NOTICE OF PROGRAM TERMINATION

[Name of Shelter]

Date: _____

Participant Name: _____

DOB: _____ **HMIS #:** _____

Please be advised that you will be discharged from this shelter on _____, the _____ of _____, 2026.

day of week *date* *month*

The reason for your discharge is:

You will be required to clear out all of your personal belongings by no later than your date of discharge, or _____. Any personal belongings left after your discharge date will be disposed of.

You have the right to file a Grievance. Copies of the Grievance Form are available at the front desk. Please be advised that the filing of a Grievance does not automatically stop your discharge. However, your Grievance will be considered even if you are no longer a resident of this shelter.

_____ _____

Printed Name **Title**

_____ _____

Signature **Date**