

West Virginia Department of Health and Human Resources

# Homeless Services Policy

Bureau for Social Services

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## SECTION 1 INTRODUCTION

### 1.1 Overview

Homeless services policy sets forth the philosophical, legal, practice, and procedural issues which currently apply to homeless services in West Virginia. This material is based upon a combination of requirements from various sources including but not limited to social work standards of practice, accepted theories and principles of practice relating to services, federal guidelines, recommendations for best practices, and court decisions made by the Supreme Court of Appeals of West Virginia.

### 1.2 Mandates for the Department Regarding Homelessness

In *Hodge v. Ginsberg*, 172 W. Va. 17, 303 S.E.2d 245 (1983), the Supreme Court of Appeals of West Virginia determined that the term “incapacitated adult” as defined in W. Va. 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.” Syl. Pt. 6, *Hodge, supra*.

The Supreme Court found “[t]he 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 known as “Department of Health and Human Resources”) through the provision of adult protective services.” Syl. Pt. 7, *Hodge, supra*.

Based upon the foregoing, the Supreme Court granted a writ of mandamus requiring the department to provide the petitioners in *Hodge*, and “other similarly situated persons,” meaning individuals who are homeless or indigent, emergency shelter, food, and medical care by W.Va. Code §9-6-1, *et. seq.*

Based upon the policy under Chapter 29 of the Social Services Manual, the Court determined that the assistance provided to the homeless must “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, “[t]he 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 Supreme Court did not elaborate on or specify what resources, programs 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 Supreme Court further did not identify a funding mechanism for homeless services, nor did the Supreme Court explain whether services or benefits already provided by the department also constitute homeless services.

### 1.3 Philosophical Principles

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, through grantees, subcontracted entities, or vendors accepting the department’s payment, becomes involved, the intervention provided should be aligned with best practices in the operation of emergency shelter, at an appropriate level to meet the needs of the individual. Entities must utilize community resources whenever possible to provide connections to on-going support systems during and after an individual and family exit shelter.

Despite best efforts to prevent and divert literal homelessness whenever possible, some households will experience a housing crisis that results in housing loss and need a safe, temporary place to stay on an

emergency basis. An effective homelessness crisis response system ensures that all households experiencing homelessness have immediate access to emergency housing resources that are lower-barrier, trauma-informed, person-centered, safe, appropriate, and provide housing-focused services and support designed to end the experience of homelessness as quickly as possible.

### *Cultural Awareness*

Effective intervention requires that workers respond in a non-punitive, noncritical manner, and offer help in the least intrusive way possible. Adults shall be treated with dignity and respect by staff and all providers of service working with them. It is the worker's responsibility to ensure the rights of adults and families being served are protected. In doing so, workers shall not assume all adults are heterosexual, cis-gender, or gender-conforming and will treat Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) adults with respect and competence. All entities and agents will also adhere to all state and federal laws related to protected classes.

Cultural awareness is ensured by recognizing, respecting, and responding to the culturally defined needs of individuals that the department serves.

All professionals in state and local social services systems have an obligation to understand and adhere to the federal laws that protect adults in the communities they serve. Decisions made by the department, contracted entities, entities receiving state funded voucher payments, or grantees should be made without intentional or unintentional discrimination. This includes not discriminating based on age, race, color, gender, mental or physical disability, religious creed, national origin, sexual orientation, political views, and limited proficiency in speaking, reading, writing, or understanding the English language. For more information see [Section 9 Nondiscrimination, Procedure & Due Process Standards, Reasonable Modification policies, and Confidentiality](#).

### *Mission and Purpose*

Through its partnerships with West Virginia Coalition to End Homelessness (WVCEH), Continuum of Care (CoC) across the state, and the emergency shelter system, the department 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:

- To fairly and reasonably assess an applicant's claim for homeless services.
- 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.
- To provide diversion services to all households seeking a shelter bed to determine whether a safe, alternative housing option is available rather than entering shelter.
- To develop an individual housing and services plan with each eligible client to end their housing crisis and define the goals, services, and tasks, enabling a client to become housed and engage in services to retain housing stabilization or to be otherwise cared for and which recognizes the responsibilities of both the client and the provider in realizing the plans objectives.
- To work with state and community organizations through formal and resourced partnerships in developing and utilizing resources and providing services which are reasonable and cost-effective given state and local conditions.

To provide these services for individuals and families who are experiencing homelessness, the department will refer all clients to Coordinated Entry at WVCEH, the local CoC, or the emergency shelter located near the local department.

## 1.5 Definitions

Throughout this policy, terms such as grantees, subcontracted entities, and vendors accepting payment may be used interchangeably.

