

West Virginia Department of Health and Human Resources

# Homeless Services Policy

Bureau for Children and Families

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## Section 1 Introduction

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### 1.1 Overview

Provision of homeless services to adults and families presents considerations and challenges for the worker that is unique to this population. While the Department is mandated by *Hodge v. Ginsberg*, 172 W.Va. 17, 303 SE2d 245 (1983) to provide and facilitate services to homeless individuals, it is important to assure that the individual's rights, as guaranteed under the Fourteenth Amendment of the United States Constitution and the West Virginia Constitution, are not infringed upon unnecessarily. A client who has decision-making capacity, therefore, has the option of accepting or refusing certain intervention and services when offered.

Because of these varied and complex considerations, it is vital that the Department be able to proceed in a timely manner but also with sensitivity, understanding, and knowledge when intervening with adults and families. Whenever the Department becomes involved, the intervention provided should be at an appropriate level to meet the needs of the individual, utilizing community resources whenever possible. Meeting all these requirements frequently calls for maintaining a delicate and skillful balance by the worker.

In general, the client's consent must be obtained before services are provided. This is obtained by the client's signature on the Homeless application

The assignment of assessments/cases is done with service and continuity in mind. Assessments/cases are not assigned or reassigned arbitrarily and when appropriate, a worker is assigned at Intake or very early in the contact.

A reasonable attempt will be made to accommodate individuals with disabilities and examples of this include: Auxiliary aids for individuals with disabilities where necessary to ensure effective communication with individuals with hearing, vision or speech impairments will be arranged and provided. All offices have the capability to accommodate individuals that utilize TTY equipment. If further assistance is needed, the worker will contact the local Division of Rehabilitation as well as the West Virginia Commission for Deaf and Hard of Hearing at 558-1675. The TTY toll free number is 1866-461-3578.

Best practice is ensured by recognizing, respecting and responding to the culturally defined needs of individuals that we serve. If someone is in need of an interpreter, the worker must contact local resources to locate an interpreter. Examples include, but are not limited to, the Board of Education, local colleges and Division of Rehabilitation. If a local community resource cannot be located, the worker will seek other resources such as the Department of Justice Immigration and Naturalization Service at (304) 347-5766, 210 Kanawha Boulevard, W. Charleston, WV 25302. If

an interpreter is used, confidentiality must be discussed with this individual, reminding them that all information is confidential and must not be shared with anyone.

## 1.2 Definitions

**Abuse:** the infliction or threat of physical or psychological harm, including the use of undue influence or the imprisonment of any vulnerable adult or facility resident.

**Adult Protective Services:** services provided to vulnerable adults as the secretary may specify and may include, but are not limited to, services such as:

- (A) Receiving reports of adult abuse, neglect, or exploitation;
- (B) Investigating the reports of abuse, neglect, or exploitation;
- (C) Case planning, monitoring, evaluation, and other case work and services; and
- (D) Providing, arranging for, or facilitating the provision of medical, social service, economic, legal, housing, law enforcement, or other protective, emergency, or support services

**Caregiver:** an individual who is responsible for the care of a vulnerable adult or a facility resident, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law, and means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) compensated or uncompensated care to an adult with disabilities or a facility resident who needs supportive services in any setting.

**Custodian:** A person over the age of eighteen (18) years who has or shares actual physical possession of care and custody of an elder person on a full-time or temporary basis, regardless of whether the person has been granted custody of the elder person by any contract, agreement or legal proceeding.

**Community Resources:** Any source of support including but not limited to family, friends, church or faith-based entities, public and private agencies that provides assistance to those who are experiencing homelessness or at risk of becoming homeless.

**Elder:** A person age sixty-five (65) or older.

**Emergency or Emergency Situation:** A situation or set of circumstances which present a substantial and immediate risk of death or serious injury.

**Fiduciary:** a person or entity with the legal responsibility to make decisions on behalf of and for the benefit of another person; to act in good faith and with fairness; and includes a trustee, a guardian, a conservator, an executor or an agent under a financial power of attorney

**Legal Representative:** A person lawfully invested with the power and charged with the duty of taking care of another person or with managing the property and rights of another person, including, but not limited to, a guardian, conservator, medical power of attorney, trustee or other duly appointed person.

**Neglect:** the unreasonable failure by a caregiver to provide the care necessary to maintain the safety or health of a vulnerable adult or self-neglect by a vulnerable adult, including the use of undue influence by a caregiver to cause self-neglect.

**Nursing Home or Facility:** Any institution, residence, intermediate care facility for an individual with an intellectual disability, care home or any other adult residential facility, or any part or unit thereof, that is subject to the provisions of Chapter 16 WV Code §16-5H of the West Virginia State Code (nursing homes WV Code §16-5C, assisted living facilities WV Code §16-5D [previously residential board and care and personal care homes], registered unlicensed homes WV Code §16-5E that serve elderly and disabled adults).

**Responsible Family Member:** A member of a resident's family who has undertaken primary responsibility for the care of the resident and who has established a working relationship with the nursing home or other facility in which the resident resides. A responsible family member may include someone other than the resident's legal representative.

#### Terms Not Specifically Defined in the Law But Defined for Casework Purposes

**Adult Protective Services - Preventive Services:** A range of supportive services provided to an adult who does not meet all four (4) criteria to qualify as an Adult Protective Services client but for whom sufficient risk exists that it is **likely** that an Adult Protective Services situation will result without intervention.

**Basic Needs:** The essential requirements necessary to sustain life, health and well-being such as food, clothing, shelter, and necessary medical care.

**DF-67:** Commonly known as the voucher; A carbon form that is used to promise payment for services from the homeless program.

**Domestic/Family Violence:** Occurrence of one or more of the following acts between family or household members: 1) causing physical harm to another with or without dangerous or deadly weapons, 2) placing another person in reasonable apprehension of physical harm, 3) creating fear of physical harm by harassment, psychological abuse or threatening acts, 4) committing either sexual assault or sexual abuse, or 5) holding, confining, detaining or abducting another person against that person's will.

**Emancipated Minor:** A child over the age of 16 who has been emancipated by 1) order of the court based on a determination that the child can provide for his physical well-being and has the ability to make decisions for himself or 2) marriage of the child. An emancipated minor has all the privileges, rights and duties of an adult including the right to contract.

**Emergency Assistance:** Homeless applicants for the emergency assistance program must be transients that have had their travel plans disrupted ( i.e. they must have a specific place to go to in a specific community; or rendered homeless because their living quarters have been destroyed). They must meet income guidelines outlined in [Chapter 10, Appendix A](#)

**FACTS:** - (Families and Children Tracking System is the automated client information system used by the West Virginia Department of Health and Human Resources, Bureau for Children and Families.

**Family:** A group of two or more individuals that may consist of parents, children, significant others or other familial connections. This group may include minors for purposes of this policy.

**Financial Exploitation:** The intentional misappropriation, misuse, or use of undue influence to cause the misuse of funds or assets of a vulnerable adult or facility resident, but does not apply to a transaction or disposition of funds or assets where a person made a good faith effort to assist the vulnerable adult or facility resident with the management of his or her money or other things of value.

**Homeless:** A situation wherein a person does not have access to, nor the resources to obtain, shelter. In this definition, shelter does not include any makeshift accommodations such as a car, tent, or box.

**Illegal Alien:** A foreign national who either entered the U.S. without inspection, entered with fraudulent documentation, or who, after entering legally as a nonimmigrant, violated status and remained in the U.S. without authorization. See the definition for undocumented alien, which is one type of illegal alien. There are different types of aliens: Illegal, undocumented, etc.

**Imminent Danger:** Circumstances exist which indicate the presence or risk of death or serious physical injury.

**Self-Neglect:** The inability of a vulnerable adult to meet his/her own basic needs of daily living due to mental or physical condition.

**Sexual Abuse:** The coercion of a vulnerable adult or facility resident into having sexual contact with the perpetrator or another person. The perpetrator may be involved either directly (e.g. the sexual partner) or indirectly by allowing or enabling the conditions which result in the sexual coercion.

Since sexual assault is a criminal matter, intervention by APS should be done in collaboration with law enforcement.

**Substantiation:** A determination that a vulnerable adult or facility resident meets all of the APS eligibility criteria.

**Transient:** An individual with no permanent living arrangement, i.e., no fixed place of residence, is considered homeless or transient. Someone who is transient is neither a member of a household nor a resident of an institution. For the purpose of this policy a transient is also someone that is passing through a community with no intention to establish a permanent residence in that community. For example:

- a. Someone who sleeps in doorways, or overnight shelter, parks, bus stations, etc.
- b. A person who stays with a succession of friends or relatives and has no permanent living arrangement.

**Undocumented Alien:** An alien in the US without proper documentation. He/she is in violation of U.S. immigration law. (See also the definition for illegal alien, for a broader explanation of unauthorized aliens in the United States).

**Verbal Abuse:** The threat to inflict physical pain or injury on or the imprisonment of any vulnerable adult or facility resident. The threat to inflict physical pain or injury includes, but is not limited to, threatening to withhold food, hydration and/or medical treatment. The threat to imprison includes, but is not limited to, isolation. The verbal threat(s) must be perceived by the client or others to be real. Non-malicious teasing does not constitute verbal abuse.

**Verification of Allegations:** A determination based on the information gathered during an investigation, the reported allegation is in fact true. It is possible to verify one or more allegations but not substantiate the report as a whole. Example: the allegation may be verified but the circumstances do not meet the definition of abuse or neglect, i.e. 1) “no food in the house” but adult goes out for meals or, 2) the abuse or neglect did in fact occur but the adult is physically incapacitated only and chooses not to accept further intervention by APS.

### **1.3 Mandates and Mission Mandates for the Department: Mandates for the Department Regarding Homelessness**

In *Hodge v. Ginsberg*, 172 W. Va. 17, 303 S.E.2d 245 (1983), the West Virginia Supreme Court of Appeals determined that the term “incapacitated adult” as defined in West Virginia Code § 9-6-1 was intended by the Legislature to include “indigent” persons who, by reason of the recurring misfortunes of life, are unable to carry on the daily activities of life necessary to sustaining life and reasonable health.” Syllabus Point 6, *Hodge*, supra.

The Court further determined that “The lack of shelter, food and medical care which poses a substantial and immediate risk of death or serious permanent injury to an incapacitated adult is a valid reason for intervention by the Department of Welfare [now Department of Health and Human Resources] through the provision of adult protective services.” Syllabus Point 7, *Hodge*, supra.

Based upon the foregoing, the Court ultimately granted a writ of mandamus requiring the Department to provide the petitioners in *Hodge*, and “other similarly situated [homeless or indigent] persons,” emergency shelter, food and medical care as the Court determined to be required by WV Code §9-6. The Court derived the Department’s homeless mandate not only from the above statutes, but also from Chapter 29 of the WV Department of Welfare’s then existing Social Services Manual, specifically Regulations [Policy] 29010, 29100 and 29120.

Based upon the regulations/policy under Chapter 29 of the Social Services Manual, the Court determined that the assistance provided to the homeless must be such as “will meet the individual’s needs with the least necessary restrictions on his liberty and civil rights.” Hodge, 303 S.E.2d at 251. The Court also determined that, “The department is required to provide such services as are ‘appropriate in the circumstances’ ... and which ‘meet the individual’s needs.’” Hodge, Id.

In Hodge, it should be noted that the Court did not elaborate on or specify what resources, programs and/or benefits that are incumbent upon the Department to create or to facilitate to carry out the mandate of providing emergency shelter, food and medical care to the homeless. The Court further did not identify a funding mechanism for homeless services, nor did the Court explain whether or not services or benefits already provided by the Department also constitute homeless services.

The following mission defines the mandates of Hodge v. Ginsberg.

***Mission Statement***

It is recognized that there is no single cause for homelessness but it is precipitated by a number of factors. It is also recognized that a person is accountable for his/her behavior and this policy is not intended to mandate benefits to those who are experiencing homelessness.

The West Virginia Department of Health and Human Resources acknowledges the following to be its mission in providing homeless services to West Virginia citizens when such services are appropriate and available under the circumstances for citizens experiencing homelessness:

1. To fairly and reasonably assess an applicant’s claim for homeless services;
2. To provide emergency food, shelter and medical care to individuals experiencing homelessness in a manner respecting the dignity and the rights of those receiving services;
3. To develop an individual service plan with each eligible client which defines the goals, services and tasks enabling the client to become self-supporting or to be otherwise cared for and which recognizes the responsibilities of both the client and the Department in realizing the plans objectives; and
4. To work with state and community organizations in developing and utilizing resources and providing services which are reasonable and cost-effective given state and local conditions.

## Section 2 Intake

### 2.1 Eligibility Criteria

In order to be eligible to receive homeless services, the individual must meet the following criteria:

- a. Be 18 years of age or older, or an emancipated minor, or member of an eligible family group;
- b. Meet the definition of homeless; and,
- c. Lack sufficient resources to obtain needed emergency shelter, medical care or food.

Whenever these criteria are met and the intake is assigned for assessment, an assessment is to commence and be completed within a specified period of time. (See policy sections titled Response Times and Initial Assessment for detailed information).

The application for benefits shall be taken at the DHHR office/contracted shelter where initial contact with the applicant occurs. If a transfer to another area is practicable, refer to County Transfer section of this policy.

When community resources are available that will meet the client's need, the applicant is not eligible for homeless program benefits.

