



*Massachusetts Department of Housing and Community Development
Division of Housing Stabilization*

Notice of Approval or Denial of Request to Add Proposed Additional
Adult Household Member to Household Receiving Emergency
Assistance (EA) Temporary Emergency Shelter Benefits

Date: _____

Name of Client/Head of Current EA Household: _____

Address: _____

Name of Proposed Additional Adult Household Member (PAAHM): _____

Address: _____

This notice is to inform you that your request to add a PAAHM to a current EA Household has been:

Approved

Denied. The PAAHM (1) does not assist the EA Household in locating and retaining permanent housing or (2) is not needed to or unable to assist with care for critical medical needs of children in the EA Household because: _____

If you disagree with this decision, you have a right to a fair hearing. The reverse side of this notice contains important information about your hearing rights. To request a hearing, complete the reverse side of one copy of this notice.

Signature of Designee of Associate Director

Printed Name of Designee of Associate Director

Appeal Rights

If you have trouble reading or understanding this notice, please feel free to call DHS at 1-877-418-3308. We can help explain it to you.

Your Right To Appeal

You have the right to a hearing with a Hearing Officer to challenge an action or decision by the Massachusetts Department of Housing and Community Development about your application to add an additional adult household member to your household.

How To Appeal

If you want a hearing, fill in the blanks at the bottom of this page and mail or fax it to us at: Massachusetts Department Housing and Community Development, Hearings Division, 100 Cambridge Street, Boston, MA 02114 or fax to 617-573-1285.

We must get your hearing request **no later than 21 days** from the date of this notice or you will not get a hearing.

When the Hearing Will Be Held

Your hearing will be held as soon as possible. You will get notice at least two days in advance of the date, time and place for the hearing. You can only change the hearing date if you have a good reason (good cause). To ask for a change in the hearing date for good cause, call the Hearings Division at (617)-573-1528 or 1-877-418-3308. If you miss the hearing without good cause, you may lose your rights to a hearing.

Your Right To Get Help for the Hearing

You have the right to bring an attorney or anyone else as your representative to the hearing. To try to get free legal help for your hearing, contact legal services or other community agencies. Your local DHS office can give you information about these services.

You or your representative have the right to see your case file before the hearing, to bring witnesses and present evidence at the hearing, and to question (cross-examine) witnesses against you. The Hearing Officer must make a decision based on all the evidence presented.

If you do not speak, understand, read, or write English well and want an interpreter, please write this on your hearing request or call the Hearings Division at (617)-573-1528 or 1-877-418-3308 (TTY (617)-573-1140 for the Deaf or hard-of-hearing), as soon as possible before the hearing.

You have the right to request assistance as a reasonable accommodation on the basis of disability. Your Homeless Coordinator will work with you to see if a reasonable accommodation can be provided. Although you can ask for a reasonable accommodation at any time, it is best to do it as soon as possible. If your reasonable accommodation request is denied, you can ask us to reconsider through the Central Office ADA Accommodation Team. If that reconsideration request is denied, you can appeal to the Division of Hearings, Office of the Chief Counsel, DHCD, or file a complaint with an agency that enforces rights of disabled persons such as the Massachusetts Commission Against Discrimination or the U.S. Department of Justice.

Nondiscrimination Notice for Clients

Under federal and state law the Massachusetts Department of Housing and Community Development does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age, disability, familial status, children, marital status, military/veteran status, receipt of public assistance/housing subsidy, ancestry, and genetic information.

For help with these matters, we encourage you to contact the Division of Housing and Stabilization, DHCD, 100 Cambridge St., 4th Fl., Boston, MA 02114, Tel. (617) 573-1370, TTY (617) 573-1140 for the Deaf or hard-of-hearing.

I, _____, hereby request a fair hearing before a Hearing Officer of the Office of the Chief Counsel. I wish to request a hearing for the following reasons:

Name _____ SSN _____
Address _____ Telephone () _____
City/ZIP _____ Date _____
Signature _____

My authorized representative is:

Name _____ Title _____
Address _____
Telephone () _____