

BUREAU OF HEARINGS & APPEALS AGENCY APPEAL COVER SHEET

Instructions for Completion: This cover sheet is designed to aid in processing appeals by providing information about the appeal at a glance. The revised cover sheet is a Microsoft (MS) Word form. An original, completed paper "hard copy" of the cover sheet must be submitted to the Bureau of Hearings and Appeals (BHA) with each appeal. The agency must retain a copy of the cover sheet either as a paper "hard copy" or as an electronic copy in MS Word. The new cover sheet allows for more efficient data entry of the appeal information into the BHA MAPPER database. Agency staff must carefully review the appeal in order to fill out the cover sheet. Completing the cover sheet alerts the agency if there is information missing from the appeal. The agency may then retrieve the missing information from the file or make contact with the Appellant to get the information.

The cover sheet may be typed as a MS Word document to improve legibility. A typed cover sheet is preferred. Handwritten cover sheets are also adequate if they are neatly and legibly printed. Agency staff completes Parts II-VI. If you type the cover sheet in MS Word, and need instructions for a particular field, electronic instructions have been incorporated into the document. To get instructions, use your mouse to point to a field for several seconds and instructions for that field will appear on the screen as comments. The form is "protected" so that its format cannot be changed but the information may still be typed into the fields. If you type the cover sheet in MS Word, type the required information in the field and hit the "tab" key to move to the next field. The following items are detailed written instructions for completing each field on the cover sheet.

PART I – CASE RECORD INFORMATION – To be completed by BHA

PART II - AGENCY INFORMATION – To be completed by the Agency:

AGENCY- Enter the name of the agency that made the decision or issued the notice that is being appealed.

AGENCY CONTACT PERSON NAME – Enter the name of the agency contact person who will receive the notice of the hearing date and time and who will represent the Agency at the hearing.

AGENCY CONTACT PERSON TITLE - Enter the job title of the agency contact person listed above.

AGENCY ADDRESS - Enter the number and street of the mailing address of the agency include any suite number, floor number, etc. This is the address where the notice of the hearing date and time will be sent to the attention of the Agency contact person.

CITY- Enter the city of the agency's current mailing address. Do not abbreviate.

STATE - Enter the two-letter state abbreviation of the agency's current mailing address. Example: PA for Pennsylvania.

ZIP CODE - Enter the zip code + 4 of the agency's current mailing address.

AGENCY CONTACT TELEPHONE NO.- Enter the telephone number of the agency contact person. Unless otherwise specified, this is the number that will be called for a telephone hearing. If the agency has a different telephone number for the telephone hearing, please provide that telephone number in the comments section in Part V.

PART III – APPELLANT INFORMATION – To be completed by the agency:

NAME- Enter the Appellant's full name. Enter the last name, then the first name, and then the middle initial (if known). Include suffixes such as Jr., Sr., III, etc. in the last name field. Leave a space after the last name, before any suffix.

SEX – Enter "F" if the Appellant is female. Enter "M" if the Appellant is male.

FACILITY – Enter the name of the Facility where the Appellant resides, if it is part of the Appellant's current mailing address. For example: If the Appellant currently resides in a nursing home and receives his/her mail there, enter the name of the nursing home here.

ADDRESS– Enter the number and street of the Appellant's current mailing address. Include the apartment number, lot number, floor, etc. Remember to check the actual appeal for any change of address. NOTE: If the Appellant is now deceased, enter "deceased" in parentheses. Then enter "c/o" and the address of the Appellant's representative (surrogate).

CITY – Enter the city of the Appellant's current mailing address. Do not abbreviate.

STATE – Enter the two letter state abbreviation of the Appellant's current mailing address. Example: PA for Pennsylvania.

ZIP CODE - Enter the zip code + 4 of the Appellant's current mailing address.

TELEPHONE NO. – Enter the Appellant's current daytime telephone number or the telephone number the Appellant indicated on the appeal where the Appellant will be called if he/she selected a telephone hearing.