<b>Term</b>	<b>Definition</b>
<b>Community Resources</b>	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.
<b>Domestic/Family Violence</b>	The occurrence of one or more of the following acts between family or household members: (1) attempting to cause or intentionally, knowingly or recklessly causing physical harm to another with or without dangerous or deadly weapons; (2) placing another 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 as those terms are defined in W.Va. Code §§61-8b-1, <i>et seq.</i> and 61-8d-1, <i>et seq.</i> ; and (5) holding, confining, detaining or abducting another person against that person’s will. See, <a href="#">W. Va. Code §48-27-202</a>
<b>Emancipated Minor</b>	A child over the age of 16 who has been emancipated by 1) order of the court, pursuant to a proceeding outlined in W. Va. Code §49-4-115(a) based on a determination that the child can provide for his or her physical and financial well-being and has the ability to make decisions for himself or herself; or 2) marriage of the child. An emancipated minor has all the privileges, rights and duties of an adult including the right to contract, except that the child remains a child as defined for the purposes of W. Va. Code §49-2-1001 <i>et seq.</i> and §49-4-701 <i>et seq.</i> See, <a href="#">W. Va. Code §49-4-115</a>
<b>Emergency Assistance</b>	Applicants experiencing homelessness applying for the emergency assistance program must be transient and 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. See, Bureau for Family Assistance Income Maintenance Manual Chapter 10 Appendix A
<b>Emergency/Emergency Situation</b>	A situation or set of circumstances which presents a substantial and immediate risk of death or serious injury to a vulnerable adult.
<b>Family or Household Member</b>	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. See, <a href="#">W. Va. Code §48-27-204</a>

<p><b>Homeless</b></p>	<p>An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> <li>•An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train airport, or camping ground;</li> <li>•An individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or</li> <li>•An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.</li> </ul>
<p><b>Homeless Management Information System (HMIS)</b></p>	<p>Homeless Management Information System (HMIS): A local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families experiencing homelessness or at risk of homelessness.</p>
<p><b>Homeless System</b></p>	<p>All of the services and housing available to persons who are literally homeless.</p>

## 1.6 Homeless Services Grant Program

The goal of the department’s Homeless Services Grant Program (HSGP) is to ensure homelessness is rare, brief, and one-time. The department, through the West Virginia Coalition to End Homelessness (WVCEH), administers funds to a coordinated system of homeless crisis providers to address housing and services needs of households experiencing, or at imminent risk of homelessness. The department and the WVCEH work closely with communities and a diverse network of private and public entities to ensure homeless crisis services are implemented effectively and in alignment with best practice models to target and maximize resources for the most vulnerable households.

Homeless Services Grant Program funding supports the design, development, and implementation of local, coordinated emergency crisis response systems to quickly identify and end homelessness. Through a Housing First, lower-barrier, and housing-focused approach, the goal of the HSGP is to identify and assist households experiencing or at imminent risk of homelessness to quickly stabilize in permanent housing. Activities of HSGP grantees are designed to reduce overall lengths of homelessness, decrease first time homelessness, increase exits to permanent housing, and decrease returns to homelessness.

## 1.7 Homeless Services Grant Program Funding Grantee Requirements

All HSGP awardees are required to provide services in accordance with federal and state law and are expected to collaborate with the Continuum of Care (CoC). Awardees must engage in community-wide



planning to address homelessness, improve coordination, and integration with mainstream resources and other programs targeted to people experiencing homelessness. Awardees must improve data collection and performance measurement.

Grantees are also required to participate in Homeless Management Information System (HMIS) Coordinated Entry for each individual and family served by the entity and the annual Point-in-Time Count. Further grantee requirements may be viewed in grant agreements made by the department, WVCEH, or contracted entities.

## 1.8 Vendors Accepting Payments

Congregate shelters that have agreed to accept payment are subject to all federal and state laws and requirements noted in this policy. To ensure that funding is spent appropriately and efficiently, any congregate shelter receiving state dollars, either through a grant or acceptance of vendor payment, must comply with performance measures and objectives and all data collection and reporting requirements as listed in this policy.

## 1.9 Homeless Crisis Response System

An effective homeless response system utilizes all the resources, supports and interventions within a community, including homeless-specific resources like shelters and re-housing programs, as well as adjacent systems like health care, criminal justice, and social services, and aligns those efforts to the goal of making homelessness rare, brief, and one-time. All federal, state, and local resources are grounded in Housing First and allocated and aligned around efficient and effective interventions with the goal of quickly ending a household's experience of homelessness by rapidly connecting them to permanent housing.

A crisis response system identifies and connects people experiencing or at risk of imminent homelessness to housing quickly and provides services when needed and prevents homelessness when possible. An effective crisis response system utilizes key system components to achieve this goal including street outreach, coordinated entry systems, homelessness prevention, diversion, emergency shelter, and permanent housing.

# SECTION 2 HOMELESS SERVICES GRANT PROGRAM OVERVIEW

Homeless Services Grant Program (HSGP) funding supports the design, development, and implementation of local, coordinated emergency crisis response systems to quickly identify and end individual and family homelessness. Through a Housing First, lower-barrier, and housing-focused approach, the goal of the HSGP is to identify and assist households experiencing or at imminent risk of homelessness to quickly stabilize in permanent housing. Activities of HSGP grantees are designed to reduce overall lengths of homelessness, decrease first time homelessness, increase exits to permanent housing, and decrease returns to homelessness.

