

Client file

Immediate Denial of Service Notice For Breaking a Serious Health and Safety Shelter Rule

Shelter Name: Hamilton Family Residences
Client Name: [REDACTED] DOB OR Last 4
Date of Denial of Service 3-Oct-11 Effective Date 3-Oct-11
of Rule Broken RC # 8

Summary of Rule Violation including rule as it appears in shelter rules:

RC 8: Presenting an imminent danger to yourself or others, including but not limited to domestic violence or gang involvement

You must leave the shelter now.

The length of suspension for breaking this rule is 30 days
You may not return to the shelter until 3-Nov-11

- You have the right to a Shelter Hearing that you may schedule now.
- If you say "No" to a Shelter Hearing but change your mind, you must request a Hearing within 3 working days of today's date which is by 6-Oct-11

Client, please sign in receipt of an Immediate Denial of Service Notice:
[REDACTED] Date

Client refused to sign denial notice.

Client requested Hearing yes no Client requested Advocate yes no

Staff Person who issued the Warning Notice:
Name (print) Frank DeBerry Date 3-Oct-11
Signature [Signature] Date 10-3-11 Time 12:50p
Supervisor Name [Signature]
Signature [Signature] Date 10-3-11 Time 12:30p

Please Read Important Information on Back Page on Appeals

This notice complies with the Human Services Agency Uniform Shelter Grievance Policy



Hamilton Family Center

Incident Report

Hamilton Family Residences & Emergency Center
260 Golden Gate Avenue, San Francisco, CA 94102

Date of Incident: October 2 2011 Time of Incident: 10:20 PM

Specific location in the building where the event took place: 260 Golden Gate

First/Last Name and Job title of all staff involved in the incident:
Necol Edwards- RC Billy Craig -RC Security Guard

First and last names of all residents involved in the incident:
[Redacted] and [Redacted]

Where were the children of these families during the incident:
No children

Briefly describe the incident:

Around 10:20pm [Redacted] approached me (Necol) on the 3rd floor and said that her partner [Redacted] was being a disturbance. She let me know that she as well as the other residents on the 4th floor were trying to go to bed, and [Redacted] kept making noise. I then went to the 4th floor with [Redacted] and seen that several residents were in the hallway saying that they wasn't going to bed because he was going to keep making noise. I approached [Redacted] on the patio area to see what was going on. [Redacted] informed me that [Redacted] had punched him in the face in front of the camera. [Redacted] then began to deny the allegations saying that he was the one starting problems. They then began to yell back and fourth at each other, until I asked [Redacted] to walk away. He then kept yelling talking about she cont love him, and just wanted to talk to her. I told him that if they were going to continue to yell at each other, that i was not going to approve her coming back to speak with him at that moment. He then said, he would leave, he just wanted to know if she loved him or not. I called [Redacted] back, and she then spoke with him, saying that she had an answer for him but could not answer in front of staff. (Necol and Billy). They then walked over to the play structure and talked, and then he began to yell again saying that she didnt love him and that all she cared about was going to sleep, and that he was going to leave her and never come back, but was going to call the police and have her arrested for assault. Staff then intervened again and reminded them that the yelling was not going to be tolerated. [Redacted] then requested that she get her phone from [Redacted] who at this time took off running down the hallway. I informed [Redacted] that this behavior was not going to be tolerated, but he continued to run down the stairs with [Redacted] chasing him to retrieve her phone. I went after them, and [Redacted] stopped on the 3rd and 2nd floor hallways just to yell at [Redacted] some more, saying that she wouldnt leave him alone and he was going to have her arrested. After stopping on the 2nd floor hallway, he then took off running again to the lobby, where he continued to yell about him calling the cops and then went outside. He continued to yell at [Redacted] who was still asking him for her phone back, and kept telling her that he was calling the cops and that there was nothing that staff or police could do about the phone since they were married. He did eventually call the police and reported that his wife was chasing him, as he tried to go back into the building. I then informed him that i was not going to let him back in the building if he was going to continue to yell, so he told the police that he would like to cancel the call. He continued to yell at [Redacted] who was still at this time trying to get her phone back. He asked me if he could sign his papers to be taken off of her intake, and i informed him that if he signed he would not be able to get back on, or change his mind. [Redacted] was still pleading to have her phone back, and informed me that all she wanted was her phone so that she could go to bed. [Redacted] then said that if i let [Redacted] back inside the building that he would continue to yell for her outside the building. At this time the police showed up asking if everything was ok, and [Redacted] informed the police that everything was fine. I then interrupted him and asked the police to intervene in the disruptive behavior he was causing. The police asked both residents if they lived here and me the to confirm. The police then asked if they were just outside on the sidewalk yelling, and i informed the cops that the incident began on the 4th floor and continued all the way down. The police was then able to get [Redacted] her phone back and [Redacted] to eventually calm down after several warnings. Police then asked staff what they would like to happen and staff informed them that both of them together were not going to be allowed in the building together. Staff then called on call manager (Frank) and informed him of what was going on, and Frank agreed that at least 1 had to leave for the night. [Redacted] then was told that he was being DOS'd and was given time to gather his belongings with police and staff (Billy) escort. I stayed outside with [Redacted] who refused to go back inside with [Redacted]. A few seconds later, [Redacted] staff, security and police came back outside, saying that [Redacted] changed his mind about getting his belongings. [Redacted] then began to tell the cops that he wanted to have [Redacted] arrested and that he was going to press charges. Police again intervened and asked him why would he want his pregnant wife in jail. [Redacted] then said that he didnt know. He was given information about another shelter to go to for the night by police. Police informed staff that if he returned tonight, to call them back and they will come back out. [Redacted] was asked to speak with her CM and management in the morning and then allowed to get some rest.

Emergency Personnel Contacted: Police (if yes, report #: Officers: Solorzano and Saenz)
 Ambulance Fire Department Supervisor CPS

Were additional agencies contacted? Yes No (if yes, specify _____)

Was a warning issued? Yes No If yes, please list all residents who received a warning and the warning code.

Resident's First & Last Name:	Warning Code:	Resident's First & Last Name:	Warning Code:
_____	_____	_____	_____
_____	_____	_____	_____

Was a DOS Issued? Yes No If yes, please list all residents who received a DOS and the DOS description.

Resident's First & Last Name:	DOS Description:	Resident's First & Last Name:	DOS Description:
<u>[Redacted]</u>	<u>RC 9</u>	_____	_____
_____	_____	_____	_____

First & last name of staff filing report and job title: Necol Edwards- Residential Counselor

Signature: [Signature] Date: October 2, 2011

Immediate Denial of Service Notice For Breaking a Serious Health and Safety Shelter Rule

Shelter Name: Compass Family Shelter

Client Name [REDACTED] DOB or Last 4 _____

Date of Denial of Service 03/28/12 Effective Date 03/28/12

of Rule Broken _____

Summary of Rule Violation including rule as it appears in shelter rules:

CT is no longer eligible for shelter. Shelter has determined that imminent danger still exists based on an incident that occurred between the date of March 23, 2012 and March 24, 2012. Video footage shows CT's "partner", [REDACTED] entering the building and CT's unit on the 23rd at 6:52 - 6:59pm. He later exits the unit on the 24th at 9:04am. CT has a current restraining order placed on [REDACTED]

stating that he is not allowed within 100 ft of CT. Prior incident had occurred where [REDACTED] had physically attacked CT.
You must leave the shelter now.

The length of suspension for breaking this rule is 6 months.
You may not return to the shelter until 09/28/12.

