


## DAUPHIN COUNTY MH/A/DP PROGRAM HOMELESS ASSISTANCE PROGRAM POLICY AND PROCEDURE

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| <b>Program:</b> <input checked="" type="checkbox"/> <b>Bridge Housing</b><br><br><input checked="" type="checkbox"/> <b>Case Management</b><br><br><input checked="" type="checkbox"/> <b>Emergency Shelter</b><br><br><input checked="" type="checkbox"/> <b>Rental Assistance</b> | <b>Policy No.</b> <u>20-03</u><br><br><b>Effective Date</b> <u>April 1, 2020</u><br><br><b>Revision Date</b> _____<br><br><b>Approved</b> <u></u> |
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**Title: HAP Appeal Process**

**Policy:** Dauphin County promotes due process and the clients right to appeal denied assistance or terminated services. Dauphin County will use a timely and consistent process to review and resolve client appeals.

**Definitions:**

**Due Process:** a course of formal proceedings carried out regularly and in accordance with established rules and principles that considers the rights of the client.

**HAP Client:** any individual/household that has been considered for HAP services; deemed eligible for HAP services; and/or enrolled in a program.

**HAP Providers:** all providers/agencies that are under contract with Dauphin County to provide HAP services.

**HAP Provider's Appeal Procedure:** agency document that outlines steps a client should take to internally appeal a decision regarding services. The procedure should outline who the first level of appeal is directed toward as well as who will have the final determination within the agency.

**Procedure:**

1. When a HAP client is denied services or when services are terminated, he/she should be provided with the HAP Provider's Appeal Procedure. If the client wishes to appeal, then the HAP Provider's Appeal Procedure should be initiated first. Although, the HAP Client should be made aware that he/she has the right to concurrently appeal to Dauphin County and/or the DHS Office of Hearings and Appeals.
2. At any time during the HAP Provider's Appeal Procedure, if the HAP Client requests to appeal to the County he/she shall be given the attached form and instructions (Dauphin County HAP Appeal Form).
3. Once the County receives the form from the HAP client, an investigation will begin. The HAP Provider should continue with their own Appeal Procedure even if an appeal has been initiated with the County.
4. An investigation by the County may include the following actions:
  - A. Interviewing the HAP Client
  - B. Interviewing HAP Provider staff
  - C. Requesting documentation from the HAP Provider such as case notes, applications, third party documentation
5. Once the investigation is complete, then the County will provide a written final decision to the HAP Client and the HAP Provider within the timelines stated in the Dauphin County HAP Appeal Form. The County's decision shall supersede any final decision of the HAP Provider Appeal Procedure.
6. The HAP Client is not entitled to services during the Appeal Process. If the HAP client is not receiving services during this time and the final decision of the County is for the HAP Client to receive services, then he/she shall be reinstated without having to reapply, if capacity permits.
7. If the HAP Provider can satisfactorily resolve the appeal internally prior to the conclusion of the County's investigation, then the County will cease their investigation and will defer to the HAP Provider decision. The HAP Client must agree with the decision and indicate that they are no longer interested in pursuing further appeal procedure.
8. At any time during the Appeal Process, if a HAP Client requests to appeal to the DHS Office of Hearings and Appeals, he/she shall be given the following address to send their written appeal:

DHS Office of Hearings and Appeals  
P.O. Box 2675  
Harrisburg, PA 17105
9. The DHS Office of Hearings and Appeals decision shall supersede any decision made by the HAP Provider and the County.



# DAUPHIN COUNTY P E N N S Y L V A N I A

DEPARTMENT OF  
MENTAL HEALTH / AUTISM / DEVELOPMENTAL PROGRAMS

## Dauphin County

## HAP Appeal Form

Client Name: \_\_\_\_\_

First

MI

Last

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method(s) of Contact (check all that apply):

Phone  Email  U.S. Mail  Other: \_\_\_\_\_

Name of HAP Agency you are filing this appeal for:

- |  |  |
|--|--|
| <input type="checkbox"/> Brethren Housing Association          | <input type="checkbox"/> Interfaith Shelter-Catholic Charities |
| <input type="checkbox"/> Christian Churches United/HELP Office | <input type="checkbox"/> Shalom House                          |
| <input type="checkbox"/> Gaudenzia                             | <input type="checkbox"/> YWCA Greater Harrisburg               |

Type of Assistance you are seeking:

- |  |  |
|--|--|
| <input type="checkbox"/> Bridge Housing  | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Rental Assistance |

Please state the reason provided to you by the agency that services were denied or terminated:

Please describe why you disagree with this decision (Use additional sheets, if necessary):

Please list any supporting documentation you can provide to support your case:

Please list the name(s) and contact information of anyone that we may contact on your behalf to provide further details on your case:

**Please send this form to the following address:**

**Dauphin County HAP Program**

**100 Chestnut Street, 1<sup>st</sup> Floor**

**Harrisburg, PA 17101**

By signing below, you certify that the information provided on this form is true and correct. You hereby give permission to the Dauphin County HAP Program to contact the HAP agency and any other persons you have listed on this form in order to investigate your appeal. The investigation will begin no more than two (2) business days after this HAP Appeal Form is received by the Dauphin County HAP Program. You will be contacted by Dauphin County staff to provide further details. Once the investigation is complete and a decision is reached by Dauphin County, you will receive a written determination. You will receive the written notice no more than ten (10) business days after the date your appeal was received by Dauphin County. At any time, you may also appeal to the Department of Human Services (DHS) Office of Hearings and Appeals by submitting a written document to:

DHS Office of Hearings and Appeals  
P.O. Box 2675  
Harrisburg, PA 17105

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Signature

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Date