## 2.1 Key Outputs and Performance Measures

Homeless Services Grant Program (HSGP) grantees will be evaluated and monitored on how well they achieve key outputs, performance measures, and processes. Grantees are required to collect data and report on:

- Demographic data.
- Total number of individuals/households served.
- Capacity and utilization of emergency shelter beds.

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- Length of time persons remain homeless (overall and within a program).
- Prior housing situation.
- Income and benefits.
- Number of persons experiencing homelessness for the first time.

To better understand how quickly communities, and in particular, HSGP grantees are successfully making homelessness rare, brief, and one-time, the department and the WVCEH will collect data on the following performance measures for HSGP grantees:

- Diversion of individuals/households entering shelter.
- Average length of time in shelter.
- Exits to permanent housing (overall and within a program).
- Returns to shelter in 6 months, 12 months, and 24 months.

Evaluation of each HSGP grantee will occur annually as part of the HSGP application process. The evaluation process will also include:

- Ensuring that all HSGP grantees acting as access points to the crisis response system are using a standardized intake and assessment process.
- HSGP grantees providing shelter are lower-barrier and easily accessible.
- HSGP grantees implement diversion strategies prior to any intake/assessment process.
- HSGP grantees shelter policies and procedures reflect a Housing First, lower-barrier, trauma-informed, person-centered, and housing-focused approach (the department/WVCEH will review these policies as part of the application process).
- Individualized housing-focused case management.

For more information on the evaluation process, review the WVCEH Monitoring Policy and Scorecard.

## 2.2 HSGP Funding

The department collaborates with WVCEH to subaward funding to contracted shelters and entities that utilize the voucher for homeless services. Grants are renewable based on performance, compliance, and available funds for each year of funding.

### *Grant Award Funding*

Homeless Services Grant Program (HGSP) funds are allocated through a community-based competitive application process. The amount of funding received is based on funding availability and the grantee's application score which encompasses:

- Local need based on data.
- Alignment of the entity's approach with CoC and state goals to end homelessness.
- Alignment with local homeless system coordination.
- Community and grantee capacity.
- Data quality, collection, reporting, and analysis.
- Performance outcomes.

### *Grantee Requirements*

In addition to the grantee requirements set forth in Section 1.6 above, HSGP grantees must adhere to the following requirements:

- Full participation in the CoC coordinated entry system.
- 100% of grantee participants assessed with locally established community-based assessment tool.

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- Coordination with other homeless services providers.
- Use of HMIS that meet Housing and Urban Development (HUD) HMIS data standards (victim service providers may use another data system that meets all HUD HMIS data standards and reporting requirements).
- Documentation of household's homeless status and services received.
- Completion of a housing and services plan that include how permanent housing will be obtained and retained once assistance ends.
- Alignment of practices primarily focused on quickly placing household into permanent housing and a secondary focus on housing stability.
- All other requirements may be found in the grant agreement.

### *Housing First*

All HSGP grantees must use a Housing First approach focused on moving households into permanent housing as quickly as possible and connect households to housing stabilization support services as needed for housing stability.

Housing First is an approach to ending homelessness that prioritizes providing permanent housing to people experiencing homelessness, without preconditions, as quickly as possible and connects them to voluntary services and supports necessary to sustain that housing. Housing First provides the services and supports necessary to navigate the difficult challenges while ensuring that homeless services programming does not serve as an additional barrier.

Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness without prerequisites such as income, sobriety, or mandatory participation in services. By providing permanent housing first to people experiencing homelessness, the stability of having a place to live provides the platform for people to pursue personal goals and improve their quality of life. Permanent housing provides the environment for people to be successful in responding to the challenges that may have also contributed towards their housing instability. Supportive services can be offered to assist people with housing stability and individual well-being, but participation is not required because services are more effective when people choose to engage.

Services across a Housing First oriented system must be prepared to meet the housing and service needs of the people experiencing homelessness in the community. Individuals and families should be able to access permanent housing as quickly as possible when a housing crisis occurs. To accomplish West Virginia's goal of making homelessness rare, brief, and one-time, all organizations must embrace the Housing First approach. Anyone experiencing homelessness should be able to enter shelter without prerequisites, and services should be focused entirely on reconnecting people to housing as quickly as possible.

### *Persons with Lived Experience of Homelessness Participation*

Homeless Services Grant Program grantees must provide participation of persons with lived experience of homelessness to policy making decisions related to grantee crisis operations and services. Examples of activities that meet this requirement include having a person with lived experience of homelessness, who is now experiencing housing stability and is no longer in crisis, serve on the grantees board of directors or other equivalent policy making structure or have in place a consultation process with persons with lived experience related to operations and services decision making.

### *Lower Barrier and Immediate Access*

Ensuring immediate and lower-barrier access to shelter is available to anyone experiencing homelessness, regardless of their barriers or presenting challenges, is critical. Shelter should not screen out households based on sobriety, income requirements, or other policies that make it difficult to enter shelter. Best practices indicate that shelter should be available at any time of day, accommodate people, pets, and possessions, and ensure equal access for all people regardless of age, gender, household composition, and other factors. To follow a lower-barrier, Housing First approach, services in shelter must be voluntary and should be focused exclusively on health and safety while in shelter, not on controlling people or changing their behavior. Discharge from a shelter should only occur on rare occasions where someone's actions and behavior demonstrate a clear threat to health and safety.