- You have the right to a Shelter Hearing that you may schedule now.
- If you say "No" to a Shelter Hearing but change your mind, you must request a Hearing within 3 working days of today's date which is by April 2, 2012

Client, please sign in receipt of an Immediate Denial of Service Notice:
[REDACTED] Date 3/28/2012

Client refused to sign denial notice.

Client requested Hearing Yes No Client requested Advocate Yes No

Staff Person who issued the denial:

Name (print) Caroline Wood Title Residential Counselor I

Signature [Signature] Date 03/28/12 Time 1:52 pm

Supervisor Name Arising Simpson
Signature [Signature] Date 3/28/12 Time 2:20pm

Please Read Important Information on Back Page on Appeals

This notice complies with the Human Services Agency Uniform Shelter Grievance Policy 7-15-11

Attack resulted in ██████████ being taken into police custody. CFS made an exception for CT to remain in shelter on the condition that she provides documentation to CFS proving that she is not in any imminent danger.



Tenderloin Housing Clinic

Signed in 3/23 @ 6:52 PM
3/24 @ 9:02 AM

Date: March 24, 2012 OBSERVATION REPORT Time: 8 AM/PM

Involved Parties:
Name [redacted]
Name [redacted]
Name [redacted]

UNAUTHORIZED GUEST.
RM# or Title 205
RM# or Title 515
RM# or Title

Summary of Incident:

(**Note: if incident involves any threatening remark or overt act of physical violence against a person(s) or property, fill out the Violence Incident Report in the HR Section of the Policy and Procedure manual and submit it to your supervisor for follow-up.)
***Provide a clear and detailed account of the incident. Include location, witnesses and follow-up. Use additional paper if necessary.

As I was reading the past couple days of visitors on 3/24/12, I've noticed that an UNAUTHORIZED GUEST BY THE NAME OF [redacted] SIGNED IN AS A GUEST OF [redacted]

BASICALLY, I REALIZED THAT MS. [redacted] SIGNED IN MR. [redacted] AS HER GUEST BUT MR. [redacted] IS REALLY THE BABY'S FATHER OF MS. [redacted] #203 BY CHECKING THE CAMERA ON MARCH 23, 2012 AT 6:50PM THROUGH MARCH 24, 2012 AT 9:02AM, YOU WILL POSSIBLY NOTICE HIM GOING TO RM. 205 VIA BACKSTAIRS OR MAIN STAIRS.

- AMBULANCE CALLED: _____
- MANAGER CALLED: _____
- OTHER: _____

Name/Signature (Optional) [Signature] Title DESK CLERK Date 3/24/12

I declare under penalty of perjury that the foregoing is true and correct.

Managerial Action:

LEASE AGREEMENT SECTION: _____ HOUSE RULE(s): _____
VISITOR POLICY: _____
REQUEST FOR OUTREACH: Contact: _____
WRITTEN VIOLATION NOTICE: Action: ISSUED 3/26/12
REPEAT VIOLATION: Informal Conference: _____
SERIOUS VIOLATION: HORC: _____
EVICTION REQUEST: Contact Property Supervisor _____
NON TENANT EVICTION Occurred in first 15/30 days of occupancy: Contact Property Supervisor and Dir. of PM for Approval.
Eviction Date: _____ Time: _____ AM/PM

OTHER: _____
Manager Signature [Signature] Date 3-26-12

**After receiving this report, the Manager will give you a copy for your records, conduct an investigation and will issue a written response to address this issue within a reasonable timeframe. Continue to inform the Manager of new issues as they occur. If needed, you can contact the front desk for immediate assistance or 911 in the event of an emergency. Note: As part of the discovery process in a civil or criminal action, this form can be subpoenaed.

Other checked cams on 3-26-12

10-25-12

**Immediate Denial of Service Notice
For Breaking a Serious Health and Safety Shelter Rule**

Shelter Name: Hamilton Family Residences Room # 401
Client Name: [REDACTED] DOB OR Last 4 N/A
Date of Denial of Service 25-Oct-12 Effective Date today
of Rule Broken RC 13

Summary of Rule Violation including rule as it appears in shelter rules:
RC 13: Ineligibility for residency (resident does not meet program eligibility requirements, including but not limited to, not having physical and/or legal custody of minor children, presenting an imminent danger to yourself or others).

[REDACTED] expressed to me that she was receiving threatening phone calls from women outside of the shelter. I explained the rule of imminent danger. I advised that they client contact the police. Both women that the client stated as looking for her came to the shelter. I was able to speak with both women and told them that I could not confirm or deny that [REDACTED] was here; at that point, the women stated that they were going to get her and cause her physical harm.

You must leave the shelter now

The length of suspension for breaking this rule is Until Eligibility is met
You may not return to the shelter until 11 11 11 11 danger.

- You have the right to a Shelter Hearing that you may schedule now.
- If you say "No" to a Shelter Hearing but change your mind, you must request a Hearing within 3 working days of today's date which is by _____

Client, please sign in receipt of an Immediate Denial of Service Notice:
[REDACTED] Date 10-25-12

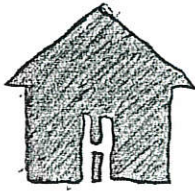
Client refused to sign denial notice.

Client requested Hearing es Client requested Advocate s b

Name (print) _____
Signature _____ Date _____ Time _____
Supervisor Name Tawny Bailey
Signature Tawny Bailey Date 10/25/2012 Time _____

Please Read Important Information on Back Page on Appeals

This notice complies with the Human Services Agency Uniform Shelter Grievance Policy



Hamilton Family Center

Incident Report

Hamilton Family Residences & Emergency Center
260 Golden Gate Avenue, San Francisco, CA 94102

Date of Incident: October 25 2012

Time of Incident: 2pm PM

Specific location in the building where the event took place: Conference room

First/Last Name and Job title of all staff involved in the incident:

Tawny Bailey Associate Program Director

First and last names of all residents involved in the incident:

[REDACTED] (& two other non-residents)

Where were the children of these families during the incident:

Children were not involved in the incident

Briefly describe the incident:

Around noon, Ms. [REDACTED] came to my office to tell me that two women not staying at our shelter were leaving threatening messages on her phone. She stated that both women knew that she was residing here. She stated that Ms. [REDACTED] was calling the women and telling them that Ms. [REDACTED] was speaking bad of them. She also stated that Ms. [REDACTED] was telling residents within the shelter that she was a felon. Soon after, Ms. [REDACTED] came to Tawny's office. Tawny and Frank spoke with both families and told them that they were not to speak to each other, about each other, to persons outside of the shelter, including posturing. Both women agreed. Later, Brandy called Tawny to request her to come speak with two women in the lobby. Tawny met with two women who stated that they were receiving messages from Ms. [REDACTED] and that they were angry with Ms. [REDACTED]. The two women wanted to Tawny to mediate a conversation with them and the two families. Tawny stated that she cannot confirm or deny if the families reside at the shelter. The two women then left stating that they would not disrespect the shelter or any shelter staff, but that they are after Ms. [REDACTED]. Tawny then spoke to Ralph regarding the incident. Both families were presented with an immediate DOS: Ms. [REDACTED] for presenting in imminent danger and Ms. [REDACTED] for inciting violence.

Emergency Personnel Contacted: Police (if yes, report #: _____)

Ambulance Fire Department Supervisor CPS

Were additional agencies contacted? Yes No (if yes, specify _____)

Was a warning issued? Yes No If yes, please list all residents who received a warning and the warning code.

Resident's First & Last Name:	Warning Code:	Resident's First & Last Name:	Warning Code:
_____	_____	_____	_____
_____	_____	_____	_____

Was a DOS Issued? Yes No If yes, please list all residents who received a DOS and the DOS description.

