

F-2012-2334403



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

MONTGOMERY COUNTY ASSISTANCE OFFICE
1931 NEW HOPE STREET
NORRISTOWN, PA 19401
610-757-1425

FACSIMILE TRANSMITTAL SHEET

TO: Admin Judge FROM: Latrice Davis
AGENCY: Christopher P. Pell DATE: 3/7/14
FAX NUMBER: 2155603133 # OF PAGES INCLUDING COVER: 18
PHONE NUMBER: SENDER'S PHONE #: 610-270-
RE: SENDER'S FAX #: 610-757-1425

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

I will try for the 4th time to get on the CRP program. I really would like to resolve this. I will try to get my life off shutdown crisis waiting for PGW to send notice. Thank you.

IF YOU RECEIVE THIS FAX IN ERROR, PLEASE CONTACT THE SENDER IMMEDIATELY AND THEN DESTROY THE FAXED MATERIALS.

CONFIDENTIALITY NOTICE:

The information contained in this facsimile message is privileged and confidential information intended for the use of the individual or entity named above. Health Care Information is personal and sensitive and should only be read by authorized individuals. Failure to maintain confidentiality is subject to penalties under state and federal law.

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STATE PUBLIC WELFARE BUREAU

2/28/14

Latrice Harris
4949 N Warnock
Philadelphia PA

To Whom It May Concern, I've tried to get on the right track with these Utility bills. I've attempted at least 3 times to get on the CRP program. The last time I went to Court at the PUC, afterwards I wanted to know from Cynthia and Mr. Farinas, I asked her for her fax # to so I could send her my CRP application, I sent it to her and she requested a copy of my son award letter from the Public Assistant Office. I sent it to her, and she had all the documents to approve my application but she neglected to do so. Mr. Farinas told me not to pay anything on my gas bill account, he said wait until my CRP application is accepted. I've cooperated with them but nothing happened.

I've been approved for Liheap but I need a shut off notices from Peco and PGW to get the crisis grant. Peco said they already sent me a notice and I never got one and requested one but they said they can't give me one. PGW said that I have to wait until one is generated. I'm feeling like I'm doing what I need to do but I'm not getting any cooperation.

Sincerely,

Latrice Harris

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

MONTGOMERY COUNTY ASSISTANCE OFFICE

1931 NEW HOPE STREET

NORRISTOWN, PA 19401

610-757-1425

*Phone number
maybe not
even fax to*

FACSIMILE TRANSMITTAL SHEET

TO: *Cynthia* FROM: *Latrice Davis*

AGENCY: DATE: *5/22/13*

FAX NUMBER: *215 684-6970* # OF PAGES INCLUDING COVER:

PHONE NUMBER: SENDER'S PHONE #: 610-270-

RE: SENDER'S FAX #: 610-757-1425

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

*This is copy of letter
that I sent to Mr. Farner*

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MONTGOMERY COUNTY ASSISTANCE OFFICE

1931 NEW HOPE STREET

NORRISTOWN, PA 19401

610-757-1425

FACSIMILE TRANSMITTAL SHEET

TO: *Cynthia* FROM: *Leticia Harris*
 AGENCY: DATE: *11/22/13*
 FAX NUMBER: *215 684-6770* # OF PAGES INCLUDING COVER: *22*
 PHONE NUMBER: SENDER'S PHONE #: 610-270-
 RE: SENDER'S FAX #: 610-757-1425

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

I think this should cover everything you need. I put in several different documents. Some documents were asked for that I've already submitted. Are there different people doing our applications because they keep asking for the same thing over & over again.

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

MONTGOMERY COUNTY ASSISTANCE OFFICE

1931 NEW HOPE STREET

NORRISTOWN, PA 19401

610-757-1425

FACSIMILE TRANSMITTAL SHEET

TO: Cynthia FROM: Latrice Harris
AGENCY: _____ DATE: 10/9/13
FAX NUMBER: 215 684-6770 # OF PAGES INCLUDING COVER: 11
PHONE NUMBER: _____ SENDER'S PHONE #: 610-270-_____
RE: _____ SENDER'S FAX #: 610-757-1425

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

PGW will need your son's award letter to determine eligibility.