### *Diversion Services*

All department funded entities must engage households presenting for homeless services in a problem-solving conversation to understand the circumstances that led to the household's housing crisis, explore what immediate solutions to the crisis may be possible, and assist the household to pursue a solution(s). Diversion is an intensive service intervention. Through an interactive problem-solving conversation with the client, staff seek to:

- understand what caused a person's housing crisis.
- explore what immediate solutions to the crisis may be possible.
- help them pursue a solution(s).

The idea is to immediately get the client into a safe housing alternative, which may be short- or longer-term. Some of these options may include:

- a negotiated return to their previous housing.
- short-term, non-shelter accommodation.
- apartments or homes, (including shared housing).
- returns to family or friends.
- any other safe option available to the individual or family.

Diversion is not a separate program, but an approach used across the entire system utilizing problem-solving strategies and activities to help households identify safe and appropriate alternatives to entering the homeless response system. Diversion is often situated at the point where people request and access homeless services and should be the first strategy undertaken with every household seeking services.

The goal of diversion strategy is to identify a safe, appropriate, and available alternative to entering shelter (or to experiencing unsheltered living). The housing arrangement identified during the diversion conversation may be either temporary or permanent. The primary goal is to avoid homelessness immediately, and ongoing conversations may help identify a different temporary or permanent arrangement or support the maintenance of an ongoing temporary or permanent arrangement as needed.

Diversion is a much more effective intervention from the perspective of homeless services systems and ending homelessness. Diversion stems the inflow into shelter; every person diverted makes a shelter bed available for someone else who needs it. It is considerably less costly, on average, than a shelter stay. Diversion avoids the emergency-related costs of unsheltered homelessness including ambulance use, sanitation, and interaction with law enforcement.

### *Housing Focused, Rapid Exit Services*

Many people who enter shelter may often not be eligible for housing and support services available in the community, or they may be less vulnerable than other households needing services and must wait a long time for resources to become available. Given that reality, services and supports in emergency shelter must primarily focus on assisting people in exiting shelter back into permanent housing as quickly as possible. This may require the shelter to provide financial assistance for application fees, security deposits, rent, and supports to identify and connect with housing options. All staff, including case managers, front desk staff, and shelter security, should be trained in housing-focused, problem-solving conversations to support rapid exits to housing. Rapid exits to housing from shelter also help with system flow; the same number of shelter beds can be used to serve more people, reducing bottlenecks and wait lists in communities when shelter residents are rapidly exited to permanent housing.

## SECTION 3 LOCAL DEPARTMENT OFFICE PROCEDURES

If a client or member of an eligible family group presents at the local office, the worker will provide information or assist in contacting Coordinated Entry, local CoC, local emergency shelter, or department contracted shelter. Contact information with each agency is available in [Appendix B](#).

If an emergent situation exists, the worker shall staff the case with the supervisor. Further assistance may be sought with the adult services program manager and homeless services policy specialist.

## SECTION 4 ELIGIBILITY

### 4.1 Client Eligibility Criteria

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

1. be 18 years of age or older, or an emancipated minor, or member of an eligible family group.
2. meet the definition of homeless and an attempt at diversion has been unsuccessful.
3. lack sufficient resources to obtain needed emergency shelter, medical care, or food.

### 4.2 Client Information

The initial interview is an important step in providing services. A problem-solving conversation is the first step in gathering this information. Conversations surrounding diversion tactics shall occur. If diversion is unsuccessful, intake will begin. A thorough screening must be conducted to gather information regarding the applicant's need for services. Information shall include:

- Demographic information for all client(s) in the household.
- Data required for Coordinated Entry.
- Current circumstances surrounding homelessness.

### 4.3 Homeless Services Grant Program Eligible Activities

Eligible activities and benefits of the HSGP typically consist of shelter, food, housing or shelter payments, or medical care. Eligible activities are delivered either through short- or long-term housing and services planning conducted by the department HSGP grantees, local CoC, or emergency shelter.

## 4.4 Shelter

Before entering shelter, households experiencing homelessness or at-risk of imminent homelessness (e.g., believe they have no safe, available housing option) should be diverted from shelter through a problem-solving conversation, connections to community/departmental resources, and flexible financial assistance if available.

Shelter is a temporary measure and should support Housing First, lower-barrier, trauma-informed, person-centered, and housing-focused services for people experiencing homelessness. The primary focus of emergency shelter is to quickly move to permanent housing and assist the household in housing stabilization.

