**SAMPLE TEMPLATE**

[**Insert your agency’s and/or Executive Director / Director letterhead here]**

Date *(the incident occurred)*:

Name: (*Client Name)*

**Re: Service restriction notification**  
  
This form was issued to (name of client) on: (*date*)

*(Name of Shelter)* is an emergency shelter that serves (select the applicable description: *individuals and/or families)* experiencing homelessness. Upon admission, your rights and responsibilities as a participant of the program were reviewed with you and you were made aware that you may be discharged and/or service restricted from the program if you fail to meet your responsibilities. As part of your orientation to the program, you were made aware of the service restriction policy.

You have the right to initiate an appeal of a service restriction and to participate in a fair and clear complaint and appeal process without fear of reprisal. This letter provides information about the service restriction you have received and outlines (*name of shelter*)’s internal service restriction appeal process.

**Pending further review and as of this date, you have been service restricted from *(Name of shelter)* for \_\_\_\_\_\_ days.**

**Your service restriction will end: (dd/mm/yyyy)**

If a trespass notice has been issued, you may not enter the property for \_\_\_\_\_ days.

Reason for service restriction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During this time, you will not have access to *(Name of Shelter)*’s services. You have been referred to (*Shelter/Respite*) located at (*Location)* to access their services or you may contact Central Intake at 416-338-4766 for emergency shelter services.

In addition:

As this is an agency-wide service restriction, you will not have access to any programs or services provided by *(Name of Agency)* at this location or other program locations for the length of your service restriction.

**OR**

As this is not an agency-wide service restriction, you may continue to access other (*Name of Agency*) programs or services at (*other locations/programs*). (*Note for providers: please refer to* [*Toronto Shelter Standards 8.6.2 (k)*](https://www.toronto.ca/wp-content/uploads/2023/03/909a-8.TSSAccessRequests.pdf)*).*

**Identification, wallets, and government-issued documents left at the (*name of shelter)* will be held for you to collect until** **(dd/mm/yyyy –** *minimum of 30 days of service restriction issuance***) before they are disposed. All other belongings will be held until (dd/mm/yyyy –** *minimum of 7 days of service restriction issuance***)*.* Any belongings not claimed by this date will be disposed of.**

Your service restriction will be reviewed with you *by (Staff name, role)* on: (dd/mm/yyyy). You may contact *(Staff name, role and phone number and email*) if you have any questions about your service restriction or if you wish to appeal the restriction.

Please contact (*Staff name*) by phone or email or request a phone call at a date and time that you can be reached.

If you are not happy with the outcome after speaking with *(role and contact info of the staff that will handle the service restriction)* about your service restriction, you can escalate this concern to (*name, role and contact of the next level of escalation/appeal within your shelter/agency*).

If you are still not satisfied with the outcome after speaking with *(name and role of next level of escalation/appeal within your shelter/agency),* you can further escalate your concern by contacting Toronto Shelter and Support Services at:

* Email: Homeless.support@toronto.ca
* Phone: 416-392-8741

*Name/Signature of staff issuing the notification letter Date completed/signed by staff*

**Guidelines for Staff to Complete the Service Restriction Client Notification Letter Template**

**Applicable Standards**

As per Toronto Shelter Standards (TSS) section 8.6.2 (g) and Toronto Respite Standards (TRS) section 6.4.2 (h) [new standard], shelter and 24-hour respite providers will, at a minimum, provide clients with the following information both verbally and in writing upon the issuance of a service restriction or within 36 hours and upload this supporting documentation into SMIS

1. The reason for the service restriction
2. The date that the service restriction will be reviewed with the client
3. The date the service restriction will be lifted
4. Information about the client’s right to initiate an appeal of their service restriction

**Purpose**

The purpose of the Service Restriction Client Notification Letter Template is to provide service providers with a tool to assist with compliance with TSS section 8.6.2 (g) and TRS section 6.4.2 (g) which requires that clients are provided written information about their service restriction upon issuance or within 36 hours. Agencies are encouraged to customize details in the letter template in line with their service restriction, appeals and complaints policies.

**Template Components**

The letter template contains the following components:

* Length of service restriction
* Date that the service restriction will be lifted
* Reason for service restriction
* Site-specific service restriction vs. agency-wide service restriction
  + If you are issuing an agency-wide service restriction, the client will not be able to access services from any of your agency’s shelter/respite/drop-in programs.
  + If you are issuing a site-specific service restriction, you may indicate whether a client can access services from any of your other locations or programs.
* Information about the client’s belongings
* Date that the service restriction will be reviewed with the client
* Contact information of the staff who will respond to questions or concerns from clients about service restrictions, including your internal appeal and complaint escalation contacts
* Information about the client’s right to escalate a complaint about a service restriction to Toronto Shelter and Support Services

**Documentation in Shelter Information Management System (SMIS)**

It is noted that clients may receive a service restriction from a program in a manner where providing a letter at the time they leave the program is not possible (e.g., in an instance where police are involved). It is considered best practice to complete the letter as soon as possible following the restriction and retain it in the client file until such time that the letter can be provided directly to the client.

In the event that TSSS receives a complaint directly from the client related to the service restriction, TSSS will request a copy of the letter from the service provider.

Please document the following in SMIS:

* Upload the completed service restriction notification letter as soon as possible following the incident.
* Note the date and time the letter was provided to the client.
* Note the date and time the restriction was discussed with the client.
* Note if the client requested to appeal the service restriction.
* Note who the appeal was escalated to and when the client spoke to the next level of management, up to and including the program/shelter manager.