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UNITY
PHILA CAG
4111 FRANKFORD AVE
PHILADELPHIA, PA 19124-9958



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

OFFICE OF INCOME MAINTENANCE

Record ID: 51/3676922 Telephone: 1-215-560-6400

Notice ID: 9017659454

COMPASS: The fast and easy way to apply for benefits

www.compass.state.pa.us

Mail Date: 08/13/2013

Cornelius Harris
4949 W Warnock St
Philadelphia, PA 19141

Pennsylvania receives information from other state and federal agencies to verify the information you give them. If you misrepresent, hide, or withhold facts which may affect your eligibility for benefits, you may be required to repay your benefits, and you may be prosecuted and disqualified from receiving certain future benefits.

Dear Mr. Harris,

We received your request for the following benefits. If you have a question, please call the number listed above.

Which benefit?

This is a summary of your benefits.

You can find more information inside this letter.

SNAP

You qualify for SNAP. Beginning September 2013, you will have \$200.00 in your EBT ACCESS account monthly.

Your certification period runs from September 2013 to February 2014. If you are only receiving SNAP benefits and you later apply for and receive Cash Assistance and/or Medical benefits, your certification period shown above will change. You will be notified of your new certification period.

If you have a disability and need this letter in large print or another format, please call our helpline at 1-800-692-7462. TDD Services are available at 1-800-451-5886.

If you do not agree with our decision, you have the right to a Fair Hearing. To learn more about Fair Hearings, read Your Right to Appeal and to a Fair Hearing.

Do you need legal help? You can get free legal help by visiting:

PHILADELPHIA LEGAL ASSISTANCE at 42 S. 15TH ST. STE 500, PHILADELPHIA, PA 19102 or by calling (215) 981-3800.



Your SNAP Benefits

Who qualifies?

Who qualifies?	When?	How Much
CORNELIUS	Sep 04, 2013	\$200.00 monthly

CORNELIUS: Inside this letter you can learn more about the income and deductions we used to decide if you qualify.

This is the law we used to make this decision: 7 CFR §§ 273.1 - 273.25

You will keep getting \$200.00 monthly in SNAP until you have a change in your case.

We will review your case in February 2014 to see if you still qualify.

Your Household Income and Expenses

Here is a list of the monthly income and expenses that we have for your household.



Income

No Income Reported.



Expenses

No Expenses Reported.

October 4, 2013

To whom it may concern:

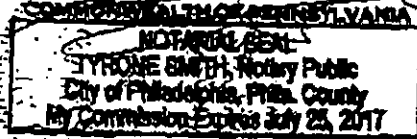
I am currently unemployed and have no
income coming in at this time.

Sincerely,

Cornelius C. Harris

Cornelius C. Harris

10-9-13



The statement that you must pay your monthly bill on time during the application process. I was advise at PUC Court to wait until my application is processed and then start paying. Mr Laureto Farinas ESQUIRE advised this because he said my payments will be FROZEN. I'm doing what I was advised in court on Friday September 20, 2013.

Thank you,

LATICE HARRIS

PS. My son is getting the no income statement notarized and as soon as he gives it to me I will fax that over to.

Thank you.

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**PHILADELPHIA GAS WORKS
CUSTOMER RESPONSIBILITY PROGRAM (CRP)
Application Form**

New CRP Enrollment
 Recertification

1. Customer Name: LATRICE HARRIS
2. Street Address/Zip: 4949 N. WARNOCK ST Philadelphia PA 19141
3. Account Number: 0645609310
4. Social Security Number: 180 58 1369
5. Home Phone: (215) 455-1015
6. Work/Cell Phone: () -
7. List everyone living in your home. Start with yourself, include all children and adults. (Use additional sheets if you need more space) Attach copies of Social Security cards for everyone living in your home:

Last Name	First Name, MI.	Relationship
HARRIS	LATRICE V	Self
HARRIS	CORNELIUS	SON
FULMORE	MARY	DAUGHTER
Number of Total Household Members: <u>3</u>		