### *Shelter Eligibility*

- Literal homelessness: individuals and families who lack a fixed, regular, and adequate nighttime residence. Instead, they are (1) living in a place not meant for human habitation; (2) living in a public or private shelter designated to provide temporary living arrangements; or (3) exiting an institution where they have resided less than 90 days AND who met 1 and 2 above prior to entering that institution.
- At imminent risk of homelessness: individuals and families who will lose their primary nighttime residence within 14 days and diversion has been attempted.
- Individuals or households fleeing or attempting to flee domestic violence and have no other residence or resources to obtain other permanent housing.

### *Shelter Requirements*

State-funded shelters must engage in and document problem-solving conversations to address the household's immediate housing crisis. Shelter providers should continue coordination with community or departmental resources to ensure timely referrals and help identify resources to assist in resolving a housing crisis. Shelter providers should create a housing and services plan to ensure shelter stay is minimal. Shelter providers should ensure that homeless assistance case management is based on the strengths and needs of the household, is client-centered, and housing focused with minimal barriers.

### Required Documentation

The documentation necessary for HSGP grantee shelter providers and shelter providers accepting vendor payment must be uploaded or entered in HMIS and includes:

- Proof that diversion was attempted.
- Certification Form that household received a copy of the HSGP's grievance policy.
- Housing and services plan.

## SECTION 5 PROGRAM BENEFITS

Benefits under the homeless program usually consist of shelter, food, housing or shelter payments, or medical care. The department will work closely with the entity sub-awarding all grants to contracted shelters to ensure that individuals and families are receiving appropriate benefits. If a client requires benefits outside of shelter or benefits that the shelter provides, clients should be referred to the appropriate entity.

## 5.1 Payments

Shelter benefits consist of no-cost shelter or housing, contract shelters, or vendors who have agreed to accept payment and provide shelter for the individual or benefit group. Congregate shelters (e.g Missions, Salvation Army, department contract shelters) are viable resources and shall be utilized.

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 client shall select a more suitable alternate site.

If a client loses access to housing or shelter because of behavior that threatens health or safety, negative action may be imposed, if the safety of other residents is at risk; however, great consideration must be given when imposing sanctions or discharging someone from the shelter. Refer to [6.3 Sanctions](#) for more information. Case management and referrals to available resources are vital in these situations. If benefits are going to be discontinued, notification (SS-13) must be provided to the client prior to discontinuance of homeless benefits. Both required forms can be viewed in [Appendices C and D](#).

### *Education for Children and Youth Experiencing Homelessness*

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:

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

## 5.2 Resources

Clients shall be connected to resources to eliminate homelessness. These resources include but are not limited to:

- Family, friends, or both.
- Entitlement Programs (Social Security, Veteran Benefits, etc.).
- Community Mental Health Centers.
- Food Pantries.
- Clothing Centers.
- Health Care Clinics.
- Adult Basic Education.
- Shelters.
- American Red Cross.
- Churches.
- Other faith-based resources.
- The department's Family Assistance programs: TANF, SNAP, Emergency Assistance, LIEAP, Chafee, etc.
- WorkForce WV.

- WV Division of Rehabilitation Services.
- HUD or other federally funded housing or voucher programs.
- Any other services.

### 5.3 Housing Focused Services Plan

Once the household's initial housing crisis has been addressed, a housing and service plan must be developed based on the initial problem-solving conversation. Housing and service plans must be individualized and client-centered to identify and address the unique situations of each household. All housing and service plans must focus on quickly obtaining permanent housing while simultaneously connecting the household to natural, community, and mainstream resources to assist in housing stabilization.

## SECTION 6 CASE MANAGEMENT

Case management is the primary service provided by the grantees and vendors for clients who have been opened for homeless services. It consists of identification of problem areas or needs, identification of appropriate services and resources to address the identified problems or needs, referral of the client to appropriate service agencies, and coordination of service delivery, thus enabling the client to become self-sufficient. All entities providing services to individuals and families shall collaborate, with the permission of the client, to provide appropriate services to end homelessness.

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 to evaluate progress, identify potential problems, and seek prompt resolution.

The purpose of case management is to consider and evaluate progress made toward achievement of goals identified in the housing and service plan with the primary focus being on housing. Re-examination of the housing and 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 or barriers encountered, effectiveness of the current plan in addressing the identified problem areas, and if modifications or changes are indicated.

Part of the case management process consists of evaluating progress toward the goals identified in the current housing and service plan, which is documented in HMIS. This requires the case manager to review the current housing and service plan and have a face-to-face contact with the client. Follow-up with other individuals and agencies involved in implementing the housing and service plan, such as other service providers, must also be completed. During the case management process, the case manager is to determine and document the following:

- Clarification of goals.
- Negotiation towards a successful outcome.
- Agreement of next steps and responsibilities.
- Implementation of a course of action which may include connections to community resources, securing identification documents (Driver's License, Photo ID, Social Security Cards, Birth Certificate, etc.), additional referrals/inquiries, completion of forms, etc.
- A summary of changes in the individual or family's circumstances.
- 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 or modifications are needed.
- Barriers to achieving the identified goals.



- Other relevant factors.

