

SAMPLE TERMINATION LETTER
[LAA Letterhead]

[Date]

[Tenant Name]

[Tenant Address]

Dear [Tenant Name]:

We are writing you today to inform you that your BRAP/Shelter Plus Care Program (SPC) subsidy is being terminated effective _____. The reason for subsidy termination is:

- You have vacated your apartment without proper notice
- You have not responded for requests for information for _____
- You no longer meet the eligibility criteria because _____
- You have failed to make your payments as scheduled
- Other: [insert reason—be specific and brief; also, insert specific violation of lease and/or tenant responsibility agreement here]

As a result of this termination your current balance due to the BRAP/SPC program is \$_____, in addition to any other charges (example: damages and/or security deposit) incurred after this date. This balance will be reported to the State of Maine, Behavioral & Developmental Services and its Administering Agents.

You have the right to appeal this decision. Should you choose to appeal this decision, you must follow the BRAP/SPC Appeals Process (on the reverse side of this notice). Address the written appeal within 10 working days from the date of this letter to:

*Name of designated person in your agency other than
person (or subordinate of the person) who made the denial decision
Address*

A formal written response from this agency to your appeal must be made to you in writing within ten (10) working days from the date of receipt of your letter. During the appeal process your subsidy will be continued. If the appeal decision is not in your favor you will be responsible for repayment of any previous monies owed plus all monies incurred during the appeal process.

If you have any questions regarding this notification, please do not hesitate to call me at ###-####.

Sincerely,

[signed name and date]

[printed name, title]

cc: Landlord

Enclosure: DHHS Housing Subsidy Appeals Procedure

Revised 6/2015

DHHS HOUSING APPEALS PROCEDURE

The Bridging Rental Assistance Program (BRAP) AND The Shelter Plus Care (SPC) Housing Programs are administered through Maine's Department of Health and Human Services—Office of Adult Mental Health Services. The programs are delivered through a network of six Local Administrative Agents (LAA). The goal of the programs is to empower consumer *choice, independence, and control* by helping to provide safe and decent housing, a foundation of recovery and hope. The Housing Program recognizes that you may not agree with a BRAP or SPC decision. In these cases, you have the right to appeal.

Informal Agency Processes or Mediation is an option available anytime throughout the process. Any individual filing an appeal has the right to have a designated representative or advocate throughout the entire process.

Below is a one-page overview of the DHHS Housing appeal process:

9. The applicant or tenant makes a written request, called a Level I Appeal, to the designated BRAP/SPC representative at the LAA within ten (10) working days from the date of the decision or action s/he is appealing. The Level I Appeal should include the date of the filing of the appeal, the specific policy, procedure, decision, or action in disagreement, suggestions about possible ways to resolve the situation, and where and how the Applicant or Tenant may be reached.

Designated BRAP/SPC Representative and LAA Information:

10. Within ten (10) working days, the designated BRAP/SPC representative responds in writing to the Level I Appeal. The BRAP/SPC representative may request an extension of an additional five (5) working days, if necessary.
11. If the Applicant or Tenant is not satisfied with the outcome of the Level I Appeal, s/he may appeal within ten (10) working days by filing a written Level II Appeal to the DHHS-Adult Mental Health Services Housing Resource Manager, 41 Anthony Ave., Augusta, Maine 04333-0011, phone (207) 287-4243, fax (207) 287-1022, TTY (207) 287-2000.
12. The DHHS-Adult Mental Health Services Housing Resource Development Manager conducts an investigation and provides a written response to the Applicant or Tenant within ten (10) working days from the date that he receives the appeal. The DHHS-Adult Mental Health Services Housing Resource Development Manager may request an extension of an additional five (5) working days, if necessary.
13. If dissatisfied with the Level II response, the Applicant or Tenant may appeal to the Commissioner of DHHS-Adult Mental Health Services. The written appeal must be sent within ten (10) working days from the date on the letter of the Level II decision. Send to: Commissioner of DHHS-Adult Mental Health Services, 11 State House Station, Augusta, Maine 04333-0011, phone (207) 287-3707, fax (207) 287-3005, TTY (800) 606-0215.
14. The Commissioner may decide to refer this appeal, called a Level III Appeal, to the Department of Labor Division of Administrative Hearings Unit within five (5) working days. The Department of Labor Division of Administrative Hearings will begin preparation for a hearing and will contact the Applicant or Tenant.
15. The Commissioner receives an impartial recommended decision from the Department of Labor about the matter under dispute. The Commissioner may adopt, modify, or overturn the decision. The Commissioner's decision is the final agency action within DHHS-Adult Mental Health Services.
16. If the Applicant or Tenant remains dissatisfied with the outcome of the Level III ruling, the Applicant or Tenant may appeal to the Maine Superior Court.

Filing a Grievance is another option for you. If you believe there has been a possible violation of the *Rights of Recipients of Mental Health Services* you may file a Grievance by following the *Grievance Process Guide For Recipients of Mental Health Services*. A copy of this guide is available to you upon request.