#### ***Persons not eligible for homeless benefits include, but are not limited to:***

- A. Those less than 18 years of age who are not legally emancipated. (This does not include those who are members of an eligible family group);
- B. Those that do not meet the definition of experiencing homelessness;
- C. Those who are only at risk of eviction but not yet experiencing homelessness;
- D. Those who refuse to provide information necessary to develop/follow a service plan, access resources or determine eligibility;
- E. Those refusing to agree to, or comply with, violate or otherwise abandon the service plan;
- F. Those attempting to obtain benefits by giving false information and/or withholding information relevant to eligibility;
- G. Transients who are eligible for Emergency Assistance which will meet their needs;
- H. Those whose pursuit of, or participation in, educational programs prohibits or restricts their seeking, accepting or maintaining employment or otherwise fulfilling the condition of their service plan; those who have access to resources such as grants, scholarships,

loans, etc. to meet housing needs. Special exception may be requested for applicants/clients still in high school who are within one year of graduation;

- I. Those whose release from a jail or prison is conditional to their providing for their own shelter/dwelling needs. Housing requirements are normally addressed by the supervising authority rather than the Department of Health and Human Resources;
- J. Those who have been offered/provided transportation to a location where their needs are/can be met and who refuse such services;
- K. Illegal aliens. Only those aliens who can produce a temporary residency document may be eligible to receive benefits. (Refer to the Immigration and Nationality Act, Section 2, (8 U.S.C. 1324); If an individual cannot produce a temporary residency document, contact must be made with the Immigration and Naturalization Services to determine if the individual will be deported. If not, consideration must be given to providing homeless services.
- L. Those who have temporarily lost housing as a result of natural/man-made disaster. (A referral to Emergency Assistance is appropriate, as well as to Red Cross and other community resources. If services cannot be provided by other agencies or community resources, then Homeless services may be provided).
- M. Those who have been placed in, or have access to, subsidized housing by the Homeless Program where rent payments are paid or subsidized by other housing programs (HUD, etc.) unless documented evidence exists that a qualified unit is not available; and
- N. Those with housing/shelter needs that may be met by another program, such as Emergency Assistance, CPS, etc. Appropriate referrals must be made to such other program.

### ***Parolees/Probationers***

Parolees/Probationers are under the direct supervision and authority of parole or probation officers. Therefore, it is important that benefits afforded such persons be coordinated with the supervisory authorities. Parolees/probationers, if they are otherwise eligible, may be provided homeless benefits in accordance with the following conditions:

- A. Benefits cannot be provided or guaranteed, nor can an application for services be accepted, while the person is incarcerated;
- B. Except in an emergency, prior to receiving benefits a parole/probation applicant MUST provide written consent to apply to the Homeless Program from his/her supervising officer, AND a copy of the order of release, or probation order, including rules or regulations conditional to such release and supervision. These rules and regulations shall

become part of the Homeless Program service plan and violation thereof may result in negative program action;

- C. If parole/probation rules, regulations or conditions conflict with the Homeless Policy or prohibit the carrying out of the service plan, benefits shall not be provided;
- D. The worker shall provide a copy of the client's service plan, including any revisions or negative actions, to the supervising parole/probation office;
- E. The supervising parole/probation officer must agree in writing to the requirements of the service plan; and,
- F. It is important that the Homeless Program case worker and supervising parole/probation officer coordinate their efforts.

## **2.2 Required Information**

The initial interview is the first important step in providing services to homeless people. A thorough screening must be conducted in order to gather information regarding the applicant's need for services.

During the Intake process, information gathered must be as complete and thorough as possible. At a minimum, the following information must be gathered during the Intake process and documented in the client's case record:

- a. Name(s) of client(s);
- b. Cause of homelessness
- c. County/ Zip Code of last residence;
- d. Current living arrangements;
- e. Subsidized housing;
- f. Current location of the client(s);
- g. Age/date of birth of client(s);
- h. Current address of the client(s), as well as any recent addresses;
- i. Phone number for the client(s);
- j. Other individuals involved in or who have knowledge of the client's circumstances;
- k. Income and/or assets of the client(s) or source and date of most recent income;
- l. Reason income has stopped;
- m. If client(s) has been a resident in a shelter previously (either in WV or outside WV);

- n.** If client(s) currently receives benefits from DHHR (either in WV or outside WV);
- o.** If client has been incarcerated (date, place, etc.);
- p.** Criminal history of client(s);
- q.** Behavior problems;
- r.** Physical and mental description of the client;
- s.** Legal Representatives, if known;
- t.** Connection to any formal/informal support systems;
- u.** Specific needs of the client(s); and
- v.** Any other relevant information. (vehicles, other applications to other resources, etc.)

When all referral information is gathered and documented in the client's case record, a reasonable search must be completed to determine if there are other referrals/assessment/cases, community resources available for the identified client. If so, information available must be reviewed.

At the conclusion of gathering the referral information, the intake worker may indicate if, in his/her opinion, the information reported meets the definition of homeless.

The following procedures are to be used during the Intake interview:

- a.** The Worker and applicant shall complete the ES-CHET-1a and the Homeless program Application (SS-HP-4);
- b.** The Worker will explain the program requirements which include utilization of appropriate community resources and consequences for failure to accept offered services;
- c.** Additional inquiries/referrals should be made, if appropriate, to other entitlement programs to avoid duplication of services;
- d.** The completing of the SS-HP-4 requires the signatures of all adults in the household/benefit group for whom services are provided. The ES-CHET-1 requires the signatures of all adults for whom payment is provided through this payment system. The same persons should also sign a general release of information form;
- e.** At this point, the emergency needs of the client will be identified and evaluated for services to be provided.

### **Section 3 Assessment**

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### **3.1 Conducting the Comprehensive Interview**

Once the intake is initiated by a Worker, completion of the Comprehensive Interview is to begin promptly and must be completed and documented within ten calendar days from the date of the intake. Completion of the Comprehensive Interview involves gathering a variety of information about the client and his/her current status. Information is to be gathered by conducting a series of interviews with the client, CPS and APS Staff (if applicable) caregiver/provider (if applicable), others having knowledge of the situation, and other significant individuals. Information gathered during this Comprehensive Interview process will focus on determining 1) the cause(s) of homelessness, 2) whether or not homeless services are indicated based on the client's circumstances, 3) identifying services needed and methods to be utilized to remedy the situation, 4) identifying the resources available to meet the client(s) needs, such as family, friends, community and/or government agencies, etc., 5) encouraging the client to assume responsibility to the extent possible for his/her own welfare, 6) if homeless services are not indicated, what other services may be needed with appropriate referrals made, and 7) the role the Department may play beyond the Comprehensive Interview, such as referrals to other departmental services.

If not obtained in the intake, the Worker should gather and document demographic information about the client's prior living arrangements, current living arrangements and verify if this is an available resource for continued use, living environment, capacity, functioning, health, finances, education, employment and military information. In addition, if the client has a caregiver, whether formal or informal, this must also be documented.

If a decision-maker does/does not exist, documentation is required. When a decision-maker does exist, the worker must obtain a copy of the document in order to recognize the authority of the decision-maker and file this document in the case record.

In addition to gathering information, several critical questions must be considered when completing the Comprehensive Interview and determining whether the case is to be opened for homeless services or the Comprehensive Interview is to be closed. These include the following:

- a.** Can the client's situation be met through current resources available to them or potential resources they may apply for? (For example: financial, social, family, etc.)
- b.** Does the adult appear to meet eligibility criteria for homeless services?
- c.** Has there been a medical determination that the adult does/does not have decision-making capacity?
- d.** Does the adult have an acting substitute decision-maker? (e.g. guardian, conservator, de facto guardian, de facto conservator, health care surrogate, medical power of attorney, power of attorney, representative payee).

- e. Does the adult have any advance directive in effect? (e.g. Living Will, DNR, Power of Attorney, Medical Power of Attorney).
- f. If homeless services will not be provided, an SS-13 and any referrals to other resources must be given.

Eligibility for services will be determined by the applicant's statement of need and the providing of information to allow the intake worker to determine eligibility. If the worker has information contradicting the applicant's claim of need, verification may be required. This verification may be requested from anyone having knowledge of the applicant. Services may be provided while awaiting verification. If the applicant refuses to provide required information or refuses to agree to comply with the case plan, services shall be denied.

### **3.2 Client Assessment Processes**

#### ***Information to be Collected:***

##### **A. Identifying Information**

Demographic information about the client, their family and unique circumstances is to be documented if available and not already documented at intake. This includes information such as: (not an all-inclusive list)

1. name;
2. most recent address (mailing and residence);
3. date of birth/age;
4. family members;
5. other significant individuals;
6. legal representatives/substitute decision-makers (if applicable);
7. identification numbers (SSN, Medicaid, Medicare, SSA Claim, etc.);
8. gender/ethnicity;
9. marital status;
10. advance directives in effect, if applicable; and,
11. other relevant information.

##### **B. Services Requested and Reason**

Document the specific service(s) being requested. This should include information such as the following:

1. the specific type(s) of assistance being requested;
2. why assistance is being requested;
3. how needs currently/previiously were met or recently met; and,
4. other relevant information.

### **C. Living Arrangements**

Worker will document information about the client's living arrangements. This should include information about where the client most recently resided such as the following:

1. client's most recent location (own home, relative's home, hospital, etc.);
2. was this setting considered permanent or temporary?;
3. if this setting is no longer available to the client, verify and document the reason;
4. type of setting (private home/residential facility; (single family dwelling, duplex, townhouse, apartment, retirement community, foster home, group home, nursing facility, etc.);
5. household/family composition;
6. type of geographic area (rural, urban, suburban, etc.); and,
7. access to resources such as family/friends, transportation, shopping, medical care/services, social/recreational, religious affiliations, etc.

### **D. Client Functioning**

Worker will document information about the client's personal characteristics. This should include information about how the client's personal needs are currently met, including an assessment of their strengths, needs and supports in areas such as:

1. activities of daily living (ADL);
2. whether or not his/her needs are currently being met and by whom;
3. care giver functioning, if applicable;
4. ability to manage finances;
5. ability to manage personal affairs;
6. behavior problems;
7. ability to make and understand medical decisions; and,

8. assessment of decision-making capacity.

#### **E. Physical/Medical Health**

Worker will document information about the client's current physical and medical conditions. This should include information about the physical condition and description of the client as observed by the worker during face-to-face contact as well as information about his/her diagnosed health status. Included are areas such as:

1. observed/reported physical conditions of the client;
2. primary care physician;
3. diagnosed health conditions;
4. current medications;
5. durable medical equipment and supplies used/needed; and
6. nutritional status.

#### **F. Mental/Emotional Health**

Worker will document information about the client's current and past mental health status. This should include information about how the client is currently functioning, his/her current needs and supports, and his/her past history of mental health treatment involvement, if applicable. Included are areas such as:

1. current treatment status;
2. current mental health provider, if applicable;
3. mental health services currently receiving;
4. medication prescribed for treatment of a mental health condition
5. observed/reported mental health/behavioral conditions;
6. mental health treatment history; and,
7. addictions.

#### **G. Financial Information**

Worker will document information about the client's current financial status. This should include information about the client's resources and their ability to manage these independently or with assistance.

Included are areas such as:

1. financial resources - type and amount;

2. other resources available to the client - non-financial;
3. assets available to the client;
4. health insurance coverage;
5. life insurance coverage;
6. pre-need burial agreements/burial arrangements in effect, if applicable;
7. information about client's ability to manage his/her own finances;
8. outstanding debts/expenses;
9. court ordered obligation for child support/alimony; and,
10. who manages client's finances.

#### **H. Educational/Vocational Information**

Worker will document information about the educational/vocational training the client has received or is currently receiving. This should include information such as:

1. last grade completed;
2. field of study;
3. history of college attendance/graduation;
4. history of special licensure/training; and,
5. current educational/training needs.

#### **I. Employment Information**

Worker will document information about the client's past and present employment such as:

1. current employment status;
2. current employer;
3. prior employment history; and,
4. current employment needs.

#### **J. Military Information**

Worker will document information about the client's military history, if applicable. This should include information such as:

1. branch of service;
2. type of discharge received;

3. service-related disability, if applicable; and,
4. Veteran's eligibility for benefits (contact local veteran representative). [US Department of Veterans Affairs](#)

#### **K. Legal Information**

Worker will document information about the client's current legal status. This should include information about all known legal representatives, and the specific nature/scope of that relationship. This should include information such as:

1. information about legal determination of competence, if applicable;
2. information about efforts to have client's decision-making capacity formally evaluated;
3. the identification and scope of the decision-maker who assists the client and assess if they are currently willing and/or able to act in the Client's best interest;
4. current legal status and previous convictions (probation/parole status); and,
5. court hearing and/or court order information.

### **3.3 Initial Determination of Eligibility**

If possible, the Worker should make a determination the day of application if the client is eligible for services. Community/ Departmental resources must be utilized first before homeless funds are accessed.

Community/Departmental resources include, but are not limited to:

- a. Family and/or friends;
- b. Entitlement Programs (Social Security, Veteran Benefits, etc.);
- c. Community Mental Health Centers;
- d. Food Pantries;
- e. Clothing Centers;
- f. Health-Care Clinics;
- g. Adult Basic Education;
- h. Community/Contracted Shelters;
- i. American Red Cross;
- j. Churches;
- k. Emergency Assistance;

- l.** HUD Housing;
- m.** TANF (Temporary Assistance to Needy Families); and,
- n.** Any other services.

If services are provided, a short-term service plan must be completed. Refer to Short Term Service Plan section in this policy. If the client is referred to a homeless shelter or is at the homeless shelter, the following steps are not required; however, if DHHR is making direct payment for benefits for the client, the following steps must be completed.

If the client is required to provide additional information/documentation and fails to provide the information, the application will be denied due to non-compliance.

Authorization of payment for services will be made via the DF-67 form, following local office protocol for issuance of the DF-67.

If it is not possible to complete the preliminary assessment during the workday and the client has an immediate need, the agency will provide the necessary benefits (i.e., emergency shelter, food, and/or medical services) for the applicant(s) until the next working day. In the above situations, the client may decide against returning to the office in order to complete the assessment. As payment for benefits to a vendor may have already been committed, the ES-CHET-1 will need to be completed. Both the DF-67 and ES-CHET-1 must be signed by the client. Although payment will be authorized via the DF-67, entry of the ES-CHET-1 will allow for accountability of expenditures.

The ES-CHET-1 and the SS-HP-4 will be the forms used for the screening of homeless applicants to provide the initial information for entry into the CHET System for the client and vendor. Once the ES-CHET-1 is completed by the Worker, signed by the client and entered into the CHET System, it must be filed in accordance with approved office filing procedures.

The DF-67 will be used to authorize payment through the CHET System. It may also be used to enter information regarding the vendor.

Although the SS-HP-4 is used in determining eligibility, it is the primary document in designing the short term service plan, along with the client's input.

### **3.4 Short-Term Service Planning**

As a part of the Assessment, the Worker is to develop a short-term service plan. This is required if 1) a case will be opened for any individual/benefit group receiving homeless services or 2) a case will not be opened but there is some additional follow-up that is required in order to bring the assessment to resolution.

Benefits under the homeless program shall be purchased only if community resources are not available to meet the client's needs.