Resident's First & Last Name:	DOS Description:	Resident's First & Last Name:	DOS Description:
_____	_____	_____	_____
_____	_____	_____	_____

First & last name of staff filing report and job title: _____

Signature: _____

Date: _____

**Immediate Denial of Service Notice
For Breaking a Serious Health and Safety Shelter Rule**

Shelter Name: Hamilton Family Emergency Center Room # 403
 Client Name: [REDACTED] DOB OR Last 4 N/A
 Date of Denial of Service 2.18.13 Effective Date 2.18.13
 # of Rule Broken _____

Summary of Rule Violation including rule as it appears in shelter rules:
 RC 13: Ineligibility for residency (resident does not meet program eligibility requirements, including but not limited to, not having physical and/or legal custody of minor children, presenting an imminent danger to yourself or others).

Due to conversations Ms. [REDACTED] (a resident in 403) had with Residential Counselors Necol, Jackie and Tony (Shelter Coordinator) Ms. [REDACTED] stated that she did not feel safe in her room due to the behavior she perceives as threatening from another resident in 403. Evidence of threatening behavior on the video footage is not visible based on information provided by Ms. [REDACTED].

You must leave the shelter now.

The length of suspension for breaking this rule is Until eligibility requirements are met.
 You may not return to the shelter until Pending outcome of internal hearing

- You have the right to a Shelter Hearing that you may schedule now.
- If you say "No" to a Shelter Hearing but change your mind, you must request a Hearing within 3 working days of today's date which is by 2.21.13

Client, please sign in receipt of an Immediate Denial of Service Notice: _____ Date _____

Client refused to sign denial notice.

Client requested Hearing Yes No Client requested Advocate Yes No

Name (print) Tony Chambliss _____ Shelter Coordinator
 Signature _____ Date 2.18.13 Time 9:23 PM
 Supervisor Name supervisor notified _____
 Signature _____ Date _____ Time _____

Please Read Important Information on Back Page on Appeals

This notice complies with the Human Services Agency Uniform Shelter Grievance Policy

**Aviso de negación inmediata de servicio
por romper una regla grave del albergue sobre salud y seguridad**

Nombre del albergue: Compass Family Services
Nombre del cliente [REDACTED] Fecha nacimiento o últ. 4 dígs. _____
Fecha de negación de servicio 4/16/13 Fecha efectiva 4/16/13
de la regla rota 14

Regla rota (de las reglas del albergue):
Ineligibilidad: esta en peligro de violencia de su pareja,
Inelegibilidad de estancia.

Favor marque uno si la infracción del reglamento es por amenaza o echos violentos:
 El incidente ocurrió adentro del albergue.
 El incidente ocurrió afuera del albergue.

Explicación de la infracción a la regla:
[REDACTED] nos dijo que hubo violencia entre él y su pareja en el
albergue y que tiene miedo de ella y que no esta seguro con ella.

La duración de la suspensión por romper esta regla es 1 año.
Usted no podrá volver al albergue hasta el antes 4/16/14.
• Tiene derecho a una audiencia del albergue que puede programar ahora.
• Si usted dice "No" a una audiencia pero cambia de opinión, debe solicitar una audiencia durante los 3 días hábiles posteriores a la fecha de hoy, esto es, antes del _____.

Al firmar este documento usted no esta admitiendo ningún error o culpabilidad.

Ciente, favor de firmar recibo del aviso de negación inmediata de servicio:
[REDACTED] Fecha 4/16/13
 El cliente rehusó firmar el aviso de negación.
El cliente solicitó una audiencia Sí No El cliente solicitó un defensor Sí No
Miembro del personal que emitió la negación:
Nombre (letra de imprenta) _____ Puesto _____
Firma [Signature] Fecha _____ Hora _____
Nombre del supervisor Nade Dunstan
Firma [Signature] Fecha 4/16/13 Hora 3:40 PM

Favor de leer información importante sobre apelaciones al reverso
Este aviso cumple con la política uniforme de quejas sobre los albergues de la Agencia de Servicios Humanos
(Immediate DOS Notice) 4/1/13

**Immediate Denial of Service Notice
For Breaking a Serious Health and Safety Shelter Rule**

Shelter Name: St. Joseph's Family Center
Client Name: [REDACTED] DOB or Last 4: [REDACTED]
Date of Denial of Service: 6.2.14 Effective Date: 6.2.14
of Rule Broken: 1a.

Rule Broken (from shelter rules): Safety:
No violence or threats of violence will be tolerated inside of shelter or on the sidewalks adjacent to the shelter property

If rule violation is for acts or threats of violence, please check one:
 Incident occurred inside of shelter.
 Incident occurred outside of shelter.

Explanation of Rule Violation: Client [REDACTED] told R.H. David that [REDACTED] hit her when they were out of shelter, explaining her swollen black eye, [REDACTED] also asked David not to let [REDACTED] into the shelter if he returns because she felt unsafe and thought there was more potential for violence.

The length of suspension for breaking this rule is Permanent.
You may not return to the shelter until N/A.

- You have the right to a Shelter Hearing that you may schedule now.
- If you say "No" to a Shelter Hearing but change your mind, you must request a Hearing within 3 working days of today's date which is by 6.2.14.

Signing this notice does NOT admit any error or guilt.

Client, please sign in receipt of an Immediate Denial of Service Notice:
Date: 6/2/14

Client refused to sign denial notice. called & cancelled 6/2/14

Client requested Hearing Yes No Client requested Advocate Yes No

Staff Person who issued the denial:
Name (print) Marnelle Bonfantisneros Title Bilingual Case Manager
Signature [Signature] Date 6.2.14 Time 4pm
Supervisor Name Nellai Goncalves
Signature [Signature] Date 6/2/14 Time 4:10 PM

Immediate Denial of Service Notice For Breaking a Serious Health and Safety Shelter Rule

Shelter Name: Hamilton Family Emergency Center Room # 403
 Client Name: Mr. [REDACTED] DOB OR Last 4
 Date of Denial of Service 11-Jun-14 Effective Date 11-Jun-14
 # of Rule Broken

Rule Broken (from shelter rules):
 RC 9: Direct involvement in a violent incident between two partners (including but not limited to having a passive/inactive role in the incident.)

If rule violation is for acts or threats of violence, please check one:

- Incident occurred inside of shelter.
 Incident occurred outside of shelter.

Explanation of Rule Violation:
 Mr. [REDACTED] involved with DV incident with partner Ms. [REDACTED]. There was no direct abusive physical contact made witnessed by staff (Maritza Sanchez)

The length of suspension for breaking this rule is 30 days
 You may not return to the shelter until 11-Jul-14

- You have the right to a Shelter Hearing that you may schedule now.
- If you say "No" to a Shelter Hearing but change your mind, you must request a Hearing within 3 working days of today's date which is by JUNE 16, 2014

Signing this notice does NOT admit any error or guilt.

Client, please sign in receipt of an Immediate Denial of Service Notice:
 _____ Date _____

Client refused to sign denial notice.

Client requested Hearing Yes No Client requested Advocate Yes No

Staff Person who issued the denial:
 Name (print) Frank DeBerry Title Shelter Coordinator.
 Signatur _____ Date _____ Time _____
 Supervisor Name FRANK DE BERRY
 Signature [Signature] Date 6/11/2014 Time 4:30 PM

Please Read Important Information on Back Page on Appeals

This notice complies with the Human Services Agency Uniform Shelter Grievance Policy

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FR

Notice of Shelter Hearing Decision

Shelter Name: Hamilton Family Residences

Today's Date: Friday, July 18

Client Name: [REDACTED]

Names of Staff Present Claudia Sagastume

Name of Client Advocate Present Nick Kimura

The Shelter Hearing has been decided in your favor (overturned)

You will be given the next available bed

You may remain in the shelter *shelter highly recommends client & family to enroll & participate in parenting classes/support group.*

Notes:

The shelter hearing has been decided in favor of the shelter (upheld).