### *Documentation of Case Management*

The case manager must document progress and changes related to goals of housing and service plan in the case notes section of HMIS. This includes reviewing with the client and documenting any goals that have been achieved or are to be discontinued or modified for some other reason(s). Additional goals may be added as appropriate. Documentation must happen within 72 hours according to HMIS policy.

## 6.2 Exceptions to Policy

In some circumstances, exceptions to policy may be requested. Exceptions will be granted on a case-by-case basis and only in situations where client circumstances are sufficiently unusual to justify the exception. Such exceptions are to be requested **ONLY** after other methods and/or resources have been exhausted. The policy exception request is to be submitted to WVCEH Social Services Policy and Programs Officer. Policy exceptions will be submitted through WVCEH process, and approvals and accompanying information must be documented in HMIS. Policy exception requests must include:

- explanation of why the exception is requested.
- alternate methods/resources attempted.
- anticipated impact if the policy exception is not granted.
- efforts to resolve the situation.
- information supporting the request.
- the time period for which the exception is being requested.
- any other relevant information.

## 6.3 Sanctions

A sanction is a negative action resulting in the temporary withholding of benefits because of violent or threatening behavior, or fraud. Any time that a sanction is issued, the Shelter Director must approve, and staff are required to complete the sanction notification form and document as a case note or upload into HMIS. If the sanction period is for more than 72 hours, the Shelter Director or designee must notify the WVCEH monitor immediately via email. The monitor will gather more information and be responsible to approve or deny any sanction period lasting more than 72 hours. To be reasonable and prudent in the delivery of services, a sanction shall be imposed because of behavior that threatens health or safety, and reasonable attempts to address behavior are unsuccessful. This must be documented in HMIS. If a client has exited shelter due to sanction, the shelter should refer the client to an outreach worker.

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 Centralized Intake.

All negative actions are to be in accordance with the procedures practiced by the department including the right of clients to have 13 days in which to appeal the action.

### *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 Client Sanction Notification Form is to be used for this purpose and may be accessed in [Appendix D](#). Documentation of the sanction must be in HMIS, and a copy of the form must be in the file.

*Post Sanction Services*

Shelter staff will focus on case management. Case management should include discussions surrounding changes in the client’s situation, reason for sanction, steps to avoid additional sanctions, including connection with resources if appropriate.

**SECTION 7 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 and W.Va. Code §9-6-8. A circuit court or supreme court of appeals may subpoena the case record of an individual but before permitting its use in connection with any court proceeding, the court must review the record 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. Providers should consult an attorney should there be any questions about releasing confidential information.

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

**SECTION 8 ADULT SERVICES PROGRAMS**

**8.1 Adult Services Programs Definitions**

<b>Abuse</b>	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. See, <a href="#">W. Va. Code §9-6-1</a>
<b>Adult Protective Services (APS)</b>	Services provided to vulnerable adults 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. d. Providing, arranging for, or facilitating the provision of medical, social service, economic, legal, housing, law enforcement, or other protective, emergency, or support services. See, <a href="#">W. Va. Code §9-6-1</a>
<b>Caregiver</b>	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. See, <a href="#">W. Va. Code §9-6-1</a>

<b>Centralized Intake (CI)</b>	The Centralized Intake Unit is a specialized unit of workers and supervisors who are responsible for receiving and screening abuse, neglect, and financial exploitation referrals, requests to receive services, and contacting after-hours workers, when necessary, as well as other duties. The Centralized Intake Unit operates 24 hours a day, 7 days a week.
<b>Fiduciary</b>	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. See, <a href="#">W. Va. Code §9-6-1</a>
<b>Financial Exploitation</b>	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. See, <a href="#">W. Va. Code §9-6-1</a>
<b>Incapacity</b>	The inability because of physical or mental impairment to appreciate the nature and implications of a health care decision, to make an informed choice regarding the alternatives presented, and to communicate that choice in an unambiguous manner. See, W. Va. Code §16-30-3
<b>Neglect</b>	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. See, <a href="#">W. Va. Code §9-6-1</a>
<b>Preventative Adult Protective Services (PAPS)</b>	A range of supportive services provided to vulnerable adults or facility residents where the threat of harm exists, and without intervention, it is likely that abuse, neglect, or financial exploitation will result.
<b>Self-Neglect</b>	The inability of a vulnerable adult to meet his or her own basic needs of daily living due to mental or physical condition. See, <i>APS Policy</i> .
<b>Sexual Abuse</b>	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. See, <i>APS Policy</i> .
<b>Social Isolation</b>	Controlling, denying, limiting, or coercing visits or conversations, or both, with friends, family, and acquaintances; outside involvement; reading; spiritual beliefs, traditions and events; and access to others. Examples are controlling, denying, limiting or coercing transportation, phone use, electronic or assistive communication devices; using verbal abuse and threats to keep others away; severing social relationships through manipulative tactics; and limiting access to

	friends or family through frequent moves or remote housing, or both. See, <i>APS Policy</i> .
<b>Undue Influence</b>	Excessive persuasion that causes another person to act or refrain from acting by overcoming that person’s free will and results in inequity. See, <a href="#">W. Va. Rules of Practice and Procedure for Financial Exploitation Civil Proceedings</a>
<b>Verbal Abuse</b>	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. See, <i>APS Policy</i> .
<b>Vulnerable Adult</b>	Any person over the age of 18, or an emancipated minor, who by reason of physical or mental condition is unable to independently carry on the daily activities of life necessary to sustaining life and reasonable health and protection. See, <a href="#">W. Va. Code §9-6-1</a>

## 8.2 Adult Protective Services

If at any point, a provider believes that a vulnerable adult has been abused, neglected (including self-neglect), or financially exploited, a referral to Centralized Intake must be made. Centralized Intake can be reached 24/7 at 1-800-352-6513.