Homeless benefits in the assessment phase may be purchased by utilizing a voucher for up to, but no more than seven consecutive days. If it is indicated that services will be needed after the seven days, the worker must give the client(s) an appointment to return to the office within seven calendar days. All community resources must be explored, including contact with contracted homeless shelters to determine if there is a vacancy upon the client's return to the office. If a transfer to another area is practicable, refer to County Transfer section of this policy.

Consideration is to be given to both short- and long-term planning including the development for eventual discharge from homeless services as appropriate. These two situations are described below:

***Department will provide social services beyond assessment:***

In this situation, the short-term service plan is to briefly document the tasks that are to be accomplished in the immediate future. This plan should be of a very limited duration and should in no instance exceed thirty (30) days. This short-term service plan will be in effect until the regular service plan is completed in the case focus.

***Department will NOT provide social services beyond assessment:***

In this situation, the short-term service plan is to document the tasks that have been accomplished during the assessment process. A brief statement of the task is to be documented on the plan (i.e. seek employment, apply for potential benefits, seek housing, etc.). Specific information regarding a) who was contacted, b) when contact was made and c) the results of the contact(s) are to be made on the Recording Log/Case Note Section. In this situation, the short-term service plan will end at the point the assessment is completed.

**Note:** The short-term service plan is primarily intended to be a way for the worker to document what tasks will occur during the Assessment and prior to opening as a case. It is part of the Assessment and does require signatures.

### **3.5 Conclusion of Assessment**

The final step in the Assessment process is to determine, based on the information gathered, whether or not homeless services will be provided by the Department or through a shelter. In order for a homeless case to be opened, the client(s) must have been determined to meet the applicable eligibility criteria. (See Eligibility Criteria for detailed information). All available resources must be thoroughly explored to determine if there are any resources available that will meet the client's need. If it is cost effective, the worker is to utilize services offered by contracted

shelters in West Virginia to determine if the client's basic needs can be met prior to issuing a voucher.

Benefits under the homeless program usually consist of shelter, food and/or medical care. If a client begins to receive income from any source equal to, or greater than, the approved payment rate schedule in the Housing/Shelter Payment Schedule section of this policy, or, if an applicant has temporarily exhausted such income, homeless benefits may be continued or provided for up to thirty (30) days if the social worker determines the services better assure the client's self-sufficiency.

However, special circumstances may exist justifying other benefits as outlined.

### ***Assessment Disposition Options***

When the Assessment is completed, all the information and findings are to be documented in the client's record. All areas identified as a problem area in the ~~Initial~~ Assessment process must be addressed on the service plan. The social worker will then submit the Assessment, along with their recommendation about disposition of the assessment, to the supervisor for approval. The possible dispositions available to the social worker are:

- a.** complete the Assessment and open a Homeless Service case (to be used by DHHR and shelter staff);
- b.** close the Assessment and refer to a homeless shelter, with case management services provided by the homeless shelter (to be used by DHHR staff only) ;
- c.** close the Assessment and refer to other resources (internal/external to Department); or
- d.** close the Assessment with no additional action needed. Examples of what this includes, but are not limited to: client refused services offered, loss of contact with client after assessment completed, etc.; and
- e.** incomplete assessment (client left the shelter/DHHR office before the assessment could be completed or loss of contact).

Refusal of services may mean the client did not accept placement in a homeless shelter, in the state in which they live.

The disposition shall be based on all the information gathered during completion of the Initial Assessment. From this information, the social worker will determine eligibility of the client for homeless services provided by the Department. Notification of the disposition is to be provided to the client or their legal guardian by completion of the Notification of Application for Social Services (SS-13).

The Supervisor's/Shelter Director's (or designee's) role includes ensuring that all referrals are appropriately considered to determine eligibility. Screening of the referral must be done promptly.

Note: The assessment must begin the day the client is in the DHHR office or contracted shelter. If an individual/family contacts the Department/shelter by phone, the individual must be advised that all adults in the group need to come to the local DHHR office or shelter to make an application.

**Supervisor's/Shelter Director's (or designee's) Role:**

The supervisor/shelter director (or designee) is the primary decision-maker at the disposition stage of the homeless process. This is consistent with other Department policies which recognize the unique blend of experience, skill, and leadership which supervisors provide.

**The Supervisor/Shelter Director (or designee) will:**

- a. Review the information collected at intake for thoroughness and completeness.
- b. If not previously completed by the Worker, conduct a search to determine if other referrals/assessments/cases already exist for the identified client.
- c. Determine if the intake will be accepted for a homeless assessment or if the intake will be screened out. In determining whether to accept or screen out a homeless intake, the supervisor must consider:
  1. the presence of factors which present a risk to the client(s);
  2. whether the information collected appears to meet the criteria for homeless services; and,
  3. the sufficiency of information in order to make a screening decision.
- d. Accept all intakes for a homeless assessment that appear to meet the criteria for homeless services.
- e. Document the decision regarding screening in case notes.
- f. Once the intake is screened and is accepted or denied, issue the SS-13 and provide the client with a copy of the form.

- g.** Ensure that referrals are made to other resources within and outside of the Department, if appropriate, and document what referrals were made.
- h.** If the intake was not “screened out”, ensure that the Social Worker/Shelter Staff begins the assessment immediately.
- i.** When the intake is received, if there is any missing information, such as name, last known address, birth date, etc. and the worker learns any of this information at any time, this information must be documented in the client’s case record.

## **Section 4 Case Plan**

### **4.1 Comprehensive Assessment**

A Comprehensive Assessment must be completed for each individual/and or family whose case has been opened for homeless services. This information can be documented on the SS-HP-4. In order to develop a detailed understanding of the client and their needs, the social worker must conduct a face-to-face contact with the client and other relevant parties in order to complete a Comprehensive assessment. Each individual contact is to be documented by the end of the next working day following completion of the contact. Information gathered during the Initial Assessment will be used as the basis for the client’s service plan.

#### **a. Time Frames**

A Comprehensive Assessment, including the development of the service plan, must be completed for each individual/family that is opened for homeless services. This assessment must be completed within seven calendar days following the date the case is opened. If changes in the client’s circumstances occur that would impact the information documented on the Comprehensive Assessment after it has been completed in the case, these changes are to be documented within 48 hours.

#### **b. Conclusion of Comprehensive Assessment:**

When the Comprehensive Assessment is completed, all the information and findings are to be documented in the client’s case record. This, along with the service plan that was developed as a result of the assessment findings, is then to be submitted by the social worker and approved by the supervisor within seven calendar days after the case is opened. Areas that were identified as problem areas on the initial assessment that have not been completely resolved are to be addressed on the service plan.

**Note:** Based on federal requirements, shelters that receive HUD Funding will complete a comprehensive assessment in addition to the DHHR assessment.

## 4.2 Service Planning

Clients are expected to contribute to the efforts of the Department of Health and Human Resources and shelter by their appropriate behavior and willingness to carry out the goals and conditions of the service plans. To encourage such participation, consequences for non-compliance are part of this policy (refer to Sanctions). The purpose of the face to face contact/service plan is to evaluate the results of initial services and to determine the client's continued need for services. The development of a service plan should enable the client to become self-sufficient or to otherwise access resources necessary to obtain housing. The client should be advised of the consequences for failure to comply with the service plan.

The purpose of the service plan is to allow the Worker and the client to identify and document client needs and problems which may include, but are not limited to, those related to behavioral/physical/mental health, alcoholic/drug use, poor life style choices and education that contribute to the client's homelessness or inability to become self-supporting. The plan should also document the specific tasks the client is to achieve to alleviate those problems. If the client is unwilling to follow the requirements of the service plan and/or to cease behavior identified as causing/contributing to his/her homelessness, homeless benefits may be denied or sanctioned. Creative planning is appropriate utilizing all available resources. One approach may be group client sessions or sessions where representatives from other service delivery agencies such as Employment Security, Education and Vocational Rehabilitation can explain their services and programs.

**Note:** The Worker shall provide the client a complete explanation of the causes and penalties of the sanction process (refer to Sanctions).

The service plan shall be reviewed and updated as often as the case requires. However, follow-up interviews must occur at least twice a month.

Following completion of the comprehensive assessment process, a service plan shall be developed to guide the provision of services in the ongoing stage of the case. Service planning must be primarily directed toward remedying the identified problems, alleviating the need for homeless services, and assisting the client(s) to become self-sufficient. In developing a service plan, consideration should be given to the conditions that exist as well as the strengths/capabilities of the client and their family/significant others. Based on the current circumstances, it is appropriate to develop a plan to end homelessness and assure safety of the adult and/or family. In addition to addressing the immediate issues, consideration is also to be given to the long term planning, including preparing for eventual closure of the homeless case,

as appropriate. Service needs are to be addressed in priority order, beginning with the most urgent issues.

Development of the service plan is to be based on the findings and information collected during the assessment processes (i.e. initial assessment, comprehensive assessment, and case review). Based on the information gathered, goals must be identified and set forth in the service plan. These will provide the milestones for assessing progress and success in the implementation of the plan. The service plan provides a written statement of the goals and desired outcomes related to the conditions identified through the assessment processes. Each problem area included in the service plan for a homeless case must directly relate to the homeless situation that exists.

Development of the service plan is to be a collaborative process between the worker, the client, and others such as providers (if applicable) or legal guardian. In addition, the principle of self-determination, which is critical in intervention with adults, extends to the client's right to decide who should be included in his/ her service planning. Those individuals who were involved in the development of the service plan should also be involved in making changes/modifications to the plan.

Document the details of the service plan clearly and when completed, forward to the appropriate supervisor for approval. After approval by the supervisor, required signatures must be obtained. Required signatures include the client or his/her legal representative and all other responsible parties identified in the service plan. The signed copy is then to be filed in the client's record. A copy of the completed service plan is to be provided to all of the signatories.

The service plan must be updated at the monthly review. The service plan is only a part of the review process. The service plan can and should be modified as appropriate any time there is a significant event or change in the client's circumstances that warrants a change in the service plan. Refer to the section titled Case Review for additional information.

### ***Inclusion of the Incapacitated/Incompetent Adult in Service Planning***

Inclusion of incapacitated/incompetent adults in the service planning process presents the worker with some unique challenges. Although legally determined to lack decision-making capacity, the client may have the ability to participate in the development of the service plan and should be permitted and encouraged to participate to the extent possible in its development as well as signing of the completed document. Some special considerations for the worker include the following:

When there has been a legal determination that the client lacks decision-making capacity and has a court-appointed representative, the representative must be respected as the spokesperson for the client and the representative's consent must be obtained in completion of the service plan. If the court-appointed representative is the cause of the homelessness and is unwilling or

unable to take/permit the action(s) necessary to carry out the service plan, that individual shall not participate in development of the service plan nor shall he/she sign the completed document. In this situation, the service plan must address seeking a change in the client's legal representative, with appropriate referrals made and evaluating if an APS and/ or Request to Receive Services referral must be made.

When the client has an informal representative (e.g. close relative, other long-term caregiver or significant other), this individual may be included in the service planning process and may sign the service plan. The relationship of the informal representative is to be documented in the client record.

When the client appears to lack decision-making capacity but does not have a court-appointed or informal representative, the worker may complete the service plan without the client's written consent. In this situation, consideration for a substitute decision-maker must be evaluated and appropriate referrals made.

When a client appears to have decision-making capacity and could benefit from intervention but is resistant, it is appropriate for the worker to try to overcome some of this resistance. Ultimately, however, a client with decision-making capacity has the right to refuse case management services. In this situation, a service plan would not be developed and the homeless case is to be closed.

The situations listed above are the most likely to occur and require consideration by the worker. Variations, however, may occur and could require consultation between the social worker and his/her supervisor to determine the most appropriate approach. It is imperative that the worker's documentation accurately reflect what has transpired in the case.

### ***Determining the Level of Intervention***

The client's needs will be taken into consideration when determining the level of intervention and will be provided at the most cost-effective method, which may include friends, family members, DHHR contracted shelters, non-contracted shelters, etc. If family or friends are not willing and able to assist the client, then a contracted DHHR shelter will be utilized. However, if the contracted shelter that is in closest proximity does not have a vacancy, the worker will contact other contracted shelters in the state to determine if a vacancy exists and if it would be cost effective to place the individual in that shelter.

If housing cannot be arranged at a contracted shelter and the individual is placed in a setting that does not provide meals, the most cost effective method must be utilized for food. Examples include, but are not limited to, food pantries, churches, civic organizations, Food Stamp benefits, soup kitchens, etc. Refer to the Food Section in this policy for additional information.

If the homeless individual is in need of emergency medical care, the most cost effective method must be utilized. These include: community/civic organizations, emergency assistance, family members, churches, Medicare Part D, drug company assistance programs, samples from physicians, mental health agencies, health right clinics, hospital presumptive Medicaid and indigent programs, Affordable Care Act, and Authorization for Medical Services for Adults (as last resort), etc. Refer to the Emergency Health Care section in this policy for additional information.

### ***Required Elements***

The service plan must contain all the following components in order to assure a clear understanding of the plan and to provide a means for assessing progress.

- a. Problem/need statement.
- b. Specific, realistic goals for every area identified as a problem, including but not limited, to those identified through the initial assessment process. This will include identification of the person(s) for whom the goal is established, person(s)/agency responsible for carrying out the associated task(s), identification of services, and frequency/duration of services.
- c. Specific criteria which can be applied to measure accomplishment of the goals.

Specific tasks which will be required in order to accomplish the goal. These are tasks or activities that are designed to help the client progress toward achieving a particular goal and should be very specific and stated in behavioral terms, such as: "Mary Jones will apply for SSI, housing, employment, treatment, etc."; or, "Sam Harvey will attend AA meetings at least once weekly." These tasks are typically short-term and should be monitored frequently.

Identification of the estimated date for goal attainment. This is a projection of the date that the worker and the client expect that all applicable tasks will be achieved, that minimal standards associated with change will have been attained.

### ***Other important considerations***

- a. The client's real and potential strengths;
- b. Attitudes, influences and interpersonal relationships and their real or potential impact on implementation of the service plan;
- c. The circumstances precipitating involvement by DHHR and/or Shelter Staff; and
- d. Level of motivation.

When it is determined through the assessment process that risk factors exist which compromise the safety of the adult, the identified problem areas must be addressed in the service plan. When developing a plan to improve safety of the client, it is important to involve them in the discussion

of the behaviors which are problematic, options for managing the behaviors, and the formalization of a plan to address the behaviors and their cause(s).

