**RECOMMENDATION FOR PROGRAM TERMINATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Head of Household: |  |  | Date: |  |
| Street Address: |  |  | Client #: |  |
| City, State, Zip Code: |  |  | Admission Date: |  |
| Telephone/Contact #: |  |  | Program Name: |  |
| LP Name: |  |  |  |  |
| Does the Family require an interpreter? Yes  No  If yes, what language?  Spanish  Vietnamese | | | | |

Does the Family have a Criminal Background Waiver in the file (if prior/current Project-Based) Yes  No

Has the Family previously committed program violations? Yes  No

If yes, please list below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  |  | Violation: |  |  | Date: |  |
| Name: |  |  | Violation: |  |  | Date: |  |

**Program Violations:**

**List program violation(s), date violation occurred, and specific regulation/policy violated (if applicable):**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Violation: |  | |  | Date: |  |  | Reg/Policy: |  |
| 1. Violation: |  | |  | Date: |  |  | Reg/Policy: |  |
| 1. Violation: |  | |  | Date: |  |  | Reg/Policy: |  |
| 1. Voluntary: | | Yes  No |  | Date: |  |  |  |  |
| 1. Deceased: | | Yes  No |  | Date: |  |  |  |  |
| 1. Zero HAP: | | Yes  No |  | Date: |  |  |  |  |

**List Household member(s) who committed the violation(s), relationship to HOH, and violation number listed above associated with the member(s):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  |  | Relationship: |  |  | Violation #: |  |
| Name: |  |  | Relationship: |  |  | Violation #: |  |
| Name: |  |  | Relationship: |  |  | Violation #: |  |

**Evidence and supporting documentation:**

Individually list the documentation attached to this recommendation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description: |  |  | Original: | Yes  No |
| Description: |  |  | Original: | Yes  No |
| Description: |  |  | Original: | Yes  No |
| Description: |  |  | Original: | Yes  No |

**Statement of discovery/investigation:**

Briefly describe the reason for program termination, citing the specific Federal Regulation and DHA policies that were violated:

**Determination: (to be completed by the Administrator and/or Assistant Administrator)**

**Signature:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Administrator Approval** |  | **Administrator Disapproval** |  | **Date** |

**Reason for Disapproval (if applicable):**

|  |
| --- |
|  |
|  |