You must leave the shelter and may not apply for this shelter's services until _____

Client was a no show _____

Notes:

Client, please sign in receipt of the Shelter Hearing Decision Notice:

[REDACTED]

Client refused to sign

• You must request an arbitration by _____

• Please read the instructions for scheduling Arbitration on back page.

Please Read Important Information on Back Page on Appeals

This notice complies with the Human Services Agency Uniform Shelter Grievance Policy

4/1/2013

**Immediate Denial of Service Notice
For Breaking a Serious Health and Safety Shelter Rule**

Shelter Name: Hamilton Family Emergency Center Room # 408
Client Name: [REDACTED] DOB OR Last 4
Date of Denial of Service 8.08.14 Effective Date 8.08.14
of Rule Broken

Rule Broken (from shelter rules):
RC 13: Ineligibility for residency (resident does not meet program eligibility requirements, including but not limited to, not having physical and/or legal custody of minor children, presenting an imminent danger to yourself or others).

If rule violation is for acts or threats of violence, please check one:

- Incident occurred inside of shelter.
 Incident occurred outside of shelter.

Explanation of Rule Violation:

staff witnessed [REDACTED] being violently attacked by his partner [REDACTED] outside of the shelter.

The length of suspension for breaking this rule is 30 days
You may not return to the shelter until 9.08.14

- You have the right to a Shelter Hearing that you may schedule now.
- If you say "No" to a Shelter Hearing but change your mind, you must request a Hearing within 3 working days of today's date which is by 8.13.14

Signing this notice does NOT admit any error or guilt.

Client, please sign in receipt of an Immediate Denial of Service Notice:	
_____	Date _____
<input type="checkbox"/> Client refused to sign denial notice.	
Client requested Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No	Client requested Advocate <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Person who issued the denial:	
Name (print) <u>Tony Chambliss</u>	Title <u>Shelter Coordinator</u>
Signature _____	Date <u>8.08.14</u> Time <u>7:30 PM</u>
Supervisor Name _____	supervisor notified _____
Signature _____	Date _____ Time _____

Please Read Important Information on Back Page on Appeals

This notice complies with the Human Services Agency Uniform Shelter Grievance Policy

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**Immediate Denial of Service Notice
For Breaking a Serious Health and Safety Shelter Rule**

Shelter Name: Hamilton Family Residences Room # 318
 Client Name: [REDACTED] DOB OR Last 4
 Date of Denial of Service Aug-11-2014 Effective Date Aug-8-2014
 # of Rule Broken

Rule Broken (from shelter rules):
 RC 13: Ineligibility for residency (resident does not meet program eligibility requirements, including but not limited to, not having physical and/or legal custody of minor children, presenting an imminent danger to yourself or others).

If rule violation is for acts or threats of violence, please check one:
 Incident occurred inside of shelter.
 Incident occurred outside of shelter.

Explanation of Rule Violation:
 Ms. [REDACTED] reported to staff that her partner Mr. [REDACTED] gained illegal entry to her job site and threatened to kill her and got her fired August 9, 2014. Ms. [REDACTED] also requested of staff to call 911 if Mr. [REDACTED] came to the shelter that there was a police warrant for his arrest because of his actions. Ms. [REDACTED] also produced a restraining order concerning Mr. [REDACTED].

The length of suspension for breaking this rule DOS until eligibility requirements are met.
 You may not return to the shelter until To be Determined by Program Director

- You have the right to a Shelter Hearing that you may schedule now.
- If you say "No" to a Shelter Hearing but change your mind, you must request a Hearing within 3 working days of today's date which is by 14-Aug-14

Signing this notice does NOT admit any error or guilt.

Client, please sign in receipt of an Immediate Denial of Service Notice: _____ Date _____

Client refused to sign denial notice.

Client requested Hearing Yes No Client requested Advocate Yes No

Staff Person who issued the denial:
 Name (print) [REDACTED] Title _____
 Signature [Signature] Date _____ Time _____
 Supervisor Name Frank DeBerry
 Signature [Signature] Date 8/11/2014 Time 12:00 PM

Please Read Important Information on Back Page on Appeals
 This notice complies with the Human Services Agency Uniform Shelter Grievance Policy

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**Immediate Denial of Service Notice
For Breaking a Serious Health and Safety Shelter Rule**

Shelter Name: Hamilton Family Emergency Center Room # 311
Client Name: [REDACTED] DOB OR Last 4
Date of Denial of Service 9.11.2014 Effective Date Sept. 11, 2014
of Rule Broken RC 13

Rule Broken (from shelter rules):
RC 13: Ineligibility for residency (resident does not meet program eligibility requirements, including but not limited to, not having physical and/or legal custody of minor children, presenting an imminent danger to yourself or others).

If rule violation is for acts or threats of violence, please check one:

- Incident occurred inside of shelter.
 Incident occurred outside of shelter.

Explanation of Rule Violation:

I received call from staff that Mr. [REDACTED] had tossed a hot cup of tea on Ms. [REDACTED] about 8:27 am. When I arrived the police about 8:40 am the police were questioning Ms. [REDACTED] and she stated that the hot tea was tossed on her. Mr. [REDACTED] is being denied services for physical assault on partner.

The length of suspension for breaking this rule Permanent
You may not return to the shelter until Never

- You have the right to a Shelter Hearing that you may schedule now.
- If you say "No" to a Shelter Hearing but change your mind, you must request a Hearing within 3 working days of today's date which is by 9.11.14

Signing this notice does NOT admit any error or guilt.

Client, please sign in receipt of an Immediate Denial of Service Notice:			
	Date		
<input type="checkbox"/> Client refused to sign denial notice.			
Client requested Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No		Client requested Advocate <input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff Person who Issued the denial:			
Name (print)	<u>Frank DeBerry</u>	Title	<u>Shelter Coordinator</u>
Signature	<u>[Signature]</u>	Date	<u>9.11.2014</u> Time <u>7:05 AM</u>
Supervisor Name	<u>Frank DeBerry</u>		
Signature		Date	

Please Read Important Information on Back Page on Appeals

This notice complies with the Human Services Agency Uniform Shelter Grievance Policy

####

**San Francisco Department of Human Services
Homeless Shelter Grievance Procedure
Arbitration Decision Form**

Date Scheduled: 8/28/14
Time Scheduled: 10:00AM
Time Started: _____
Time Finished: _____

Shelter Name Hamilton Family Emergency Center

Name of:
Resident [REDACTED] Present
Yes No

Resident Advocate Will Daley Yes No

Shelter Representative(s) Ralph Payton Yes No

Claudia Sagastume Yes No

Employee who denied services Frank DeBerry Yes No

Cause for Denial of Services RC13: Ineligible - Imminent Danger

Date of letter denying services 8/21/14

Resident's Argument:

Clients [REDACTED] and [REDACTED] do not deny a verbal argument that was had within the hearing of staff. [REDACTED] does not deny that, when staff asked if she was OK, she said, "look at my face, do I look OK?". They both deny that anything physical happened. [REDACTED] did not request that the police be called and left so that she would not have to talk to them. As for imminent danger, the couple left the shelter together and have been staying together ever since. [REDACTED] made the point that the alleged incident was a week ago and that there is no physical evidence of a bruise on her face at this time.

Shelter's Argument:

The shelter presented two incident reports stating that on August 21, 2014, client [REDACTED] was upset from an argument with her partner client [REDACTED]. The staff reported that [REDACTED] said something to the effect of "see this bruise, he did this" referring to [REDACTED]. Because of the report of physical violence, the shelter called the police. [REDACTED] was issued a DOS as being ineligible for domestic violence. [REDACTED] was issued a DOS as being ineligible as he has no children. ([REDACTED] has custody of three children.)