## **Section 5 Case Management**

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Case management is the primary service provided by the Department for clients who have been opened for homeless services. It consists of identification of problem areas/needs, identification of appropriate services and resources to address the identified problems/needs, referral of the client to appropriate service agencies, and coordination of service delivery, thus enabling the client to become self-sufficient. It is important to note that homeless case management is voluntary on the part of the client, or on the part of his/her legally appointed representative. Case management cannot be forced upon an unwilling client who has not been determined to be incapacitated; however, if the client does not accept case management services, the homeless case will be closed.

Case management in homeless services is to be time-limited. Homeless services are not to exceed 45 days, unless good cause can be documented. Examples of good cause include, but are not limited to: Goals on the Service Plan have not been attained, but progress has been made; housing cannot be located; etc. The end goal of case management for these cases is to link clients with appropriate supportive services. The Worker will review the case with their supervisor/shelter director prior to granting an extension.

The purpose of case management is to meet the homeless needs of clients and to develop with the client a plan of action (service plan) enabling the client to be self-supporting through employment or enrollment in an eligible entitlement program.

### **5.1 Time Frames:**

The worker is to maintain regular contact with the client during the life of the case to monitor the client's progress and to assess the client's compliance with the service plan. At a minimum, the worker must have face to face contact on a weekly basis for the first month. Thereafter, face to face contact must occur on a bi-monthly basis. Depending on the individual needs, the face to face contact may occur more frequently than on a bi-monthly basis. The frequency of visits should be determined by the level of intervention and contact needed by the client in order to facilitate a smooth adjustment and to resolve any problems that arise in a timely manner. A formalized case review must occur at least monthly. However, the service plan can and should be reviewed and modified as appropriate any time there is a significant event or change in the client's circumstances. These time frames have been established as minimum standards. The worker can and should have regularly scheduled contact with the client between the required reviews in order to monitor progress and identify and resolve potential problem areas promptly. These contacts by the worker are to be face-to face contact with the client. The interview should

be private with the client in the event the client has some issues/problems he/she feels uncomfortable in discussing in the presence of others, unless the client specifically requests that someone else be present and this must be documented. The need for contact more frequently than the minimum requirement is to be determined based on the unique circumstances of the case. All contacts are to be documented as soon as possible within completion of the contact. Documentation is to be relevant and pertinent to completion of the case review.

## **5.2 Program Benefits**

Benefits under the homeless program usually consist of shelter, food, housing/shelter payments and/or medical care.

### ***Shelter***

Shelter consists of no-cost shelter/housing, contract shelters and vendors who have agreed to accept payment and provide shelter for the individual or benefit group. Shelter payments to client's relatives are not permitted. Congregate shelters (e.g missions, Salvation Army, DHHR contract shelters) are viable resources and shall be utilized. However, factors to be considered for "out of community placements" include: availability of resources, availability of employment opportunities, documented need to stay in a given community, etc.

At a minimum, shelter purchases for clients shall not pose a threat to health or safety as determined by fire, health, utility officials or governmental code enforcement. If it is determined at any time by such officials that the shelter does not meet health and safety requirements, the worker and client shall select a more suitable alternate site.

If an applicant is without shelter as a result of mismanagement of income, a representative payee or conservator referral may be needed. If the mismanagement continues and the client is still in need of homeless services, seeking a representative payee or conservator is to be included in the Service Plan.

If a client loses access to housing/shelter because of improper conduct, negative action may be imposed if the safety of other residents is at risk. However, great consideration should be given when imposing sanctions or discharging someone from the shelter. Case management and referrals to available resources are vital in these situations. If homeless benefits are going to be discontinued, adverse action notification (SS-13) must be provided to the client prior to discontinuance of homeless benefits.

Authorization for payment to vendors shall be made via a DF-67 based on immediate need, generally up to seven (7) days, with a re-evaluation prior to issuing another DF-67.

### ***Security and Utility Deposits***

Payment of security and utility deposits are not automatically authorized. Such payments will be considered only if it is the most cost effective method of providing shelter.

As a general rule, security deposits shall not exceed one-half of the agreed upon monthly rate. A client shall not be eligible for payments of utilities and/or security deposits more than one time in any twelve (12) month period.

### ***Housing/Shelter Payment Schedule***

The amount allowed for payment under Homeless Policy housing/shelter with utilities is as follows:

- a. \$301.00 for one and two member households
- b. \$340.00 for three member households
- c. \$384.00 for four or more member households

**Note:** Clients for whom shelter has been provided, and chose to vacate, shall not be eligible for payment at another site until the original shelter payment period has ended.

#### **d. Client – Subsidized Shelter Benefits**

If a client receives income from any source, such as child support, unemployment benefits, wages, government benefits, etc. Homeless Program benefits may continue if:

The client applies a minimum of thirty percent (30%) if they are participating in a savings program or up to fifty percent (50%) if they are not participating in a savings program (see below) of his/her income toward the cost of shelter benefits.

The client establishes and participates in a savings program. The amount of savings is to be agreed upon by the client and Worker and documented in the service plan, (clients housed in DHHR-contracted shelters are required to apply at least fifty percent (50%) of their income to a verifiable savings program, the amount to be specified in the service plan) or,

Unless/until the client's income from all sources is equal to or exceeds the level of Housing/Shelter Payment Schedule.

**Note:** The savings program is to enable the client to attain his/her goal of self-support by having funds available for rent, utility and security deposits or to meet other emergencies.

### ***Food***

If food benefits cannot be provided by SNAP or foods orders (food orders are provided only until SNAP benefits are received), vendor payments of no more than \$15.00 a day per person may be made to grocery stores, cafeterias, or restaurants. If the food order is issued to a grocery store,

the worker must include a statement that only food items can be purchased. The method of food benefits delivery will vary from case to case but will be client-suitable, practicable and most cost effective. Consult with Income Maintenance to determine if expedited SNAP benefits can be issued and the approximate date of delivery to determine the length of time for issuance of the food order.

### ***Health Care***

As in all benefits, the most cost-effective health care shall be utilized and shall consist of emergency treatment and services performed or authorized by a licensed physician and consistent with the limits of this policy. In all appropriate cases, payments will be made at established Medicaid rates. For the purpose of health care benefits in this policy, “emergency” constitutes a life-threatening or preventing a life-threatening situation to occur.

Approval for exceptions may be granted by the Worker’s supervisor ONLY if such service is in keeping with the service plan (such as a physical examination as a condition to employment).

#### **a. Emergency Health Care**

All emergency health care services are authorized and include:

1. Physician services;
2. Prescription and medicines;
3. Outpatient service;
4. Emergency services. If a hospital has an indigent program that will pay for this service, DHHR must be the last option for payment;
5. Transportation (ambulance, taxi, etc., at accepted community or state reimbursement rates); and,
6. Emergency Medical Services.

The report from the attending physician is required before payments can be authorized.

**Note:** If there are any other available resources that will meet this need, they must be explored. Examples include but are not limited to: Affordable Care Act, Medicaid, Health Right clinics, physician’s samples of medicine, civic organizations, family, friends, etc. Individuals without health insurance should be referred to the local DHHR for available resources.

#### **b. Medical Care Payments**

All Medicaid-covered services shall be paid through the special (‘zero’) Medical number system, unless it is an Emergency Room visit, which would have to be paid through the CHET System at Medicaid rates. Non-Medicaid covered services (such as nonprescription, over-the-counter drugs/items) will be paid through the CHET System.

**c. Special Medical Authorization**

Most adults who are served through homeless services will have or be eligible for some type of medical insurance coverage. If the client does not have coverage for necessary medical care, (prescriptions and limited doctor visits) the worker must thoroughly explore all potential options for securing appropriate medical coverage. (Examples include, but are not limited to, Affordable Care Act, Medicaid, community/civic organizations, family members, churches, Medicare Part D, drug company assistance programs, samples from physicians, mental health agencies, health right clinics, presumptive Medicaid, etc.). If, after this exploration, an active homeless client requires medical services on an emergency/potentially emergent basis and does not have the resources available to obtain them, a Special Medical Authorization may be requested to cover the cost of eligible services at a rate not to exceed the current Medicaid rate. For clients that are sixty-five (65) years of age or older, the Special Medical card will not cover any prescriptions that are covered under Medicare Part D, regardless of whether the client is enrolled in or receiving Medicare Part D. Therefore, the Special Medical Card must not be issued for any prescriptions covered by Medicare Part D. However, if the homeless individual is in an emergent situation and there are no other resources available to meet the emergent need, the payment may be made through the CHET System to alleviate the emergent need until Medicare eligibility can be established.

Eligibility for Medicare Part D is based upon the following:

The individual must be receiving either Medicare Part A or B. To be eligible for either Medicare Part A or B, the individual must be sixty-five (65) years of age OR, if under sixty-five (65) years of age, the individual must be receiving disability Social Security benefits and must have been receiving disability Social Security benefits for two (2) years. Lack of resources means that:

- a. the client does not have funds to pay for medical care; and,
- b. is not eligible for any type of medical coverage; or,
- c. is eligible for medical coverage but benefits are not currently available (recent application-not yet approved for coverage), with the exclusion of Medicare Part D.

The Special Medical Authorization may be used to cover certain medical costs. However, all Medicaid eligible services are not necessarily covered by this authorization. The Special Medical Authorization is to be used to provide for medical care needed to treat an emergency or to prevent a medical emergency from occurring. Examples of costs that are typically covered are medication and limited doctor visits, chuxs and disposable briefs. Examples of costs not covered include hospitalization, nursing home placement, psychiatric/behavioral health services/treatment, dental work, glasses, outpatient surgery, diagnostic testing, etc.

To request the Special Medical Authorization, the worker must prepare the request and submit it to the supervisor for review and approval. If the individual is in a contracted shelter and in need of the Special Medical Card, this must be approved by the Adult Services Supervisor. When requesting a Special Medical Authorization, the following information must be documented:

- A. client's goal related to providing the requested services;
- B. list the specific service(s) payment is being requested for and the associated cost(s) (cannot exceed current Medicaid rate);
- C. statement of verification that all potential resources have been explored and there are no other resources available to meet the cost;
- D. anticipated duration of request (not to exceed thirty (30) days);
- E. name of provider;
- F. client income amount and source; and,
- G. any other relevant information.
- H. Ideally this information should be documented in summary form as a contact and information related to goals would be documented on the service plan.

**Note:** In a situation where a client needs services from more than one vendor (e.g. an office visit with a physician and prescriptions from a pharmacy) a separate Special Medical Authorization request will be required for each vendor, with approval from the Adult Services Supervisor.

If approved:

Once approved by the Adult Services Supervisor, a copy must be filed in the client's case record. Finally, the worker will furnish the authorization letter to the vendor(s) who will be providing the service, as well as to the client.

Vendors need to be made aware that there is generally a delay of about five (5) working days between when the Special Medical Authorization is generated by the Bureau for Children and Families and when this information is received by the Bureau for Medical Services. Therefore, if the Special Medical Authorization is used immediately upon issuance, the vendor may need to wait a few days to submit the request for re-imburement, otherwise Medicaid may not have received verification that the service has been authorized.

If denied:

The social worker may provide additional information and re-submit the request if the denial was based upon insufficient information, otherwise the social worker must seek alternate resources to cover the services requested.

**Note:** If the Homeless case is closed and the Special Medical Authorization is still in effect, the worker must send written notification to the vendor, the client or his/her legal representative, and the Bureau for Medical Services advising them that the authorization is no longer in effect and the date on which coverage ends.

***The Adult Authorization for Service Form (SS-AS-001)***

- a. If the use of the 'zero' medical number is approved by the local authorized representative, the vendor's invoice must be attached to a copy of the SSAS-001 which the vendor will submit for payment.
- b. The original of the SS-AS-001 should be kept in the case file.
- c. A copy of the SS-AS-001 should be mailed to the Bureau of Medical Services or wherever that office should require.
- d. The use of the 'zero' number may be authorized for up to, but no more than, sixty (60) days from the date of authorization, except for pharmaceutical purchases.
- e. Although the 'zero' number may be issued for the purchases of medicines/pharmaceuticals, the time restriction sixty (60) days does not apply. In such cases the approval period may not exceed three (3) months at a time, based on client's circumstances and need.

***Education for Homeless Children and Youth:***

The McKinney-Vento Homeless Assistance Act of 1987 contains provisions that facilitate children and youth in homeless situations remaining in their schools of origin, according to their best interest. Contact the local school board for detailed information which is also available at [www.naehcy.org](http://www.naehcy.org) (National Association for the Education of Homeless Children and Youth) and [www.serve.org/nche/](http://www.serve.org/nche/) toll free telephone number 1-800-308-2145 (National Center for Homeless Education). Information is also available from the West Virginia Department of Education, Office of Institutional Education, 1900 Kanawha Blvd. E., Building 6, Room 318, Charleston, WV 25305, telephone number: (304) 558-2691 [Statewide Directory of County Attendance Directors](#)

***Transportation Benefits***

The service plan may identify certain problems which make it difficult for the client to achieve independence. Thus, other program benefits may be needed to address the problems and help the client become self-supporting. Program benefits other than shelter, food or routine medical care must be approved by the Adult Service Supervisor/Shelter Director prior to the delivery of services.

Transportation services may be authorized when it is essential to carry out the goals and/or conditions of the Service Plan. If the client is eligible, NEMT (Non-Emergency Medical

Transportation) should be utilized. The client must be referred to Medical Transportation Management (MTM) 1-844-549-8353 to make an application for this service. For example: The plan may specify that the client seek counseling for mental health or substance abuse problems and no method of transportation is available. Upon the approval of the Adult Service Supervisor/Shelter Director transportation services may be authorized. If NEMT or other community resources are not available, payment may be made through the CHET System. All efforts to locate other resources to provide transportation must be documented. The disposition code is entered in the CHET System and a vendor payment made via DF-67 – CHET System for payment codes. In such circumstances, the rate of payment for use of a private vehicle cannot exceed the state's reimbursable rate allowed state employees. The use of common carriers is encouraged if more cost-effective and practicable.

**Note:** DHHR is payer of last resort. All community resources must be explored prior to authorizing payment for transportation.