PART IV- APPELLANT'S REPRESENTATIVE (SURROGATE) INFORMATION – To be completed by the agency:

The representative (surrogate) is a person, other than the Appellant, whom the Appellant authorized to act on his or her behalf for the appeal and hearing process. The representative (surrogate) may file the appeal on the Appellant's behalf and/or represent the Appellant at the hearing. For example: if the Appellant did not sign the appeal and someone else signed on his/her behalf, that person is the representative (surrogate). If someone will represent the Appellant at the hearing, that person is the representative (surrogate). The representative (surrogate) receives copies of all of the correspondence from the Bureau of Hearings and Appeals. If the Appellant is representing himself/herself and does not have another representative (surrogate), leave the fields in this section blank.

REPRESENTATIVE'S (SURROGATE'S) NAME - Enter the name of the representative (surrogate) who signed the appeal or who will represent the Appellant at the hearing, if applicable. Enter the last name, then first name, and then the middle initial (if known).

REPRESENTATIVE'S (SURROGATE'S) AGENCY – Enter the name of the representative's (surrogate's) agency or employer if it is part of the representative's (surrogate's) current mailing address.

REPRESENTATIVE'S (SURROGATE'S) ADDRESS – Enter the number and street of the representative's (surrogate's) current mailing address. Include the apartment number, lot number, suite, floor, etc. of the representative's (surrogate's) current mailing address (if applicable). Enter the representative's (surrogate's) address even if it is the same as the Appellant's address.

CITY– Enter the city of the representative's (surrogate's) current mailing address. Do not abbreviate.

STATE– Enter the two letter state abbreviation for the representative's (surrogate's) current mailing address. Example: enter PA for Pennsylvania.

ZIP CODE – Enter the zip code + 4 for the representative's (surrogate's) current mailing address.

REPRESENTATIVE'S (SURROGATE'S) TELEPHONE NO. – Enter the telephone number where the representative (surrogate) may be reached for a telephone hearing. Otherwise enter the representative's (surrogate's) current daytime telephone number.

RELATIONSHIP TO APPELLANT – Enter the relationship of the representative (surrogate) to the Appellant. For example: mother, brother, friend, attorney, nursing home administrator, etc. If the representative (surrogate) is both a relative and a power of attorney

enter both. Example: mother/POA. If a power of attorney or authorization to represent document is on file at the agency, include a copy when submitting the appeal to BHA.

SECOND REPRESENTATIVE (SURROGATE) INFORMATION—The second representative (surrogate) is any other representative (surrogate) of the Appellant who needs to be copied on correspondence from the Bureau of Hearings and Appeals. Refer to the instructions under the Representative (Surrogate) section above for these fields.

PART V – APPEAL INFORMATION – To be completed by the agency:

ISSUE – Enter the BHA issue code from the BHA issue code list that best describes each action being appealed. Select the code within the category section that best describes the action. Only three actions may be listed per appeal. No more than three actions may be included per appeal. Appeals of additional actions must be entered into the BHA MAPPER database as an additional appeal(s) and will require additional cover sheet(s).

CIS CATEGORY CODE – Enter the Client Information System (CIS) Category Code related to the benefits in each issue, if applicable.

CONTINUE BENEFITS – Enter “Y” for yes if the Appellant’s benefits will continue during the appeal (i.e. if the Appellant was receiving benefits and appealed within 10 days of the date of the notice OR if the action on appeal does not terminate benefits). Enter an “N” for no if the Appellant’s benefits will not continue during the appeal.

ADVERSE ACTION NOTICE— Enter information about the notice(s) the agency sent to the Appellant about the issue(s) on appeal in this section. Enter the form number of the notice being appealed for each issue. Example: DP 458, PW1299, etc. You must enter the form number even if the Appellant did not include the notice with the appeal. If the notice was not included get the information from agency records, etc. If the Appellant did not include a copy of the notice, submit a copy from agency records when submitting the appeal to BHA. If the notice was a letter and did not have a form number, indicate “letter” in this field and the type of letter. Example: denial letter, discontinuance letter, etc. Note: if you wish to document letters of appeal submitted by the Appellant, please do so in the Comments section provided at the bottom of the form.