The shelter staff who witnessed the incidents were not present. The shelter did not provide the police report. The shelter's incident reports vary in some detail but the critical points are consistent.

Arbitrator's Decision (Briefly describe basis for the decision):

The Denial of Service is: upheld overturned no show second chance
 penalty length modified to _____
 withdrawn on consent

The Eligibility Criteria police of the shelter reads: "Families are not eligible if they have had incidents of domestic violence within the last 30 days." In order for me to uphold the application of ineligibility to client [REDACTED], I must first find that the shelter had a reasonable belief that domestic violence took place. In this case, the shelter's position is that shelter staff heard [REDACTED] report violence and [REDACTED] denies this fact. This disparity makes the case come down to a credibility dispute.

In this case, critical evidence for me to consider is missing. The shelter failed to present eye-witnesses to the incident in question. Further, the police report was not presented which, in the absence of the witnesses, could have served to show what the witnesses were willing to tell the police. While I understand that it is the shelter's position that, at that time, [REDACTED] reported not feeling safe, her subsequent behavior (i.e. refusing to speak with the police, refusing the DV placement, and staying with [REDACTED] since the alleged incident) suggest that she is not in imminent danger.

Did you distribute evaluation forms?

Yes No

Noelle Powell
(Arbitrator's Name)


(Signature)



**Immediate Denial of Service Notice
For Breaking a Serious Health and Safety Shelter Rule**

Shelter Name: Hamilton Family Residences Room # 402
 Client Name: [REDACTED] DOB OR Last 4
 Date of Denial of Service 21-Aug-14 Effective Date 21-Aug-14
 # of Rule Broken

Rule Broken (from shelter rules):
 RC 13: Ineligibility for residency (resident does not meet program eligibility requirements, including but not limited to, not having physical and/or legal custody of minor children, presenting an imminent danger to yourself or others).

If rule violation is for acts or threats of violence, please check one:
 Incident occurred inside of shelter.
 Incident occurred outside of shelter.

Explanation of Rule Violation:

 Ms. [REDACTED] approached front desk staff (Vickie) and asked for exit papers for Mr. [REDACTED]. She pointed to bruise, and stated " see this bruise, he did it."

The length of suspension for breaking this rule is To be determined by Program Director
 You may not return to the shelter until To be determined by Program Director

- You have the right to a Shelter Hearing that you may schedule now.
- If you say "No" to a Shelter Hearing but change your mind, you must request a Hearing within 3 working days of today's date which is by ~~26-Aug-14~~ WEDNESDAY, AUGUST 27

Signing this notice does NOT admit any error or guilt.

Client, please sign in receipt of an Immediate Denial of Service Notice:
 _____ Date _____

Client refused to sign denial notice.

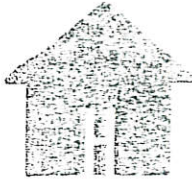
Client requested Hearing Yes No Client requested Advocate Yes No

Staff Peron who issued the denial:
 Name (print) _____ Title shelter coordinator
 Signatur _____ Date _____ Time _____
 Supervisor Name Frank DeBerry
 Signature [Signature] Date 8/21/2014 Time 4:30 PM

Please Read Important Information on Back Page on Appeals

This notice complies with the Human Services Agency Uniform Shelter Grievance Policy

####



Hamilton Family Center

Incident Report

Hamilton Family Residences & Emergency Center
260 Golden Gate Avenue, San Francisco, CA 94102

Date of Incident: August 21 2014

Time of Incident: 4:00 PM

Specific location in the building where the event took place: lobby

First/Last Name and Job title of all staff involved in the incident:

[Redacted]

First and last names of all residents involved in the incident:

[Redacted] and [Redacted]

Where were the children of these families during the incident:

[Redacted] had her youngest child with her.

Briefly describe the incident:

Around 4 in the afternoon, [Redacted] came into the building requesting exit papers. Shortly after Mr. [Redacted] came in with no shirt on attempting to go upstairs. I informed him that he needed to have on a shirt. [Redacted] said that he needed to sign exit papers. Then asked me and [Redacted] to look at her face, where she was bruised on her left cheek. She then told us that he (pointing at [Redacted]) had did that to her, and stated that he needed to be in jail. SHE then talked directly to [Redacted] and told him he needed to be in jail. Unsure of what he told her, but she said "thats exactly what im going to do then picked up her phone, and went outside. Mr. [Redacted] was attempting to go upstairs, but then came back out stating that [Redacted] had all his stuff. He then went back outside, but staff asked him to sign exit papers, and he refused. Ms. [Redacted] then came back into the building, and said that she was going to get [Redacted] belongings. Staff called Frank to come downstairs and informed him of the situation.

Emergency Personnel Contacted: Police (if yes, report #: _____)
 Ambulance Fire Department Supervisor CPS

Were additional agencies contacted? Yes No (if yes, specify _____)

Was a warning issued? Yes No If yes, please list all residents who received a warning and the warning code.

Resident's First & Last Name:	Warning Code:	Resident's First & Last Name:	Warning Code:
_____	_____	_____	_____
_____	_____	_____	_____

Was a DOS Issued? Yes No If yes, please list all residents who received a DOS and the DOS description.

Resident's First & Last Name:	DOS Description:	Resident's First & Last Name:	DOS Description:
_____	_____	_____	_____
_____	_____	_____	_____

First & last name of staff filing report and job title: [Redacted] Residential Counselor

Signature: _____ Date: 8-22-14

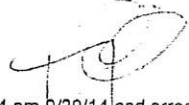
OK 9/10

**Immediate Denial of Service Notice
For Breaking a Serious Health and Safety Shelter Rule**

Shelter Name: Hamilton Family Emergency Center Room # 402
Client Name: [REDACTED] DOB OR Last 4 [REDACTED]
Date of Denial of Service 9.08.14 Effective Date 9.08.14
of Rule Broken **RC9**

Rule Broken (from shelter rules):
RC 9: Direct involvement in a violent incident between two partners (including but not limited to having a passive/inactive role in the incident.)

If rule violation is for acts or threats of violence, please check one:
 Incident occurred inside of shelter.
 Incident occurred outside of shelter.

Explanation of Rule Violation:

The Police arrived at the shelter about 6:14 pm 9/29/14 and arrested Mr. [REDACTED]. This police reported to staff that this action was being taken for a complaint filed by Ms. [REDACTED] concerning a physical altercation (DV) with partner Mr. [REDACTED]. It was reported by Connecting Point to Hamilton Family Center Program Director (Ralph) that Ms. [REDACTED] had reported this incident to them and the call to police was made concerning the physical altercation.

The length of suspension for breaking this rule is 30 days
You may not return to the shelter until 10.08.14

- You have the right to a Shelter Hearing that you may schedule now.
- If you say "No" to a Shelter Hearing but change your mind, you must request a Hearing within 3 working days of today's date which is by 9.11.14

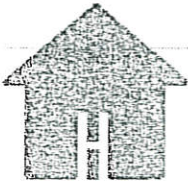
Signing this notice does NOT admit any error or guilt.