### ***Sanctions***

A sanction is a negative action resulting in the temporary withholding of benefits because of client non-compliance with the service plan, violation of homeless policy, or fraud. Sanctions shall be approved by the Adult Service Supervisor prior to imposition. When case management is provided by contract (shelters and/or case management) approval is provided by the Director of that Shelter.

All negative actions are to be in accordance with the procedures practiced by the Department including the right of clients to have thirteen (13) days in which to appeal the action. Sanctions, case closure or any negative action, other than the denial of an application, may not take effect until expiration of the thirteen (13) day notice. If an appeal is requested by the client the allocation and benefits are to continue until the hearing decision is rendered. The exception to this rule is if sanction occurs due to violence, threatening behavior and/or the person is believed to be a danger to themselves or others, the 13 day notification period is to be waived and the sanction will immediately become effective.

**Note:** A client whose case has been closed may re-apply for benefits at any time. A client against whom negative action (sanction) has been imposed shall not be eligible for benefits until the sanction period has ended.

### ***Imposed Sanctions***

In order to be reasonable and prudent in the delivery of services, a sanction shall be imposed:

- a. When non-compliance with the service plan occurs without good cause;

- b. When a client loses access to housing/shelter as a result of inappropriate, violent, threatening behavior or not participating in the savings program;
- c. When the client fails to accept, or abide by, the shelter rules which results in eviction (not minor infractions); and/or,
- d. When the client receives or attempts to receive benefits fraudulently.

If a sanction is imposed because the client fails to comply with the conditions of the service plan, not resulting in eviction, the sanction will become effective beginning at the start of the next rental period. The exception to this rule is if sanction occurs due to violence, threatening behavior and/or the person is believed to be a danger to themselves or others, the 13 day notification period is to be waived and the sanction will immediately become effective.

During the sanction period the Worker will continue with the service plan if the client chooses, in an effort to resolve the problem that led to the sanction.

If a sanction is imposed on a client, and there are children in the benefit group, and the worker has reason to believe the children may be at risk, a report must be made to Child Protective Services.

**Sanctions Shall Be Imposed as Follows:**

The first sanction period shall be one (1) month.

The second sanction period shall be six (6) months.

Any subsequent non-compliance shall be for twelve (12) months.

**Note:** If a client loses access to housing/shelter as a result of violent behavior, or if fraud is used to receive benefits, the sanction period shall be twelve (12) months.

**Notification of Sanctions**

**Client Notification**

The client will be notified in writing of any imposed sanction, the effective date and the period of sanction. The SS-HP-2 is to be used for this purpose. If possible, the client is to be given the notification of sanction immediately. Otherwise, the notification must be mailed to the client's last known address.

**Landlord Notification**

If appropriate, the landlord shall be notified in writing of the client's sanction and also if the sanction is withdrawn and benefits restored. The SS-HP-3 is to be used for this purpose.

### ***Post Sanction Services***

Following a sanction period, the client may request to continue services. If the need for services still exists, the client and Worker/Shelter Staff will develop a service plan taking into consideration any changes in the client's situation and the reason for the initial sanction. If the client refuses to agree to the service plan, the request for continued homeless services may be denied, and an additional sanction may be imposed or the case may be closed.

## **5.1 Confidentiality**

Legal provisions concerning confidentiality have been established on both the state and federal levels. Provisions are contained in the Social Security Act and pursuant to the federal regulations promulgated related to implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). On the state level, provisions related to confidentiality are contained in Chapter 200 of the Department of Health and Human Resources, Common Chapters.

In many instances, courts will seek information for use in their proceedings. The process by which a court commands a witness to appear and give testimony is typically referred to as a subpoena. The process by which the court commands a witness who has in his/her possession document(s) which are relevant to a pending controversy to produce the document(s) is typically referred to as subpoena duces tecum.

Records shall be released to a court only upon receipt of a valid subpoena duces tecum or court order. Immediately upon receipt of a subpoena or subpoena duces tecum the worker/shelter staff must follow the protocol established to Legal Counsel for Adult Services in order to determine if further assistance or review is necessary. For example, in some instances the request for document(s) in a subpoena duces tecum may not be relevant or their release may violate state or federal law. The attorney should make this determination and may file a motion to quash the subpoena duces tecum when this is appropriate.

If there is insufficient time to consult the Legal Counsel for Adult Services, seek the advice of the local prosecuting attorney. If there is insufficient time to obtain legal advice from either the Legal Counsel for Adult Services or the local prosecutor prior to the hearing, the Department must comply with the subpoena or the subpoena duces tecum. Failure to do so may result in the social worker/shelter staff or the Department being held in contempt. Also, the Department should always comply with an order of the court unless that order is amended by the court or overturned. Questions regarding the validity of a court order may be submitted to the Bureau for Children and Families for possible submission to the Legal Counsel for Adult Services-for review.

For reporting and statistical purposes, non-identifying information may be released for the preparation of non-client specific reports.

The statutes further permit the circuit court or supreme court of appeals to subpoena the case record but require before permitting their use in connection with any court proceeding, review by the court for relevancy to the issues being addressed in the proceeding. Based upon that review, the court may issue an order to limit the examination and use of the information contained in the case record.

### **5.3 Exceptions to Policy**

In some circumstances exceptions to policy may be requested. Exceptions will be granted on an individual case by case basis and only in situations where client circumstances are sufficiently unusual to justify the exception. However, such exceptions are to be requested **ONLY** after other methods and/or resources have been exhausted. The policy exception request is to be submitted by the Worker/Shelter Staff to his/her immediate supervisor. Upon supervisory approval, the request will be forwarded to the appropriate individual for final approval/denial (either the Adult Services Consultant or Regional Program Manager.). Policy exception requests must include:

- a. explanation of why the exception is requested;
- b. alternate methods resources attempted;
- c. anticipated impact if the policy exception is not granted;
- d. efforts to resolve the situation;
- e. information supporting the request;
- f. the time period for which the exception is being requested; and
- g. any other relevant information.

In an emergency situation, the request for a policy exception may be made to and approved by the local supervisor and Adult Services Consultant or Program Manager verbally. Once verbal approval is granted, the request for policy exception and all supporting information must be submitted to the immediate supervisor in writing within two (2) working days. After the immediate supervisor has given written approval via e-mail, then the request must be forwarded to the appropriate regional staff. Once approval has been obtained by the appropriate regional staff, a hard copy of the approvals must be filed in the client's case record.

## **Section 6 Case Review**

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## **6.1 General Considerations**

Evaluation and monitoring of the homeless case and the progress being made should be a dynamic process and ongoing throughout the life of the case. For homeless services, regular monitoring is essential in order to evaluate progress, identify potential problems and seek prompt resolution. At a minimum, the case must be reviewed by the worker monthly. Review must be completed more frequently if the client's circumstances, living situation, level of intervention, income, etc. should change prior to the monthly review date.

## **6.2 Purpose**

The purpose of case review is to consider and evaluate progress made toward achievement of goals identified in the service plan. Re-examination of the service plan is a primary component of the review process; however, it is not the entire process. The worker must consider issues such as progress made, problems/barriers encountered, effectiveness of the current plan in addressing the identified problem areas, and whether or not modifications/changes are indicated.

## **6.3 Conducting the Review**

A formal review of the case must be completed at least monthly following case opening and again at monthly intervals thereafter so long as the case remains open. Finally, the case is to be reviewed prior to case closure. Part of the review process consists of evaluating progress toward the goals identified in the current service plan. This requires the worker to review the current service plan and have a face-to-face contact with the client, if possible. Follow-up with other individuals and agencies involved in implementing the service plan, such as service providers, must also be completed. During the review process, the social worker is to determine the following:

- summary of changes in the individual or family's circumstances;
- applicable, assess the need for continued Special Medical and issue another Special Medical Card if
- the period of eligibility has expired.
- summary of significant case activity since the last review;
- assessment of the extent of progress made toward goal achievement;
- whether or not the identified goals continue to be appropriate and, if not, what changes and/or modifications are needed;
- barriers to achieving the identified goals; and,

- other relevant factors.

Based on the results of the case review, a new service plan must be developed.

## **6.4 Documentation of Review**

At the conclusion of the review process the worker must document the findings in the client's case record. This includes reviewing the service plan with the client and documenting any goals that have been achieved or are to be discontinued or modified for some other reason(s). Goals that have not been end dated must be continued on the new service plan and additional goals may be added as appropriate. Documentation of each contact made in completion of the review is to be recorded by the end of the next working day following the contact.

When completed, the worker must submit the review and new service plan to the supervisor for approval. Once approved, the worker must secure all required signatures. Finally, a signed copy of the service plan must be provided to the client and to all signatories. The original signed service plan is to be filed in the client's case record. Required signatures include the client or his/her legal representative and all other responsible parties identified in the service plan. The signed copy is then to be filed in the client's record.

## **Section 7 Case Closure**

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### **7.1 Assessment Prior to Case Closure**

A final assessment must be completed as part of the case review process prior to closure of the case. When completing the final assessment, the elements that led to opening of the homeless case should again be considered and evaluated based upon current information.

Upon completion, the Worker must document the results of this assessment in the client's case record and submit to the supervisor for approval of recommendation for case closure. Upon supervisory approval, the case is to be closed for homeless services. When the need for aftercare is identified, the worker and the client will work together to develop an aftercare plan.

### **7.2 Case Closure - General**

The decision to close the homeless services case is to be determined through the case review process. At the point in time the service goal is attained and/or the client has achieved self-sufficiency, client is no longer homeless, requests closure, is under a sanction that would cause closure, loss of contact, upon death of the client, etc., the worker/case manager is to recommend closure of the homeless services case. The review and the reason(s) for case closure are to be

documented in the client’s case record. Upon completion of the review, the worker’s/case manager’s recommendation to close the case are to be forwarded to the supervisor for approval.

***Client Notification***

Negative action occurs when:

- The client’s inappropriate behavior results in the loss of, or access to, shelter/housing;
- The client is not in compliance with the service plan (such as failure to seek/obtain employment or follow through in applying for entitlement benefits);
- Case closure occurs for any other reason.
- A client against who a sanction has been imposed SHALL NOT be eligible for benefits until the sanction period has ended.

When the decision results in case closure, an attempt must be made to notify the client of the impending action. The SS-13 is the appropriate tool for written notification. The SS-13 must be given to the client personally or mailed to the last known address thirteen (13) days prior to the effective date of closure.

***Disposition Codes***

Disposition codes are necessary to identify the benefit(s) provided and are entered in the “vendor name” section of the ES-CHET-1 under the heading “DCD.” The following disposition codes will be used.

**Service Codes**

<u>Code for Homeless</u>	<u>Benefit</u>
HE	Shelter (emergency and transitional housing)
HS	Shelter (permanent)
HF	Food
	* Medical care/ Outpatient
	* Medical care/Inpatient
	* Medical care/Pharmacy
	* Medical care/Multiple Utilities

HU	
HT	Transportation
HH	Other

\*The zero number is used (Refer to Special Medical Section of this Policy).

**Denial and Withdrawal Codes**

H40	Failed to meet the definition of Homeless.
H41	Failed to meet the resource eligibility requirement.
H42	Failed to accept the homeless program benefit.
H43	Failed to manage resources after the initial period of eligibility.
H44	Failed to accept referral to community resources.
H46	Failed to accept community resource.
H47	Failed to cooperate with vendor.
H49	Failed to meet specific eligibility guidelines for shelter.
H50	Failed to meet specific eligibility guidelines for food.
H51	Failed to meet specific eligibility guidelines for medical care.
H52	Shelter and/or food, and/or medical care provided by community resources.
H60	Withdrawal.

**Closure and Reopen Codes**

H53	Case closed.
H54	Case reopened.
H55-59	Unused.
DF-67	Procedure.

Authorization for payments will be completed as follows:

- a. The worker is responsible for submitting, with the completed DF-67 and any verification to the supervisor;
- b. The supervisor will review the form for accuracy and completeness;
- c. The form will be given to the vendor for a signature and return it to the agency;
- d. The form is forwarded to the financial clerk.

**Legal Process**

There are various legal remedies that may be appropriate for use in Adult Protective Services cases. (Refer to Adult Protective Services Policy and Legal Processes for additional information).

Mental Hygiene/Involuntary Commitment Hearing:

Involuntary commitment is a legal procedure whereby an individual who appears to be mentally ill or addicted to such a degree that the individual is a danger to himself/herself or others is taken into custody and placed in a hospital for evaluation and/or treatment after a hearing before a mental hygiene commissioner. Two facts must be present for individuals to be involuntarily committed: a) they are mentally ill or addicted to drugs or alcohol, and b) they are dangerous to themselves or others. Mental illness or addiction alone is not grounds for involuntary commitment. The statutory basis is contained in West Virginia Code §27-5-1 et. seq.

**Administrative Processes**

There are various administrative processes available to individuals in homeless shelters; however, the following are the most common ones utilized in homeless situations. (Refer to Adult Protective Services Policy for additional administrative processes).

**Power of Attorney**

A power of attorney is a document by which one person, as principal, appoints another person as his agent (attorney in fact) and confers upon him the authority to perform certain specified acts or kinds of acts on behalf of the principal. This type of power may or may not grant medical decision making authority to the agent. The statutory basis for this is contained in West Virginia Code.

**Representative Payee**

Appointment of a representative payee is an administrative action that may be voluntary but which can be obtained, if necessary, without the individual's consent (contact the Social Security Administration to complete this process). This is an individual designated by the Social Security Administration to manage Social Security and/or Supplemental Security Income benefits in instances where the beneficiary is physically and/or mentally incapable of managing these benefits. A representative payee is also required by law [Sec. 1631\(2\)\(A\)\(ii\)](#) (1631 (a) (2) of the Social Security Act ) for an individual who has been determined to be a drug addict or an alcoholic. While the appointment of a representative payee does not require court action, it does restrict the individual's rights.

The representative payee that is appointed has control over the Social Security and/or SSI benefit check and is responsible for receiving the payment and using the funds to meet the beneficiary's needs. There does not need to be a finding of incompetence by a court in order to establish a representative payee. Medical evidence from a physician may be used if the physician determines that the beneficiary is not capable of managing his/her benefits. The Social Security Administration (SSA) can appoint anyone it chooses to be representative payee. This means that the SSA is not required to name court- appointed guardians or conservators to serve as the payee.