ADVERSE ACTION NOTICE DATE – Enter the date(s) the notice(s) was (were) issued to the Appellant. Use this format MMDDYY.

DATE FILED – Enter the date the appeal was first received at the agency. Do not use the postmark date. The appeal should be date stamped when it is first received at the agency. Use the date of the agency date stamp.

INTERIM RELIEF (IR) DATE – Use the Interim Relief Due Date Chart to determine the Interim Relief due date and enter it here. The Interim Relief due date is 90 calendar days from the file date for all appeals that do not contain Food Stamp issues. The Interim Relief due date is 60 calendar days from the file date for all appeals with a Food Stamp issue. Exception: Appeals that have a Food Stamp issue and a TANF issue have an Interim Relief due date of 90 calendar days from the file date.

TYPE OF HEARING (T, F, N) – Enter the type of hearing requested by the Appellant here. Enter “T” for telephone, “F” for face-to-face or “N” for no phone. Face-to-Face hearings are conducted at one of BHA’s regional or field offices. The default hearing type is telephone. If the Appellant selects both face-to-face and telephone on the appeal, enter “T” for telephone if he/she has a telephone number. If the Appellant has selected neither type, but has a telephone number, enter “T” for telephone. In either of these situations if the Appellant does not have a telephone number, enter “N” for no phone and the Appellant will be given a telephone hearing at the agency. Enter “F” for face-to-face only if that is the only type selected by the Appellant.

IR CASE? (Y OR N) – Always enter “N” for no because the IR date has not yet passed.

SPECIAL SCHEDULING REQUESTS OR ACCOMMODATIONS – Enter any special scheduling requests made by the Appellant or AGENCY representatives in this section. The BHA complies with the Americans with Disabilities Act (ADA). If the Appellant is disabled and requires special accommodation to participate in the hearing, enter the type of accommodation in this section. Example: large print documents due to visual impairment.

COMMENTS – Enter brief comments related to processing the appeal. Use this space only if necessary for comments related to processing or scheduling the appeal.

PART VI – LIMITED ENGLISH PROFICIENCY ASSESSMENT – To be completed by the agency:

This section must be completed for each appeal. Persons with Limited English Proficiency are persons who are limited in their ability to communicate in the English language and are better able to communicate in a language other than English. The Department of Public Welfare is committed to ensuring that persons with Limited English Proficiency (LEP) have access to its benefits and services. In order to do so, DPW staff must assess if the Appellant needs an interpreter and/or translated documents. Use the fields described below to document your LEP assessment of the Appellant. Use all of the available information to make your assessment such as contact with the Appellant in person, in writing or via telephone, agency file documentation, requests for interpreters made by the Appellant on the appeal form, etc.

LANGUAGE CODE – Enter the language code for the Appellant’s language. Enter “E” for English, “S” for Spanish or “O” for any other language. If you enter “O,” be sure to enter the name of the Appellant’s language in the next field.

LANGUAGE – Enter the name of the Appellant’s language.

NAME OF AGENCY STAFF MAKING THE ASSESSMENT— Enter the name of the Agency staff person who made the Limited English Proficiency (LEP) assessment.

TRANSLATED DOCUMENTS? - Check the box marked “yes” if the Appellant needs documents translated into a language other than English. Otherwise, check the box marked “no.”

INTERPRETER NEEDED? – Check the box marked “yes” if the Appellant needs an interpreter for a language other than English. Otherwise, check the box marked “no.” If the Appellant needs an interpreter but wants to use a family member or friend to interpret, check the box marked yes. Then, indicate whom the Appellant wants to use as an interpreter in the Comments section at the bottom of the cover sheet.

TELEPHONE NUMBER OF ABOVE STAFF – Enter the telephone number of the agency staff person who made the LEP assessment.

PART VI – BHA Use Only Do not write or type in this section. This section is reserved for BHA scheduling information.