**Notification of Termination from Emergency Shelter & Street Outreach**

Dear:

You/your household has violated the terms of your Participation Agreement. The program violation(s) consist of (include dates of violations):

The program is hereby advising you that as of you/your household will no longer receive services from:

[ ]  Emergency Shelter Stay or Services

[ ]  Street Outreach Services

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

(Staff signature) (date)

I have reviewed and authorized this notification:

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

 (Supervisor signature) (date)

**Procedure for Due Process:**

If you disagree with this determination, you may request a review of this decision within 10 days of the date of this notice by making a request in writing\* to:

Your Way Home Program Manager

PO Box 311

Norristown, PA 19020

The Program Manager will review your request and may investigate your claims, ask to interview you, members of your household, or call a hearing with yourself, agency staff, and any others that may be needed to review this decision. The Program Manager must review your request and make a final determination within 30 calendar days. A written notice of the final decision will be provided to you.

*\*Reasonable accommodation: If you are unable to prepare a request in writing due to a disability and need a reasonable accommodation, you may request a specific accommodation, such as assistance in preparing the request, from the program manager or another staff member.*