The SSA may be unable to locate a person willing to serve as representative payee. If no relative, friend or neighbor is willing to accept this responsibility, the social worker may be able to assist in the recruitment of a payee, through the use of volunteer services or appropriate community resources such as local mental health facilities, service clubs, or church groups. In the event no representative payee can be found or the appointed payee can no longer serve, the SSA may hold the client's benefits. This may result in the client not having access to his/her resources for a period of time. When an adult is in a placement setting, the residential provider may be named to serve as the representative payee if there is no one else. In no instance is the Department to be named as representative payee.

Since a judgment of incompetence by a court is not required for payee appointment, this procedure may appear to be a relatively simple solution in an Adult Service situation; however, it is important to remember that this does limit the client's rights without a review by the court. The beneficiary does have the right to protest the appointment of a representative payee and is entitled to an administrative hearing on the question.

**Note:** While typically representative payees are assigned for the management of Social Security benefits, the Veterans Administration also provides for the assignment of a representative payee to manage Veterans benefits when this is needed.

## **Section 8 Nondiscrimination, Procedure & Due Process Standards, Reasonable Modification Policies, and Confidentiality**

### **8.1 Nondiscrimination**

As a recipient of Federal financial assistance, the Bureau for Children and Families (BCF) does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, disability, age, sex, sexual orientation, gender identity, religion or creed in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by BCF directly or through a contractor or any other entity with which BCF arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin) (“Title VI”), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability) (“Section 504”), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age) (“Age Act”), regulations of the U.S. Department of Health and Human Services issued pursuant to these three statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

The Bureau for Children and Families shall not retaliate against, intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title VI, Section 504 or the Age Act, or because she or he has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing.

In addition, BCF will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all BCF programs, services, and activities. For example, individuals with service animals are welcomed in Department of Health and Human Resources, BCF, offices even where pets are generally prohibited.

In case of questions, or to request an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a BCF program, service, or activity, please contact:

Children and Adult Services  
Section 504/ADA Coordinator  
350 Capitol St. Rm 691  
Charleston, WV 25301  
(304) 558-7980

### **8.2 Non-Discriminatory Placement Protocol**

The Department ensures that all parties involved in adult welfare programs have equal opportunities. All potential placement providers for vulnerable adults, are afforded equal opportunities, free from discrimination and protected under the [American’s with Disabilities Act](#)

(ADA). The Department will not deny a potential placement provider the benefit of its services, programs, or activities due to a disability.

Under the American's with Disabilities Act it defines a person with a disability as:

“An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.”

The ADA does not specifically name all the impairments that are covered. The ADA does not allow a person to be discriminated against due to a disability in employment, state and local government activities, public transportation accommodations, telecommunication relay services, fair housing, air carrier access, voting accessibility or education. Examples of disabilities include physical disabilities which require auxiliary aides and mental health issues. Those persons with substance use disorders, including opioid use disorder, currently participating in a treatment option such as Medication Assisted Treatment (MAT), are also covered by the ADA. Participation in a MAT program is not considered the illegal use of drugs. Qualifying MAT programs are defined in [W. Va. Code §16-5Y-1](#), *et seq.* The ADA also addresses the civil rights of institutionalized people and architectural barriers that impact people with disabilities.

When making diligent efforts to locate and secure appropriate placement for vulnerable adults, a worker cannot discriminate against a potential placement based upon a person with a disability according to the American's with Disabilities Act (ADA) Title II. The Department shall determine if the potential placement for the vulnerable adult represents a direct threat to the safety of the adult. Safety threat decisions will be based on assessment of the individual and the needs of the vulnerable adult, as the safety of the adult always remains at the forefront of the determination of the best interest of an adult, when placing a vulnerable adult in anyone's home. This determination cannot be based on generalizations or stereotypes of individuals.

If a provider protected under the ADA is identified as an appropriate and best interest placement for a vulnerable adult they may, at some point, require services specific to their disability in order to preserve the placement. In such situations, consideration for services must be given if it is in the best interest of the adult to preserve the placement. Any specific auxiliary aids or services should be determined by the worker at no cost to the provider and should be considered on a case by case basis.

### **8.3 Complaint Procedure and Due Process Standards**

#### ***A: Complaints Based on Disability or other Forms of Discrimination***

It is the policy of the West Virginia Department of Health and Human Resources (DHHR), not to discriminate on the basis of on the basis of race, color, national origin, disability, age, sex, sexual orientation, gender identity, religion, or creed. DHHR has adopted an internal complaint procedure providing for prompt, equitable resolution of complaints alleging discrimination. Laws and Regulations, 28 C.F.R. Part 35 and 45 C.F.R. Part 84, may be examined by visiting <https://www.ada.gov/reg3a.html>. Additional laws and regulations protecting individuals from

discrimination in adult welfare programs and activities may be examined by visiting the U.S Department of Health and Human Services website at <https://www.hhs.gov/civil-rights/for-individuals/special-topics/adoption/index.html>.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, disability, age, sex, sexual orientation, gender identity, religion, or creed may file a complaint under this procedure. It is against the law for the Bureau for Children and Families, including employees, contracted providers or other BCF representatives, to retaliate in any way against anyone who files a complaint or cooperates in the investigation of a complaint.

***Procedure***

Complaints due to alleged discriminatory actions must be submitted to the Department of Health and Human Resources, Equal Employment Opportunity (EEO)/Civil Rights Officer within sixty (60) calendar days of the date the person filing the complaint becomes aware of the alleged discriminatory action.

The complainant may make a complaint in person, by telephone, by mail, or by email. To file the complaint by mail or email, a Civil Rights Discrimination Complaint Form, IG-CR-3 (See Appendix A) must be completed and mailed or emailed to the West Virginia Department of Health and Human Resources, Office of Human Resources Management, EEO/Civil Rights Officer, One Davis Square, Suite 400, Charleston, WV 25301 or email at [DHHRCivilRights@WV.Gov](mailto:DHHRCivilRights@WV.Gov). If the complainant requires assistance completing the IG-CR-3 form, they may request assistance from the department. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought. The complainant may also contact the WV DHHR, EEO/Civil Rights Officer, for more information.

West Virginia Department of Health and Human Resources  
Office of Human Resource Management  
EEO/Civil Rights Officer  
(304) 558-3313 (voice)  
(304) 558-6051 (fax)  
[DHHRCivilRights@WV.Gov](mailto:DHHRCivilRights@WV.Gov) (email)

The EEO/Civil Rights Officer shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The EEO/Civil Rights Officer will maintain the files and records of Bureau for Children and Families relating to such complaints. To the extent possible, and in accordance with applicable law, the EEO/Civil Rights Officer will take appropriate steps to preserve the confidentiality of files and records relating to complaints and will share them only with those who have a need to know.

The EEO/Civil Rights Officer shall issue a written decision on the complaint, based on the preponderance of the evidence, no later than thirty (30) calendar days after its filing, including a notice to complainant of his or her right to pursue further administrative or legal remedies. If the EEO/Civil Rights Officer documents exigent circumstances requiring additional time to issue a

decision, the EEO/Civil Rights Officer will notify the complainant and advise them of his or her right to pursue further administrative or legal remedies at that time while the decision is pending. The person filing the complaint may appeal the decision of the EEO/Civil Rights Officer by writing to the Director of Human Resources within fifteen (15) calendar days of receiving the EEO/Civil Rights Officer's decision. The Director of Human Resources shall issue a written decision in response to the appeal no later thirty (30) calendar days after its filing.

The person filing the complaint retains the right to file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, regardless of the decision made by the West Virginia Department of Health and Human Resources.

The availability and use of this procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, disability, age, sex, sexual orientation, gender identity, religion or creed in court or with the US Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint portal at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or by phone at:

U.S. Department of Health & Human Services  
Office for Civil Rights  
200 Independence Ave., S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201  
800-368-1019 (voice) 800-537-7697 (TDD)  
OCRComplaint@hhs.gov

For complaints to the Office for Civil Rights, complaint forms are available at: <https://www.hhs.gov/ocr/complaints/index.html>. Complaints shall be filed within one hundred and eighty (180) calendar days of the date of the alleged discrimination.

The Bureau for Children and Families will make appropriate arrangements to ensure that individuals with disabilities and individuals with Limited English Proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed, to participate in this process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing recorded material for individuals with low vision, or assuring a barrier-free location for the proceedings. The EEO/Civil Rights Officer will be responsible for such arrangements.

***B: Grievances Regarding the Adult Services Worker or Casework Process***

At any time that the Bureau for Children and Families is involved with a client, the client, or the counsel for the vulnerable adult has a right to express a concern about the manner in which they are treated, including the services they are or are not permitted to receive.

Whenever a vulnerable adult or counsel for the vulnerable adult has a complaint about Adult Services or expresses dissatisfaction with Adult Services the worker will:

- Explain to the client the reasons for the action taken or the position of the BCF which may have resulted in the dissatisfaction of the client.
- If the situation cannot be resolved, explain to the client his/her right to a meeting with the supervisor.
- Assist in arranging for a meeting with the supervisor.

The supervisor will:

- Review all reports, records and documentation relevant to the situation.
- Determine whether all actions taken were within the boundaries of the law, policies and guidelines for practice.
- Meet with the client.
- If the problem cannot be resolved, provide the client with the form “Client and Provider Hearing Request”, SS-28.
- Assist the client with completing the SS-28, if requested.
- Submit the from immediately to the Chairman, state board of Review, DHHR, Building 6, Capitol Complex, Charleston, WV 25305.

For more information on Grievance Procedures for Social Services please see Common Chapters Manual, Chapter 700, and Subpart B or see W.Va. Code §29A-5-1.

Note: Some issues such as the decisions of the Circuit Court cannot be addressed through the Grievance Process. Concerns about or dissatisfactions with the decisions of the Court including any approved Case plan must be addressed through the appropriate legal channels.

## **8.4 Reasonable Modification Policy**

### ***A: Purpose***

In accordance with the requirements of Section 504 of the Rehabilitation Act of 1973 (Section 504) and Title II of the Americans with Disabilities Act of 1990 (ADA), the Bureau for Children and Families shall not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. The BCF shall make reasonable modifications in Adult Services program policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless BCF can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity.

### ***B: Policy***

DHHR is prohibited from establishing policies and practices that categorically limit or exclude qualified individuals with disabilities from participating in the BCF Adult Services program.

The Bureau for Children and Families will not exclude any individual with a disability from the full and equal enjoyment of its services, programs, or activities, unless the individual poses a direct threat to the health or safety of themselves or others, that cannot be mitigated by reasonable modifications of policies, practices or procedures, or by the provision of auxiliary aids or services.

The Bureau for Children and Families is prohibited from making Adult Services program application and retention decisions based on unfounded stereotypes about what individuals with

disabilities can do, or how much assistance they may require. The BCF will conduct individualized assessments of qualified individuals with disabilities before making Adult Services application and retention decisions.

The Bureau for Children and Families may ask for information necessary to determine whether an applicant or participant who has requested a reasonable modification has a disability-related need for the modification, when the individual's disability and need for the modification are not readily apparent or known. BCF will confidentially maintain the medical records or other health information of Adult Services program applicants and participants.

The Bureau for Children and Families upon request, will make reasonable modifications for qualified Adult Service program applicants or participants with disabilities unless BCF can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity. Individuals do not need to reference Section 504 or Title II or use terms of art such as "reasonable modification" in order to make a request. Further, BCF staff are obligated to offer such reasonable accommodations upon the identification of a qualifying disability or to an individual with Limited English Proficiency.

BCF must consider, on a case-by-case basis, individual requests for reasonable modifications in its Adult Services programs, including, but not limited to, requests for substitute caregivers, respite caregivers, more frequent support from a case worker, additional classroom and/or online training, mentorship with an experienced foster/adoptive parent, note takers, and other auxiliary aids and services. When auxiliary aids or language interpretation services to ensure effective communication for individuals with hearing, vision, speech impairments, or Limited English Proficiency (LEP) are needed, they shall be provided to the participant at no additional costs. DHHR evaluates individuals on a case by case basis to provide auxiliary aids and services as necessary to obtain effective communication. This would include but not be limited to:

- Services and devices such as qualified interpreters, assistive listening devices, note takers, and written materials for individuals with hearing impairments.
- And qualified readers, taped texts, and Brailled or large print materials for individuals with vision impairments.
- Access to language and interpretation services.

For more information on obtaining auxiliary aids, contact:

Center for Excellence in Disabilities (CED)  
959 Hartman Run Road  
Morgantown, WV 26505  
Phone: 304-293-4692.  
Toll Free: (888) 829-9426  
TTY: (800) 518- 1448

For language translation and interpretation services Adult Services may Contact 911 Interpreters or the Section 504/ADA Coordinator (see also section 11.5 Limited English Proficiency). To contact 911 Interpreters, utilize the information below:

911 Interpreters Inc.

1-855-670-2500

BCF Code: 25646

When requesting language translation services directly through 911 Interpreters, staff must report the accommodation to the Section 504/ADA Coordinator by completing the *Reasonable Accommodation Reporting Form*.

The Bureau for Children and Families will not place a surcharge on a particular qualified individual with a disability or any group of qualified individuals with disabilities to cover the cost of measures, such as the provision of auxiliary aids and services or program accessibility, that are necessary to provide nondiscriminatory treatment required by Title II of the ADA and Section 504.

To address any violations of this Reasonable Modification Policy, consult the Bureau for Children and Families Grievance Procedure. To request reasonable modifications, or if you have questions, please contact:

Children and Adult Services  
Section 504/ADA Coordinator  
350 Capitol St. Rm 691  
Charleston, WV 25301  
(304) 558-7980  
[DHRCivilRights@WV.Gov](mailto:DHRCivilRights@WV.Gov) (email)

Staff who make reasonable accommodations for an individual must be reported to the Section 504/ADA Coordinator utilizing the *Reasonable Accommodation Reporting Form*.

### **8.5 Limited English Proficiency**

The Bureau for Children and Families (BCF) will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of BCF is to ensure meaningful communication with LEP clients and their authorized representatives involving their case. The policy also provides for communication of information contained in vital documents, including but not limited to, information release consents, service plans, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and clients and their families will be informed of the availability of such assistance free of charge. Language assistance will be provided through use of contracted vendors, technology, or telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in the effective use of an interpreter and the effective use of technology including telephonic interpretation services. The Bureau for Children and Families will conduct a regular review of the

language access needs of our population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

***PROCEDURES:***

***1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE***

The Bureau for Children and Families will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or “I speak cards,” available online at [www.lep.gov](http://www.lep.gov)) or posters to determine the language. In addition, when records are kept of past interactions with clients or family members, the language used to communicate with the LEP person will be included as part of the record.