### *Reporting Allegations*

In addition to the general provisions related to reporting of abuse, neglect, financial exploitation, or an emergency situation requirement involving a vulnerable adult or facility resident, W. Va. Code §9-6-9 also sets forth requirements related to mandatory reporting. These include:

- Identification of various individuals who are mandatory reporters.
- Statement of requirements regarding immediate reporting by mandatory reporters.
- Statement of a requirement to submit a report within 48 hours.
- Statement that mandatory reporters distribute reports to various parties.
- Identification of the instances in which the department is required to report substantiated findings to others such as the prosecuting attorney, law enforcement, medical examiner, etc.

### *Mandatory Reporting*

W. Va. Code §9-6-9 also identifies various individuals who are mandatory reporters. This means that if any of these individuals have reasonable cause to believe or observe that a vulnerable adult or facility resident is being subjected to or has the potential to be subjected to abuse, neglect, financial exploitation, or an emergency situation, they must immediately, and no more than 48 hours after learning of the alleged incident, report the circumstances to the department’s Centralized Intake. Mandated Reporters are also required to complete the APS Mandated Reporting form. The following are identified as mandatory reporters:

- Medical professionals.
- Dental professionals.
- Mental health professionals.
- Christian science practitioners.
- Religious healers.
- Social service worker (including those employed by the department).
- Law enforcement officers.
- Humane officers.
- Any employee of a nursing home or other residential facility.

With permission of the vulnerable adult, Adult Protective Services shall work with the homeless services provider to eliminate the need for emergency shelter if appropriate. For more information regarding Adult Protective Services refer to [APS Policy](#).

### 8.3 Adult Residential Services

Adult Residential Services includes Adult Family Care homes and Assisted Living Facilities. These placement options may be an appropriate option for individuals who are no longer able to safely remain in their own homes or other environment due to physical, cognitive, and/or emotional deficits. Although an individual may be experiencing deficits in one or more of these domains, the deficits are not significant enough to warrant the level of care provided in a nursing home.

Adult Family Care homes are placement settings for adults that provide support, protection and security in a family setting. The Adult Family Care Home may provide care for up to three adults and is certified to provide care by the department home finding specialist. Assisted Living Facilities are residential settings for adults that provide supervision, support, protection, and security in a group living setting to four or more residents. The residents may need limited and intermittent nursing care. Assisted Living Facilities must be licensed by the Department of Health and Human Resources, Office of Health Facilities Licensure and Certification.

Referrals for Adult Residential Services can be made at the local department office with an adult services worker. For more information regarding eligibility and other criteria for Adult Residential Services refer to *Adult Residential Services Policy*.

### 8.4 Substitute Decision-Maker

Adults have a constitutional right to live their lives as they see fit, within the confines of the law. Inherent in this is the right of self-determination. Because of this, one of the basic tenets of the department is that any intervention must be the least intrusive/restrictive alternative that is appropriate to address the needs of the individual. All potential options shall be thoroughly explored prior to seeking appointment of a guardian, conservator, or health care surrogate which will restrict the individual's constitutional rights to some degree. In addition, thorough exploration of the existence of advance directives such as a living will, medical power of attorney, or durable power of attorney is to occur.

There are times when an adult may become incapacitated to the extent where they are no longer able to make decisions on their own behalf. If a provider believes that a client requires a substitute decision-maker, a referral to the department may be made.

A Substitute Decision Maker may be appropriate when:

- the adult requires assistance with medical decisions.
- the adult has not designated anyone to assume decision-making for them, by execution of a durable power of attorney, or another advanced directive.
- the previously appointed substitute decision-maker is not available.
- there is no known other advanced directive to provide guidance about medical care or other types of decisions.

### *Guardianship*

Any interested person, including but not limited to the individual alleged to be a protected person, a person responsible for the individual's care or custody, a facility providing care to the individual, a person the individual nominated as guardian or conservator, a de-facto guardian or conservator, the department or others, may file a petition to request appointment of a guardian and/or conservator. In situations where it is believed that a guardian or conservator is needed and no one is available or willing to file the petition, the department may file.

### *Health Care Surrogate*

Requests for appointment of a Health Care Surrogate are usually made by a qualified physician or advanced nurse practitioner upon determining that the individual no longer has capacity to make health care decisions on their own behalf. In situations where it is believed that a Health Care Surrogate is needed and no one is available or willing to serve in this capacity, the department may accept this appointment.