Client, please sign in receipt of an Immediate Denial of Service Notice:
Date _____
 Client refused to sign denial notice.
Client requested Hearing Yes No Client requested Advocate Yes No
Staff Person who issued the denial:
Name (print) Frank DeBerry Title shelter coordinator
Signature [Signature] Date 9.08.14 Time 3:40 PM
Supervisor Name supervisor-notified
Signature _____ Date _____ Time _____

Please Read Important Information on Back Page on Appeals

This notice complies with the Human Services Agency Uniform Shelter Grievance Policy

####



Hamilton Family Center

Incident Report

Hamilton Family Residences & Emergency Center
260 Golden Gate Avenue, San Francisco, CA 94102

Date of Incident: August 29 2014

Time of Incident: 6:14 PM

Specific location in the building where the event took place: first floor conference room

First/Last Name and Job title of all staff involved in the incident:

Tony Chambliss

First and last names of all residents involved in the incident:

[Redacted]

Where were the children of these families during the incident:

not in the shelter

Briefly describe the incident:

At about 6:14 PM two police officers asked if Andre [Redacted] was in the shelter. they were responding to a complaint made by his partner. Mr. [Redacted] was in the shelter and Tony entered the 4th floor and found Mr. [Redacted] in room 402. Mr. [Redacted] was informed that the police asked to speak to him about his partner. Mr. [Redacted] was escorted to the police waiting in the conference room.

Tony then left the conference room and waited outside of the door. after about 10 min. they exited the conference room with Mr. [Redacted] handcuffed and exiting the shelter.

Emergency Personnel Contacted: Police (if yes, report #: _____)

Ambulance Fire Department Supervisor CPS

Were additional agencies contacted? Yes No (if yes, specify _____)

Was a warning issued? Yes No If yes, please list all residents who received a warning and the warning code.

Resident's First & Last Name:	Warning Code:	Resident's First & Last Name:	Warning Code:
-------------------------------	---------------	-------------------------------	---------------

_____	_____	_____	_____
_____	_____	_____	_____

Was a DOS Issued? Yes No If yes, please list all residents who received a DOS and the DOS description.

Resident's First & Last Name:	DOS Description:	Resident's First & Last Name:	DOS Description:
-------------------------------	------------------	-------------------------------	------------------

_____	_____	_____	_____
_____	_____	_____	_____

First & last name of staff filing report and job title: Tony Chambliss

Signature: _____ Date: August 29, 2014

Aviso de Decisión de la Audiencia del Albergue

Albergue: Hamilton Family Residences

Fecha de hoy: Miércoles, 10 de septiembre

Nombre del cliente: [REDACTED]

Nombres del personal presente R. Patten, Victor Pevsina

Nombre del defensor del cliente presente N. Kimura

- La audiencia del albergue ha tomado una decisión a su favor (rechazada).
- Se le dará la siguiente cama disponible
 - Puede permanecer en el albergue

Notas:

31 9 año
10 año
2 meses años

- La audiencia del albergue ha tomado una decisión a favor del albergue (confirmada).
- Usted debe salir del albergue y no puede solicitar los servicios de este albergue hasta until PD
- El cliente no se presentó

Notas:

can verify
extended
incarceration of
partner

Cliente, favor de firmar recibo del aviso de la decisión de la audiencia del albergue:

X

El cliente rehusó firmar

- Debe solicitar un arbitraje antes del _____
- Favor de leer las instrucciones para programar arbitrajes al reverso.

Favor de leer información importante sobre apelaciones al

Este aviso cumple con la política uniforme de quejas sobre los albergues de la Agencia de Servicios Humanos

4/1/2013

**Aviso de negación inmediata de servicio
por romper una regla grave del albergue sobre salud y seguridad**

Nombre del albergue: Hamilton Family Residences Cuarto# 205
 Nombre del cliente: [REDACTED] Fecha nacimiento o últ. 4 dígs _____
 Fecha de negación de servicio 9/8/2014 Fecha efectiva 9/8/2014
 # de la regla rota RC9

Regla Rota (en las reglas del albergue):
 RC 9: Participación directa en un incidente violento entre dos parejas (incluyendo pero no limitados a tener un papel pasivo / inactivo en el incidente.)

Si la regla de violación es por actos o amenazas de violencia, por favor marque una:

- El incidente ocurrió en el interior del albergue.
 El incidente ocurrió afuera del albergue.

Explicación de la violación de la regla:
 La cliente fue víctima de violencia física por se pareja. La policia fue llamado y el arrestado. Client was physically attack by her partner. The police was called and he was arrested.

La duración de la suspensión por romper esta regla es 30 días
 Usted no podrá volver al albergue hasta el Octubre 8 2014

- Tiene derecho a una audiencia del albergue que puede programar ahora.
- Si usted dice "No" a una audiencia pero cambia de opinión, debe solicitar una audiencia durante los 3 días laborales a la fecha de hoy, esto es antes del 9/11/2014

Al firmar este documento usted no esta admitiendo ningun error o culpabilidad.

Cliente, favor de firmar recibo del aviso de negación inmediata de servicio:
 Fecha 9/8/14

El cliente rehusó firmar el aviso de negación.

El cliente solicitó una audiencia Si No El cliente solicitó un defensor Si No

Miembro del personal que emitió la negación:

Nombre (letra de imprenta) Cindy Escobar Fecha 9/8/2014
 Firma [Signature] Fecha 9/8/2014 Hora _____

Nombre del supervisor Frank Deberry
 Firma [Signature] Fecha 9/8/2014 Hora 9/8/2014

Favor de leer información importante sobre apelaciones

Este aviso cumple con la política uniforme de quejas sobre los albergues de la Agencia de Servicios Humanos



Hamilton
Family Center

Incident Report

Hamilton Family Residences & Emergency Center
260 Golden Gate Avenue, San Francisco, CA 94102

Date of Incident: September 8 2014

Time of Incident: _____ AM

Specific location in the building where the event took place: 205

First/Last Name and Job title of all staff involved in the incident:

Matthew Wong, Rockesha Norris, Cindy Escobar

First and last names of all residents involved in the incident:

[REDACTED]

Where were the children of these families during the incident:

In the room

Briefly describe the incident:

Staff opened the door for police at around 12:45 AM. Rockesha, Cindy, and Matt escorted the police to room 205, where Ms. [REDACTED] came out crying. Police entered the room, arrested Mr. [REDACTED] who was still holding [REDACTED], and escorted him out of the building. Police then interviewed Ms. [REDACTED] and found out that Mr. [REDACTED] pushed Ms. [REDACTED] onto her back and hit her on the head four times. He then slapped her in the face and spit on her, all while holding the baby. Then he bit her three times, once on each arm and once in the hand. When he tried to bite her in the face, she fought him off and got knocked to the ground again. This is where she grabbed the phone and called 911. At around 1:15 AM, the paramedics arrived and treated Ms. [REDACTED] bites with hydrogen peroxide and bandaged her up. They highly advised her to go to the hospital, but could not take her kids with them. Therefore, they suggested she go to the clinic in the morning due to the high rate of infection from human bite marks. When the police officers left, they took some of Mr. [REDACTED] and Ms. [REDACTED] clothes with them.

Emergency Personnel Contacted: Police (if yes, report #: _____)

Ambulance Fire Department Supervisor CPS

Were additional agencies contacted? Yes No (if yes, specify _____)

Was a warning issued? Yes No If yes, please list all residents who received a warning and the warning code.

Resident's First & Last Name:

Warning Code:

Resident's First & Last Name:

Warning Code:

[REDACTED]

RC 1

[REDACTED]

RC 9

Was a DOS Issued? Yes No If yes, please list all residents who received a DOS and the DOS description.