***2. OBTAINING A QUALIFIED INTEPRETER***

911 Interpreters Inc. has agreed to provide qualified interpreter services. The agency’s telephone number is 1-855-670-2500 (BCF Code: 25646). Interpretation services are available 24 hours a day. Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person’s file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, BCF will provide qualified interpreter services to the LEP person free of charge. Children and other clients will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.

***3. PROVIDING WRITTEN TRANSLATIONS***

When translation of vital documents is needed, BCF will submit documents for translation to 911 Translators Inc. or the Section 504/ADA Coordinator. BCF will generally provide language services in accordance with the following guidelines:

(a) BCF will provide written translations of vital documents for each eligible LEP language group that constitutes five percent or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. Translation of other documents, if needed, can be provided orally; or

(b) If there are fewer than 50 persons in a language group that reaches the five percent threshold in (a), BCF will not translate vital written materials but will provide written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.

Additionally, when making a determination as to what languages services will provided, BCF may consider the following factors: (1) the number and or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee; (2) the frequency with which LEP individuals come in contact with the program; (3) the nature and importance of the program,

activity, or service provided by the program to people's lives; and (4) the resources available to the grantee/recipient and costs.

Documents being submitted for translation will be in final, approved form with updated and accurate information. Staff who utilize 911 Translators must report the utilization using the *Reasonable Modification Reporting Form* to the Section 504/ADA Coordinator.

Documents being submitted for translation will be in final, approved form with updated and accurate information. Staff who utilize 911 Translators must report the utilization using the *Reasonable Modification Reporting Form* to the Section 504/ADA Coordinator.

#### 4. PROVIDING NOTICE TO LEP PERSONS

The Bureau for Children and Families will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in DHHR office lobbies and waiting areas. Notification will also be provided through one or more of the following: outreach documents and program brochures.

#### 5. MONITORING LANGUAGE NEEDS AND IMPLEMENTATION

On an ongoing basis, BCF will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, BCF will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from clients and community organizations, etc.

**Appendix A WVDHHR Civil Rights Discrimination Form**



# West Virginia Department of Health and Human Resources Civil Rights Discrimination Complaint Form

<b>Complainant First Name</b>		<b>Complainant Last Name</b>
<b>Home Phone</b> <i>(include area code)</i>		<b>Work Phone</b> <i>(include area code)</i>
<b>Street Address</b>		<b>City</b>
<b>State</b>	<b>Zip Code</b>	<b>Email</b> <i>(if available)</i>

Is this complaint being completed by someone other than the complainant?  Yes  No

If yes, please provide your information below:

<b>First Name</b>	<b>Last Name</b>	<b>Telephone Number</b> <i>(include area code)</i>
-------------------	------------------	--

The complainant feels they have been discriminated against on the basis of:

- Race/Color/National Origin       Religion/Creed       Sexual Orientation/Gender Identity  
 Disability       Age       Sex

Other *(please specify):*

Who or what bureau within the West Virginia Department of Health and Human Resources is believed to have been discriminatory?

<b>Name/Bureau/Office</b>		
<b>Street Address</b>	<b>City</b>	<b>County</b>
<b>Zip Code</b>	<b>Telephone</b>	

Date(s) discriminatory action is believed to have occurred:

--

Which program(s) is the complainant alleging the discriminatory action took place in?

- Child Welfare *(includes CPS, Youth Services, Foster Care, Adoption, Homefinding, and Legal Guardianship)*       Adult Welfare *(includes APS, Guardianship, Health Care Surrogate, Residential Services Request to Receive and Request to Provide)*       Low Income Energy Assistance Program (LIEAP)
- Temporary Assistance for Needy Families (TANF)       School Clothing Voucher       Indigent Burial

Complaints involving the Supplemental Nutrition Assistance Program (SNAP) must be sent directly to the U.S. Department of Agriculture. See below for more information.

**Describe briefly what happened. How and why does the complainant believe they have been discriminated against? What is the relief or remedy sought by the complainant?**

*(Attach additional pages as needed.)*

Please sign and date this form. If submitting by email, you may type your name and date. Your email will represent your signature.

<b>Signature</b>	<b>Date (mm/dd/yyyy)</b>
------------------	--------------------------

The West Virginia Department of Health and Human Resources shall not retaliate against, intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title VI, Section 504 or the Age Act, or because she or he has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing.

EEO/Civil Rights Officer shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. EEO/Civil Rights Officer will maintain the files and records of DHHR relating to such grievances. The EEO/Civil Rights Officer shall issue a written decision on the complaint no later than thirty (30) calendar days after its filing, unless the Coordinator documents exigent circumstances requiring additional time to issue a decision. To submit this complaint or request additional information, please contact:

West Virginia Department of Health and Human Resources  
Office of Human Resource Management  
EEO/Civil Rights Officer  
(304) 558-3313 (voice)  
(304) 558-6051 (fax)  
[DHHRCivilRights@WV.Gov](mailto:DHHRCivilRights@WV.Gov) (email)

The person filing the grievance retains the right to file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, regardless of the decision made by the West Virginia Department of Health and Human Resources. The availability and use of this grievance procedure does not prevent a person from filing a private lawsuit in Federal court or a complaint of discrimination on the basis of being a member of a protected class, with the:

U.S. Department of Health & Human Services  
200 Independence Ave., S.W.  
Room 509F HHS Bldg.  
Washington, D.C. 20201  
800-368-1019 (voice)  
202-619-3818 (fax)  
800-537-7697 (TDD)  
[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) (email)

The complaint form may be found at <https://www.hhs.gov/ocr/complaints/index.html>

*For SNAP complaints, please contact the U.S. Department of Agriculture.*

*The USDA Program Discrimination Complaint Form, can be found online at: <https://www.ocio.usda.gov/document/ad-3027>, or at any USDA office. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form by mail, email, or fax to:*

*U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW Washington, D.C. 20250-9410  
(202) 690-7442 (fax)  
(866) 632-9992 (telephone)  
[program.intake@usda.gov](mailto:program.intake@usda.gov) (email)*

## **Appendix B Contact Information**

Bureau for Children and Families

350 Capitol Street, Room 691

Charleston, WV 25301

(304) 558-7980

Office of Behavioral Health Services (OBHS)

350 Capitol Street, Room 350

Charleston, West Virginia 25301-3702

(304) 558-0627

Bureau for Medical Services (Medicaid)

350 Capitol Street, Room 251

Charleston, West Virginia 25301

(304) 558-1700

Specialized Family Care Program (Medley)

350 Capitol Street, Room 691

Charleston, West Virginia 25301-3704

(304) 558-7980

**Appendix C Forms**

**AUTHORIZATION FOR PAYMENT**

Form Control # \_\_\_\_\_

TYPE OF PAYMENT AUTHORIZATION:

IDENTIFICATION:

Case I.D. # \_\_\_\_\_

A. Program	Item of Need	Amount	Vendor Name	Client Name
1. Emergency Assistance _____	_____	_____	_____	_____
2. Regular L.I.E.A.P. _____	_____	_____	_____	_____
3. Emergency L.I.E.A.P. _____	_____	_____	_____	_____
4. Andrew S. Rowan Home _____	_____	_____	Address _____	Address _____
5. Work & Training _____	_____	_____	_____	_____
6. Homeless Program _____	_____	_____	Address _____	Address _____
7. Routine Non-Emergency Medical Transportation _____	Lodging _____	_____	Recordings (Enter any appropriate/required data) _____	
Adult (____)	Transportation _____	_____	_____	
Children (____)	Other _____	_____	_____	
8. _____	_____	_____	_____	
9. _____	_____	_____	_____	

Date of Authorization Transmittal \_\_\_/\_\_\_/\_\_\_

Terminal Operators Initial's \_\_\_\_\_

Vendor Name	Street Address, City, State and Zip	Amount	Date Authorized	Date Paid

--	--	--	--	--

**Payment Authorization:**

This is your authorization to deliver items specified above in an amount not to exceed \$\_\_\_\_\_. This order is exempt from collection of West Virginia Consumers and Use Tax. Exempt Certificate No. H.R. 400 348, and is not valid unless signed by client and vendor and returned to:

\_\_\_\_\_

I hereby acknowledge receipt of merchandise or services in the amount authorized.

I hereby certify the above services or merchandise to be correct as shown, and that no part of the charges listed has been paid or will be requested of any other person, agency, and that the amount does not include West Virginia Consumers and use Tax.

I hereby certify the above services or merchandise and the price of such services or merchandise were rendered/determined without regard to race, color, national origin, sex, age, religious or political beliefs or possible handicap.

I understand that payment of the above service or merchandise as received by me on behalf of the recipient from the Department of Human Services does not in any way imply that the Department or any of its employees is liable or responsible for any damage or loss to me caused by the

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Vendor's Signature

\_\_\_\_\_ 20\_\_\_\_

Clerk's Signature \_\_\_\_\_

Worker's Signature \_\_\_\_\_

Check # \_\_\_\_\_ Date check process \_\_\_\_\_

Approval \_\_\_\_\_ Date DF-67 approval \_\_\_\_\_

YES NO ALL APPLICANT'S MUST ANSWER ALL OF THE FOLLOWING QUESTIONS:

\_\_\_ \_\_\_ Do you or any member of your household have any money in the bank or cash on hand? If yes, complete this chart:

Household Member's Name	Amount	Account Type	Cash Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

\_\_\_ \_\_\_ Do you or any member of your household own any of the following: Motorcycle\_\_\_ Camper/Trailer \_\_ Boat \_\_ Autos \_\_  
 (If yes, please check appropriate space:) Stocks/Bonds \_\_ Property \_\_ Livestock \_\_ Life Insurance \_\_  
 Collections (stamps, coins, etc) \_\_ Business Equipment \_\_  
 Other\_\_

\_\_\_ \_\_\_ Is anyone else in your home receiving a check, food stamps, or a medical card from any governmental agency or private pension/retirement/medical plan?

\_\_\_ \_\_\_ I wish to obtain information and/or services regarding family planning.

\_\_\_ \_\_\_ I understand that I may request a hearing if I am not satisfied with any decisions of the local Human Services Office or if I feel that I have been discriminated against because of race, color, national origin, sex, handicap, religious or political belief. I also understand that I may be represented by an attorney at a Fair Hearing and that the Department will not pay the cost of these legal fees.

\_\_\_ \_\_\_ I understand that I have given permission to the Department to contact my church, friend(s), and/or relatives in regard to my need for Emergency/Homeless assistance.

\_\_\_ \_\_\_ I understand that I will not be eligible to receive Emergency Assistancess within 12 months after the expiration date of any 30-day period of eligibility unless I qualify for Emergency Assistance created by natural or man-made disasters.

\_\_\_ \_\_\_ I agree to cooperate fully with instructions received from Human Services employees regarding my request for or receipt of Emergency Assistance/homeless benefits and I am fully aware that my failure to cooperate with or failure to otherwise carry out the instructions may cause the denial of or loss of Emergency Assistance/Homeless benefits.

I absolve the Department of Human Services of all responsibility and liability for any damage I or anyone in the benefit group may cause to the provided shelter and I understand that I must abide by the shelter rules; if I fail to do this, I may be forced to leave and be denied future benefits.







STATE OF WEST VIRGINIA

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bureau for Children and Families  
Office of Children and Family Policy  
Division of Children and Adult Services

Governor

Cabinet Secretary

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

This is to inform you that the Social Service Application, taken on \_\_\_\_\_ will be denied unless  
(Date)  
the following information which is required for the purpose of determining eligibility is either brought in or  
mailed to this office within the next thirty (30) days.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please refer to the information following this letter concerning your right to a conference or hearing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Worker

**REQUEST FOR A CONFERENCE REGARDING THE PROPOSED ACTION TAKEN ON YOUR APPLICATION**

If you are not satisfied with the proposed action to be taken on your application or need further explanation, you have a right to discuss it with the Department worker who made the decision. If you are not satisfied with the results of this conference, you may wish to request a hearing.

**REQUEST FOR A HEARING BEFORE A MEMBER OF THE STATE BOARD OF REVIEW**

If you are not satisfied with the decision made on your application, you have a right to a hearing before a State hearing Officer who is a member of the State Board of Review.

**THE LENGTH OF TIME YOU HAE TO REQUEST A CONFERENCE OR HEARING**

If you wish a conference, please contact this office at once. If you wish a hearing, you must notify this office within ninety (90) day from the date of this action. You may request a conference or hearing by contacting this office in person or by completing the statement at the bottom of this letter. Detach and mail the request to the address below.

**CONTINUATION OF SERVICES DURING THE HEARING PROCESS**

If you request a hearing with thirteen (13) days of this notice, services may be continued or reinstated pending a decision by the State Hearing Officer.

**WHO MAY HELP YOU AT THE CONFERENCE OR HEARING**

At the conference or hearing, you may present the information yourself or present it in writing. You have a right to be represented by a friend, attorney, or other spokesperson of your choice. A Department representative will be available to assist you if you need help in preparing for the hearing and advise you regarding any legal service that may be available in your community.

------(Detach)-----

**IMPORTANT**

If you want a conference or hearing, please check one of the blocks below and mail this statement to:

THE LOCAL WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

I wand a pre-hearing conference because:

I want a hearing before the State Hearing Officer because:

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

(PLEASE DATE AND SIGN)



STATE OF WEST VIRGINIA

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bureau for Children and Families
Office of Children and Family Policy
Division of Children and Adult Services

Cabinet Secretary

Governor

Date:

Notification of Application for Social Services

Dear \_\_\_\_\_;

This letter is to notify you of action taken on your application for social services. Please refer to the item(s) checked below to indicate what action was taken.

- 1. Your application for \_\_\_\_\_ has been approved.
2. Your application for \_\_\_\_\_ has been denied because \_\_\_\_\_
3. The fee for the service you receive is \$ \_\_\_\_\_ per \_\_\_\_\_.
4. You are no longer eligible for \_\_\_\_\_ after \_\_\_\_\_.
Because \_\_\_\_\_

Please refer to the information on page two of this letter concerning your right to a conference or hearing. If you have a concern or complaint about the quality of service you are receiving or whether the services is meeting your needs, please contact me about the Department of Health and Human Resources grievance procedure. In addition, your right to a conference concerning the decision shown above and your right to a hearing are explained on page two of this letter.

