to a different shelter or leave shelter on a TESI.



QUESTIONS?

LANGUAGE ACCESS: DETAILED INSTRUCTIONS

Warning Template

English Speaking

1. Complete the English version of the warning template.
2. Write short responses in English.
3. Deliver to participant.
4. Finish warning submission in ETO.

Spanish, Portuguese, Haitian Creole, or Cape Verdean Creole

1. Use and complete the version of the warning template in the participant's native language.
2. Write short responses in English.
3. Use a staff member or TransPerfect when delivering the warning **in hand to the participant.**
4. Finish warning submission in ETO.

Other Language

1. Complete the English version of the warning template.
2. Write short responses in English.
3. Use a staff member or TransPerfect when delivering the warning.
4. Finish warning submission in ETO.

Noncompliance Request

English Speaking

1. Complete the ETO TP in English.
2. Print the ETO TP.
3. Print and complete the HLC NC Request Supplement in English.
4. Deliver to participant.

Spanish, Portuguese, Haitian Creole, or Cape Verdean Creole

1. Complete the ETO TP in English.
2. Print the ETO TP.
3. Print and complete the HLC NC Request Supplement in the participant's native language.
4. Use a staff member or TransPerfect when delivering the materials **in hand to the participant.**

Other Language

1. Complete the ETO TP in English.
2. Print the ETO TP.
3. Print and complete the HLC NC Request Supplement in English.
4. Use a staff member or TransPerfect when delivering the materials.