Resident's First & Last Name:

DOS Description:

Resident's First & Last Name:

DOS Description:

First & last name of staff filing report and job title: Matthew Wong Residential Counselor

Signature: _____ Date: _____

**San Francisco Department of Human Services
Homeless Shelter Grievance Procedure
Arbitration Decision Form**

Date Scheduled: 10/21/14
Time Scheduled: 2:00PM
Time Started: 2:00PM
Time Finished: 3:00PM

Shelter Name Hamilton Family Emergency Center

Name of:
Resident

[REDACTED] (fiance)

Present
Yes No

Resident Advocate Nick Kimura

Yes No

Shelter Representative(s) Ralph Payton

Yes No

Claudia Sagastume

Yes No

Employee who denied services Tony Chamblis

Yes No

Cause for Denial of Services RC 13: Ineligibility for Residency

Date of letter denying services 10/16/14

Resident's Argument:

The resident presented that she does not feel as if her or her family are in imminent danger. She has had the protective order since November 2011 with no incident. According to Ms. [REDACTED], she did not say she felt she was in danger, rather, she brought the protective order to the attention of Compass, only to alert them to it. In addition, she accepted services at Compass, but then Hamilton waited several days before alerting her of the DOS for imminent danger.

Shelter's Argument:

Ralph Payton, on behalf of the shelter, presented Hamilton's policy that families are not eligible to remain in the shelter if they are in an imminently dangerous situation that might cause harm to themselves or other shelter families. The reason for the DOS on these grounds is that the resident has a protective order against an ex, who was recently seen in the neighborhood. Because of the sightings and the protective order, shelter staff felt that the family was in imminent danger. Accounts of the ex were reported to shelter staff although not documented.

The shelter argued that the client did not want to be placed at Compass and so she expressed to Compass staff that she was in imminent danger. Compass staff then relayed that information to Hamilton, which was the cause of the DOS.

Arbitrator's Decision (Briefly describe basis for the decision):

The Denial of Service is: upheld overturned no show second chance
 penalty length modified to _____
 withdrawn on consent

I am overturning the DOS for the following reasons:

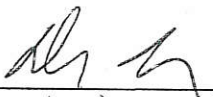
1. Ms. [REDACTED]'s situation does not meet the definition of imminently dangerous as defined by Hamilton's policy. She did not express directly any fear for her or her children's healthy and safety. Nor has she alerted the police at any time to a violation of the protective order. In addition, Hamilton staff waited several days for the DOS, despite alleging imminent danger. The police were not called, nor did staff document the danger. When asked whether she felt threatened, Ms. [REDACTED] replied "no."
2. I have no reason to discredit what Ms. [REDACTED] said happened during the events. There was no one at the hearing who conducted the interview for Compass, at which Ms. [REDACTED] allegedly stated she feared for her and her children's safety.
3. There is no documentation of Ms. [REDACTED]'s concerns about living in the TL.

Did you distribute evaluation forms?

Yes No

Deborah Thrope

(Arbitrator's Name)



(Signature)

**Immediate Denial of Service Notice
For Breaking a Serious Health and Safety Shelter Rule**

Shelter Name: Hamilton Family Emergency Center Room # 408
Client Name: [REDACTED] DOB OR Last 4
Date of Denial of Service 21-Nov-14 Effective Date 21-Nov-14
of Rule Broken RC 13

Rule Broken (from shelter rules):
RC 13: Ineligibility for residency (resident does not meet program eligibility requirements, including but not limited to, not having physical and/or legal custody of minor children, presenting an imminent danger to yourself or others).

If rule violation is for acts or threats of violence, please check one:

- Incident occurred inside of shelter.
 Incident occurred outside of shelter.

Explanation of Rule Violation:

Client has received threatening messages and phone calls from other residents in the Hamilton Emergency Shelter. Because her domestic violence situation poses imminent danger to her and other clients in the shelter, she can not stay here.

The length of suspension for breaking this rule is TBD
You may not return to the shelter until TBD

- You have the right to a Shelter Hearing that you may schedule now.
- If you say "No" to a Shelter Hearing but change your mind, you must request a Hearing within 3 working days of today's date which is by 21-Nov-14

Signing this notice does NOT admit any error or guilt.

Client, please sign in receipt of an Immediate Denial of Service Notice:			
		Date _____	
<input type="checkbox"/> Client refused to sign denial notice.			
Client requested Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No		Client requested Advocate <input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff Person who issued the denial:			
Name (print)	<u>Matthew Wong</u>	Title	<u>Residential Counselor</u>
Signature	_____	Date	<u>11/21/2014</u> Time <u>12:00 AM</u>
Supervisor Name	<u>Frank DeBerry</u>		
Signature	_____	Date	<u>11/21/2014</u> Time <u>12:00 AM</u>

Please Read Important Information on Back Page on Appeals

This notice complies with the Human Services Agency Uniform Shelter Grievance Policy

####

**Immediate Denial of Service Notice
For Breaking a Serious Health and Safety Shelter Rule**

Shelter Name: Hamilton Family Emergency Center Room # 311
 Client Name: [REDACTED] DOB OR Last 4 2436
 Date of Denial of Service 2-Dec-14 Effective Date 2-Dec-14
 # of Rule Broken _____

Rule Broken (from shelter rules):
 RC 13: Ineligibility for residency (resident does not meet program eligibility requirements, including but not limited to, not having physical and/or legal custody of minor children, presenting an imminent danger to yourself or others).

If rule violation is for acts or threats of violence, please check one:
 Incident occurred inside of shelter.
 Incident occurred outside of shelter.

Explanation of Rule Violation:
 [REDACTED] role in a situation pertaining to allegations of child sexual abuse has resulted in other residents expressing their severe discomfort with his presence in the shelter. For the safety of [REDACTED], an Imminent Danger (DOS) is being issued.

The length of suspension for breaking this rule is TBD by shelter director
 You may not return to the shelter until TBD

- You have the right to a Shelter Hearing that you may schedule now.
- If you say "No" to a Shelter Hearing but change your mind, you must request a Hearing within 3 working days of today's date which is by _____

Signing this notice does NOT admit any error or guilt.

Client, please sign in receipt of an Immediate Denial of Service Notice:
 [REDACTED] Date 12/1/14
 Client refused to sign denial notice.

Client requested Hearing Yes No Client requested Advocate Yes No

Staff Person who issued the denial:
 Name (print) Ralph Payton Title PT
 Signature [Signature] Date 12/2/14 Time 5 pm
 Supervisor Name N/A
 Signature _____ Date _____ Time _____

Please Read Important Information on Back Page on Appeals

This notice complies with the Human Services Agency Uniform Shelter Grievance Policy

####

**Immediate Denial of Service Notice
For Breaking a Serious Health and Safety Shelter Rule**

Shelter Name: Hamilton Family Emergency Center Room # 408
Client Name: [REDACTED] DOB OR Last 4
Date of Denial of Service 2.10.15 Effective Date 2.10.15
of Rule Broken **RC13**

Rule Broken (from shelter rules):
RC 13: Ineligibility for residency (resident does not meet program eligibility requirements, including but not limited to, not having physical and/or legal custody of minor children, presenting an imminent danger to yourself or others).

If rule violation is for acts or threats of violence, please check one:

- Incident occurred inside of shelter.
 Incident occurred outside of shelter.

Explanation of Rule Violation:

the Program Director was informed by another resident that Mrs. [REDACTED] was in a physical confrontation with Mr. [REDACTED] outside of the shelter and Mrs. [REDACTED] personally confirmed this incident with the Program Director and she was informed that an immediate DOS will be issued.

The length of suspension for breaking this rule is TBD

You may not return to the shelter until TBD

- You have the right to a Shelter Hearing that you may schedule now.
- If you say "No" to a Shelter Hearing but change your mind, you must request a Hearing within 3 working days of today's date which is by 2.13.15

Signing this notice does NOT admit any error or guilt.