For more information on substitute decision-making, refer to *Substitute Decision-Maker Policy*.

## **SECTION 9 NONDISCRIMINATION, PROCEDURE & DUE PROCESS STANDARDS, REASONABLE MODIFICATION POLICIES, AND CONFIDENTIALITY**

### **9.1 Nondiscrimination**

As a recipient of Federal financial assistance, the Bureau for Social Services (BSS) 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 BSS directly or through a contractor or any other entity with which BSS 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 Social Services 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, BSS will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all BSS programs, services, and activities. For example, individuals with service animals are welcomed in Department of Health and Human Resources, BSS, 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 BSS 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

## 9.2 Nondiscriminatory Placement Protocol

The department ensures that all parties involved in adult services programs have equal opportunities. All potential placement providers for vulnerable adults, are afforded equal opportunities, free from discrimination and protected under the [Americans 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 Americans 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 Americans 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.

### 9.3 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 Social Services, including employees, contracted providers or other BSS 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 Social Services 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.



## WV Homeless Services Policy

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 than 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](mailto: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 Social Services 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 Social Services 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.

## WV Homeless Services Policy

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 BSS 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.

## 9.4 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 Social Services shall not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. The BSS 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 BSS 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 BSS adult services program.

The Bureau for Social Services 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.

## WV Homeless Services Policy

The Bureau for Social Services 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 BSS will conduct individualized assessments of qualified individuals with disabilities before making adult services application and retention decisions.

The Bureau for Social Services 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. BSS will confidentially maintain the medical records or other health information of adult services program applicants and participants.

The Bureau for Social Services upon request, will make reasonable modifications for qualified adult service program applicants or participants with disabilities unless BSS 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, BSS staff are obligated to offer such reasonable accommodations upon the identification of a qualifying disability or to an individual with Limited English Proficiency.

BSS 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

BSS 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 Social Services 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 Social Services 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*.

## 9.5 Limited English Proficiency

The Bureau for Social Services (BSS) 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 BSS 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 Social Services 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 Social Services 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) 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 INTERPRETER

911 Interpreters Inc. has agreed to provide qualified interpreter services. The agency's telephone number is 1-855-670-2500 (BSS 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, BSS 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, BSS will submit documents for translation to 911 Translators Inc. or the Section 504/ADA Coordinator. BSS will generally provide language services in accordance with the following guidelines:

(a) BSS 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), BSS 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 be provided, BSS 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 Social Services 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, BSS will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, BSS 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 THE DEPARTMENT CIVIL RIGHTS DISCRIMINATION  
COMPLAINT 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</b> (mm/dd/yyyy)
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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

### Continuum of Care

- West Virginia Coalition to End Homelessness/Balance of State covers 44 counties in West Virginia. Coordinated Entry (833) 722-2014.
- Cabell, Huntington, Wayne Continuum of Care covers Cabell and Wayne counties (304) 523-2764.
- Kanawha Valley Collective which serves Kanawha, Clay, Boone, and Putnam counties (304) 346-6638.
- Greater Wheeling Coalition serves Brooke, Hancock, Marshall, Ohio and Wetzel counties (304) 232-6105.

### Contracted Shelters

- Bartlett House- Morgantown (304) 292-0101
- Bethany House- Martinsburg (304) 620-2695
- Cabell Co. Public Library- Huntington (304) 528-5660
- North Central West Virginia Community Action Association- Philippi (304) 457-3420
- North Central West Virginia Community Action Scott Place- Fairmont (304) 366-6543
- Raleigh County Community Action Association- Pine Haven Shelter Beckley (304) 255-9138
- Roark Sullivan Lifeway Center- Charleston (304) 340-3581
- Southwestern Community Action Council- Huntington (304) 525-5151
- YWCA of Charleston (304) 340-3594

# APPENDIX C NOTIFICATION OF APPLICATION FOR SOCIAL SERVICES

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. 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 service 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**

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 HAVE 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 days 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 within 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, relative, 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:

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

(  ) I want a pre-hearing conference because:

(  ) I want a hearing before the State Hearing Officer because:

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

(DATE AND SIGN)

# APPENDIX D CLIENT NOTIFICATION OF SANCTION FORM

## Notification of Sanction Form

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client ID# \_\_\_\_\_

This is to document that a sanction has been issued due to violent or threatening behavior, or fraud.

Reason for sanction: \_\_\_\_\_  
\_\_\_\_\_

Attempts to address behavior: \_\_\_\_\_  
\_\_\_\_\_

Sanction Period:

Cool-off Period (1-5 hrs.)     24 hours     48 hours     72 hours     Other \_\_\_\_\_

Steps to be taken after sanction period ends:

Meet with \_\_\_\_\_ to discuss situation, expectations moving forward, and to ask any questions.

Other: \_\_\_\_\_

Issued by: \_\_\_\_\_ Signature: \_\_\_\_\_  
Name and Title

Approved by: \_\_\_\_\_ Signature: \_\_\_\_\_  
Shelter Director

**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)