Should you have any questions, please contact me.

Sincerely,

Worker Name:

Worker Title

Signature of Worker

Date

REQUEST FOR A CONFERENCE REGARDING THE PROPOSED ACTION TAKEN ON YOUR APPLICATION

WV Homeless Services Policy Social Services Manual Chapter 8

If you are not satisfied with the proposed action to be taken on your application or need further explanation, you have a right to discuss it with the Department worker who made the decision. If you are not satisfied with the results of this conference, you may wish to request a hearing.

**REQUEST FOR A HEARING BEFORE A MEMBER OF THE STATE BOARD OF REVIEW**

If you are not satisfied with the decision made on your application, you have a right to a hearing before a State hearing Officer who is a member of the State Board of Review.

**THE LENGTH OF TIME YOU HAE TO REQUEST A CONFERENCE OR HEARING**

If you wish a conference, please contact this office at once. If you wish a hearing, you must notify this office within ninety (90) day from the date of this action. You may request a conference or hearing by contacting this office in person or by completing the statement at the bottom of this letter. Detach and mail the request to the address below.

**CONTINUATION OF SERVICES DURING THE HEARING PROCESS**

If you request a hearing with thirteen (13) days of this notice, services may be continued or reinstated pending a decision by the State Hearing Officer.

**WHO MAY HELP YOU AT THE CONFERENCE OR HEARING**

At the conference or hearing, you may present the information yourself or present it in writing. You have a right to be represented by a friend, attorney, or other spokesperson of your choice. A Department representative will be available to assist you if you need help in preparing for the hearing and advise you regarding any legal service that may be available in your community.

------(Detach)-----

**IMPORTANT**

If you want a conference or hearing, please check one of the blocks below and mail this statement to:

THE LOCAL WESTVIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

I wand a pre-hearing conference because:

I want a hearing before the State Hearing Officer because:

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

(PLEASE DATE AND SIGN)



STATE OF WEST VIRGINIA

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bureau for Children and Families
Office of Children and Family Policy
Division of Children and Adult Services

Governor

Cabinet Secretary

AUTHORIZATION FOR MEDICAL SERVICE FOR ADULTS

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_/\_\_\_/\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

(Residence, Facility)

This is to certify that the above-named person has NOT been approved, nor has a pending application for a Medicaid card but is eligible for necessary medical services from the West Virginia Department of Health and Human Resources. This letter authorized the use of \_\_\_\_\_

(Medicaid Billing #)

ONLY for the following MEDICAID ALLOWABLE services and is valid for up to, but not more than sixty (60) days from the date of authorization with the exception of pharmaceutical purchases essential to maintain elderly and/or disabled adults placed by the Bureau for Children and Families which may be authorized for up to three (3) months. Months authorized for pharmaceutical purchases \_\_\_\_\_.

A copy of this letter MUST be attached to all medical invoices submitted for payment from state funds. Invoices submitted without this letter will be returned to the medical provider.

SERVICE AUTHORIZED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized Signature

Date



STATE OF WEST VIRGINIA

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bureau for Children and Families  
Office of Children and Family Policy  
Division of Children and Adult Services

Governor

Cabinet Secretary

CLIENT NOTIFICATION OF SANCTION

Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

This is to notify you that pursuant to Sections 33,443, 33,600-33,630 of the Social Services Manual, you will not be eligible for the Homeless Program benefits for a period of \_\_\_\_\_ month(s), beginning \_\_\_\_\_ . The reason for this action is your failure to comply with the (Date) conditions of your services plan: to-wit: \_\_\_\_\_

During this sanction period your case worker/shelter staff will assist you in resolving the problem(s) that led to this action and continue to offer other services to which you may be entitled.

Your right to a conference concerning the decision and your right to a hearing are explained following this letter.

Sincerely,

\_\_\_\_\_  
(Case Worker/Shelter Staff)

**REQUEST FOR A CONFERENCE REGARDING THE PROPOSED ACTION TAKEN ON YOUR APPLICATION**

If you are not satisfied with the proposed action to be taken on your application or need further explanation, you have a right to discuss it with the Department worker who made the decision. If you are not satisfied with the results of this conference, you may wish to request a hearing.

**REQUEST FOR A HEARING BEFORE A MEMBER OF THE STATE BOARD OF REVIEW**

If you are not satisfied with the decision made on your application, you have a right to a hearing before a State hearing Officer who is a member of the State Board of Review.

**THE LENGTH OF TIME YOU HAE TO REQUEST A CONFERENCE OR HEARING**

If you wish a conference, please contact this office at once. If you wish a hearing, you must notify this office within ninety (90) day from the date of this action. You may request a conference or hearing by contacting this office in person or by completing the statement at the bottom of this letter. Detach and mail the request to the address below.

**CONTINUATION OF SERVICES DURING THE HEARING PROCESS**

If you request a hearing with thirteen (13) days of this notice, services may be continued or reinstated pending a decision by the State Hearing Officer.

**WHO MAY HELP YOU AT THE CONFERENCE OR HEARING**

At the conference or hearing, you may present the information yourself or present it in writing. You have a right to be represented by a friend, attorney, or other spokesperson of your choice. A Department representative will be available to assist you if you need help in preparing for the hearing and advise you regarding any legal service that may be available in your community.

------(Detach)-----

**IMPORTANT**

If you want a conference or hearing, please check one of the blocks below and mail this statement to:

THE LOCAL WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

I wand a pre-hearing conference because:

I want a hearing before the State Hearing Officer because:

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

(PLEASE DATE AND SIGN)



STATE OF WEST VIRGINIA

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bureau for Children and Families
Office of Children and Family Policy
Division of Children and Adult Services

Governor

Cabinet Secretary

LANDLORD NOTIFICATION OF CLIENT SANCTION

Date:

Three horizontal lines for date entry

Dear \_\_\_\_\_:

This is to notify you that the Bureau for Children and Families will not be responsible for the payment of housing/shelter benefits for \_\_\_\_\_ for a period of \_\_\_\_\_ (Client's Name) (Number) month(s), beginning \_\_\_\_\_ (Date).

If you have any questions in this regard, please feel free to call me.

Sincerely,

\_\_\_\_\_  
(Case Worker)

Please be advised that the above sanction against \_\_\_\_\_ is no longer in (Client's Name) effect as of \_\_\_\_\_, and the Bureau for Children and Families will be responsible for the payment of housing/shelter benefits as agreed to by the undersigned.

\_\_\_\_\_  
(Case Worker)

\_\_\_\_\_  
(Date)

WV Homeless Services Policy Social Services Manual Chapter 8

If you are not satisfied with the proposed action to be taken on your application or need further explanation, you have a right to discuss it with the Department worker who made the decision. If you are not satisfied with the results of this conference, you may wish to request a hearing.

**REQUEST FOR A HEARING BEFORE A MEMBER OF THE STATE BOARD OF REVIEW**

If you are not satisfied with the decision made on your application, you have a right to a hearing before a State hearing Officer who is a member of the State Board of Review.

**THE LENGTH OF TIME YOU HAE TO REQUEST A CONFERENCE OR HEARING**

If you wish a conference, please contact this office at once. If you wish a hearing, you must notify this office within ninety (90) day from the date of this action. You may request a conference or hearing by contacting this office in person or by completing the statement at the bottom of this letter. Detach and mail the request to the address below.

**CONTINUATION OF SERVICES DURING THE HEARING PROCESS**

If you request a hearing with thirteen (13) days of this notice, services may be continued or reinstated pending a decision by the State Hearing Officer.

**WHO MAY HELP YOU AT THE CONFERENCE OR HEARING**

At the conference or hearing, you may present the information yourself or present it in writing. You have a right to be represented by a friend, attorney, or other spokesperson of your choice. A Department representative will be available to assist you if you need help in preparing for the hearing and advise you regarding any legal service that may be available in your community.

------(Detach)-----

**IMPORTANT**

If you want a conference or hearing, please check one of the blocks below and mail this statement to:

THE LOCAL WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

I wand a pre-hearing conference because:

I want a hearing before the State Hearing Officer because:

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

(PLEASE DATE AND SIGN)



STATE OF WEST VIRGINIA

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bureau for Children and Families
Office of Children and Family Policy
Division of Children and Adult Services

Governor

Cabinet Secretary

HOMELESS PROGRAM APPLICATION

Date

A. GENERAL

NAME: (Last) (First) (M.I.) Soc. Sec. # / /

Address:

Age: Date of Birth: Sex: Education: (Last Grade Completed)

Citizenship Status (Include if legal alien) :

Benefit Group

Table with 5 columns: Name, Relationship, SSN, How SSN Verified, Citizenship Status

Is the applicant or any member of the benefit group a victim of domestic violence: Yes \_\_\_ No \_\_\_
If yes, is the victim still in danger? \_\_\_\_\_

**B. RESIDENCY**

1. How long has applicant been at current address? \_\_\_\_\_
2. Where was applicant's previous address? \_\_\_\_\_
3. How long has applicant been homeless? \_\_\_\_\_
4. How many times has applicant moved in the last 12 months? \_\_\_\_\_
5. Why is the applicant homeless? \_\_\_\_\_  
\_\_\_\_\_
6. Where does the applicant consider his/her home community? \_\_\_\_\_
7. Are resources available there? If so indicate type, extent and source (i.e. family, including phone number) \_\_\_\_\_  
\_\_\_\_\_
8. Person to contact in case of emergency (name, address, phone number) \_\_\_\_\_  
\_\_\_\_\_

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**C. MEDICAL**

1. List applicant's medical problems: \_\_\_\_\_  
\_\_\_\_\_
2. List medication required: \_\_\_\_\_
3. When did applicant last visit a physician? \_\_\_\_\_ Why? \_\_\_\_\_  
\_\_\_\_\_
4. Is applicant or member of benefit group currently receiving mental health services? \_\_\_\_\_  
If so, indicate person and provider \_\_\_\_\_
5. Has applicant or member of benefit group resided in a mental health facility? \_\_\_\_\_ If yes, identify  
person, facility, dates \_\_\_\_\_  
\_\_\_\_\_
6. Is applicant or member of benefit group eligible for/receiving Medicaid/Medicare benefits? \_\_\_\_\_  
If yes, indicate person and benefit(s) \_\_\_\_\_  
\_\_\_\_\_
7. Does applicant or member of benefit group have a history of alcohol/drug abuse? \_\_\_\_\_  
If yes, indicate when and current treatment (including provider and location) \_\_\_\_\_

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**D. CRIMINAL HISTORY**

1. Has applicant or any member of benefit group been convicted of a crime? \_\_\_\_\_  
If yes, identify person, crime, location and date of offense \_\_\_\_\_  
\_\_\_\_\_
2. Is applicant or member of benefit group currently on parole/probation? \_\_\_\_\_ If yes, identify person,  
location and name of supervising officer \_\_\_\_\_  
\_\_\_\_\_
3. Are there parole/probation conditions that conflict with the Homeless Policy? \_\_\_\_\_ If yes, indicate  
\_\_\_\_\_

**NOTE:** The Order or Release to Parole/Probation **MUST** be provided before benefits can be received. A copy of such order shall be included in the case file.

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**E. MILITARY SERVICE**

1. Is applicant a veteran? \_\_\_\_\_ Type of Discharge \_\_\_\_\_
  2. Date of Discharge \_\_\_\_\_ Serial #: \_\_\_\_\_
  3. List any service connected injuries: \_\_\_\_\_
  4. List any eligible Veteran's benefits: \_\_\_\_\_
- 

**F. RESOURCES**

1. Has applicant or benefit group member received homeless benefits before? \_\_\_\_\_ If so, identify person, location, provider and benefits received \_\_\_\_\_  
\_\_\_\_\_
2. Is applicant employed? \_\_\_\_ If yes, indicate where, how long and income \_\_\_\_\_  
\_\_\_\_\_
3. Does applicant or any benefit group member have income, funds (bank account, AFDC/U, food stamps, etc.) or access to other resources? \_\_\_\_\_ If yes, indicate person, source and amount  
\_\_\_\_\_  
\_\_\_\_\_
4. Does applicant or any benefit group member own/have access to a vehicle? \_\_\_\_ If so, indicate who and description of vehicle, including license number \_\_\_\_\_  
\_\_\_\_\_
5. Is applicant or other members of benefit group able to work? \_\_\_\_ If yes, identify \_\_\_\_\_  
\_\_\_\_\_
6. What is applicant's primary occupation? \_\_\_\_\_
7. List applicant's job skills \_\_\_\_\_
8. If unemployed, what are the barriers to the applicant's employment? \_\_\_\_\_  
\_\_\_\_\_
9. If eligible for homeless benefits, are services available in the community to meet applicant's needs?  
\_\_\_\_\_
10. If not, where are services available? \_\_\_\_\_
11. If applicant is denied benefits, where will he/she stay? \_\_\_\_\_
12. Is applicant court ordered to pay child support? \_\_\_\_\_ If yes, indicate amount and recipient's name and address \_\_\_\_\_  
\_\_\_\_\_

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**G. COMMENTS**

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I certify that the statements and information I have given are true and understand that homeless benefits may be forfeited/lost if I knowingly give false information. I hereby release the Department of Health and Human Resources from any and all liability which may result from services provided or benefits received.

Date \_\_\_\_\_ Client's Signature \_\_\_\_\_

Other Adult Household Member's Signature

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Worker's Signature \_\_\_\_\_

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
HOMELESS SERVICE PLAN**

**Client Name:**

**Case #:**

**Date Initiated:**

**Date Reviewed:**

Problem/Need Statement	
Goal	:
Service	:
Task	:
Responsible Part	:
Frequency	:
Duration	:
Goal Begin Date	:
Estimated Completion Date	:

\_\_\_\_\_  
Client/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Worker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**West Virginia Department of Health and Human Resources  
Office of Social Services  
Client/Provider Grievance Form**

I, \_\_\_\_\_, wish to file a grievance with the West Virginia Department of Health and Human Resources, Office of Social Services.

I am dissatisfied for the following reasons:

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I understand this form will be forwarded to the State Office, Chairman, Board of Review. A Grievance Hearing will be scheduled by a State Hearing Officer.

Signature of Client/Provider \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Signature of Worker \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Orig: Chairman, State Board of Review  
CC: Case Record  
Client/Provider

SS-28