Client, please sign in receipt of an Immediate Denial of Service Notice:	
	Date _____
<input type="checkbox"/> Client refused to sign denial notice.	
Client requested Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No Client requested Advocate <input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff Person who issued the denial:	
Name (print) <u>Tony Chambliss</u>	Title <u>shelter coordinator</u>
Signature _____	Date <u>2.10.15</u> Time <u>3:19 PM</u>
Supervisor Name _____	supervisor notified _____
Signature _____	Date _____ Time _____

Please Read Important Information on Back Page on Appeals

This notice complies with the Human Services Agency Uniform Shelter Grievance Policy

####

**Immediate Denial of Service Notice
For Breaking a Serious Health and Safety Shelter Rule**

Shelter Name: Hamilton Family Emergency Center Room # 401
Client Name: [REDACTED] DOB OR Last 4
Date of Denial of Service 3.20.15 Effective Date 3.20.15
of Rule Broken **RC13**

Rule Broken (from shelter rules):
RC 13: Ineligibility for residency (resident does not meet program eligibility requirements, including but not limited to, not having physical and/or legal custody of minor children, presenting an imminent danger to yourself or others).

If rule violation is for acts or threats of violence, please check one:

- Incident occurred inside of shelter.
 Incident occurred outside of shelter.

Explanation of Rule Violation:

Ms. [REDACTED] provided a statement to the police and shelter staff the Mr. [REDACTED] physically grabbed her and pushed her against a wall to prevent her from reporting his abuse.

The length of suspension for breaking this rule is TBD
You may not return to the shelter until TBD

- You have the right to a Shelter Hearing that you may schedule now.
- If you say "No" to a Shelter Hearing but change your mind, you must request a Hearing within 3 working days of today's date which is by 3.24.15

Signing this notice does NOT admit any error or guilt.

Client, please sign in receipt of an Immediate Denial of Service Notice:	
_____	Date _____
<input type="checkbox"/> Client refused to sign denial notice.	
Client requested Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No Client requested Advocate <input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff Person who issued the denial:	
Name (print) <u>Tony Chambliss</u>	Title <u>shelter coordinator</u>
Signature _____	Date _____ Time _____
Supervisor Name _____	supervisor notified _____
Signature _____	Date <u>3.20.15</u> Time <u>4:50 AM</u>

Please Read Important Information on Back Page on Appeals

This notice complies with the Human Services Agency Uniform Shelter Grievance Policy

####

**Immediate Denial of Service Notice
For Breaking a Serious Health and Safety Shelter Rule**

Shelter Name: Hamilton Family Emergency Center Room # 408
 Client Name: [REDACTED] DOB OR Last 4
 Date of Denial of Service 6-Apr-15 Effective Date 6-Apr-15
 # of Rule Broken

Rule Broken (from shelter rules):
 RC 13: Ineligibility for residency (resident does not meet program eligibility requirements, including but not limited to, not having physical and/or legal custody of minor children, presenting an imminent danger to yourself or others).

If rule violation is for acts or threats of violence, please check one:

- Incident occurred inside of shelter.
 Incident occurred outside of shelter.

Explanation of Rule Violation:
 Primary came to staff and reported that her partner had assaulted her by hitting her on the back of the head with his cane.

The length of suspension for breaking this rule is TBD
 You may not return to the shelter until TBD

- You have the right to a Shelter Hearing that you may schedule now.
- If you say "No" to a Shelter Hearing but change your mind, you must request a Hearing within 3 working days of today's date which is by 9-Apr-15

Signing this notice does NOT admit any error or guilt.

Client, please sign in receipt of an Immediate Denial of Service Notice: [REDACTED] Date 4/6/15
 Client refused to sign denial notice.
 Client requested Hearing Yes No Client requested Advocate Yes No
 Staff Person who issued the denial:
 Name (print) Karina Mariano Title Emergency Case Manager
 Signature [Signature] Date 4/6/2015 Time 5:01PM
 Supervisor Name Brenda Santiago
 Signature Supervisor Notified Date 4/6/2015 Time 5:01PM

Please Read Important Information on Back Page on Appeals

This notice complies with the Human Services Agency Uniform Shelter Grievance Policy

~~CONFIDENTIAL~~
~~CONFIDENTIAL~~
Immediate Denial of Service Notice
For Breaking a Serious Health and Safety Shelter Rule

Shelter Name: Hamilton Family Emergency Center Room # 403
Client Name: [REDACTED] DOB OR Last 4
Date of Denial of Service 9.14.14 Effective Date 9.14.15
of Rule Broken **RC13**

Rule Broken (from shelter rules):
RC 13: Ineligibility for residency (resident does not meet program eligibility requirements, including but not limited to, not having physical and/or legal custody of minor children, presenting an imminent danger to yourself or others).

If rule violation is for acts or threats of violence, please check one:

- Incident occurred inside of shelter.
 Incident occurred outside of shelter.

Explanation of Rule Violation:

The [REDACTED] Family was assaulted by the members of another family staying in the shelter. The Police was called to discuss the incident with the family. Refer to the incident report.

The length of suspension for breaking this rule is TBD

You may not return to the shelter until TBD

- You have the right to a Shelter Hearing that you may schedule now.
- If you say "No" to a Shelter Hearing but change your mind, you must request a Hearing within 3 working days of today's date which is by 9.16.15

Signing this notice does NOT admit any error or guilt.

Client, please sign in receipt of an Immediate Denial of Service Notice:

Date _____

~~Client~~ Client refused to sign denial notice.

Client requested Hearing Yes No

Client requested Advocate Yes No

Staff Person who issued the denial:

Name (print) Tony Chambliss

Title shelter coordinator

Signature _____

Date

9.14.14

Time

1:14 PM

Supervisor Name _____

supervisor notified

Signature _____

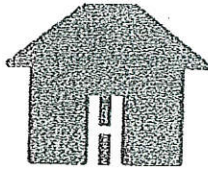
Date _____

Time _____

Please Read Important Information on Back Page on Appeals

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Hamilton Family Center

Hamilton Family Residences and Emergency Center
260 Golden Gate Avenue, San Francisco, CA 94102

INCIDENT REPORT

Date of Incident: 9.14.15

Time of Incident: 11:15am

Specific location in building where the incident took place: Outside in front of the HSA gate and the GAAP building

First and last names and job title of all staff involved in the incident: Necol Edwards and Tony Chambliss

First and last names of all residents involved: [redacted] and [redacted]

Where were the children in these families during the incident? [redacted] younger daughter was with the [redacted] family in the lobby.

Briefly describe the incident

Around 11:15am Mrs. [redacted] ran to the door screaming that someone was getting beat up outside. When I asked if it was a resident, she said yes it was [redacted]. I looked outside, and seen [redacted] in a physical altercation with another gentleman. The other gentleman and Ms. [redacted] both took off in separate cars, along with another lady. Mr. [redacted] then requested a towel for his face, which was bloody. I gave him a towel and requested that Tony came down stairs. [redacted] family then came in and requested that the [redacted] family be put out. They informed staff that they were definitely going to press charges against [redacted]. [redacted] was asked if [redacted] hit her, and she declined stating that Ms. [redacted] mother had beat her up and it was all over the phone charger. Police came and spoke with the [redacted] family.

Was a warning issued? NO

If so, please list all residents who received a warning and the warning code

Resident's first and last name: N/A Warning Code: N/A

Was a D.O.S issued? Yes RC13

If so, please list all residents who received a DOS and the DOS description:

Resident's first and last name: N/A DOS Description: N/A
[redacted] family - Imminent Danger

Was a Supervisor Contacted? Yes

Were any outside agencies contacted? Yes by the Holland/ Zamora family

Which outside agencies were contacted? Police

First / Last name and job title of staff filing report: Necol Edwards Residential Counselor Date of Report: 9.14.15 Signature