Date of Birth	62yrs Old and above	Below 18yrs Old
<u>12/13/64</u>		
<u>9/19/82</u>		
<u>10/2/96</u>		<input checked="" type="checkbox"/>

8. List Monthly Gross Income for members listed above starting with yourself (Use additional sheets if you need more space) Attach copies of proof of income for everyone living in your home:

Income Recipient: (Last name, First Name)	Relationship	Type(s) and/or Source(s)	Monthly Gross Income
HARRIS LATRICE	Self	Employment	
HARRIS CORNELIUS	SON	Unemployed	0
Fulmore MARY	Daughter	Student	minor
Total Gross Monthly Household Income: <u> </u>			

Likeapp REC # 51 4014744 my son DPW REC # 51 3676922

1. I agree to pay PGW the total monthly payment determined by PGW through the intake process plus \$5 towards my pro-program arrears (back bills), and any other additional charges that may apply to me (CRP Restore and CRP Non-Basic Charges).
2. I agree to apply for LIHEAP when I am on PGW's CRP agreement and assign the grant to PGW.
3. I understand that if I miss one (1) payment, I will be in default with the program. If I am in default with the program, I understand that collection activity will begin and my service could be terminated.
4. I agree that I will recertify every year.
5. I agree to report household income changes even if they occur before it is time to recertify for CRP.
6. I agree to let PGW install an Automatic Meter Reading (AMR) device on my gas meter.
7. I agree to accept services from PGW's conservation programs if offered to me.
8. I understand that if I do not do these things, I can be removed from the CRP and cannot get back on until I do them.
9. I understand that if I pay my monthly CRP payment each month on time, my pro-program arrears (back bill) will be forgiven by 1/36 per month.
10. I authorize the Philadelphia Gas Works to verify all information provided on this form including verification with City and State records. I authorize PGW to obtain consumer credit reports for purposes of verifying the above information.

Customer Signature: Latrice Harris
Date: 10/9/13

10-69-4798 Reviewed by PGW Representative: _____ Date _____



PHILADELPHIA GAS WORKS

800 West Montgomery Avenue • Philadelphia, PA 19122

Name:			Date:
Address:			
City:	State:	Zip:	Acct#:

We have reviewed your Application / Recertification for the Customer Responsibility Program (CRP). However, we need more information. Please respond to the item(s) checked below.

- Complete **Section 1** of the attached sheet to show how you meet monthly living expenses. If you receive cash assistance from someone not living with you, that person must complete **Section 1a**.
- You did not submit documentation of income, or the income you reported is out of date or does not match the documentation submitted. Please return complete and accurate income documentation for the last 30 days for the members of your household listed in **Section 2** of the attached sheet. Please see the list on the back of this page for acceptable forms of income documentation.
- Briefly describe why the adults in your household listed in **Section 3** of the attached sheet do not show an income (e.g., unemployed and not eligible for unemployment, in school, in a training program). If they do have an income, please report it in the table below and attach documentation (e.g., pay stubs, unemployment compensation letter, benefits letter, etc.).
- The application is missing or incomplete. Please complete the enclosed application and return it along with all required income documentation.
- Your application is missing copies of social security cards. Please provide a copy of the social security card for the members of your household listed in **Section 4** of the attached sheet.
- Please provide documentation of legal guardianship and income support for the children listed in **Section 5** of the attached sheet.
- Your last CRP agreement was suspended and is now past due. To re-enroll in CRP, you must first pay the catch-up amount to the right, and satisfy any other requests for additional information and/or documentation stated in this letter.
- Other: Cornelius Harris Needs DPW information (award letter)



Please return this form and the requested documents to the address below within 10 days.

Philadelphia Gas Works
Customer Responsibility Program
P.O. BOX 3529
Philadelphia, PA 19122-0529

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2011 MAR 17 AM 8:40
PHILADELPHIA GAS WORKS
SECRETARY'S BUREAU

For security purposes and to protect your privacy, we will hold any documentation already submitted in secured storage for 14 days from the date of this letter. If you fail to respond to this letter, or if you return insufficient documentation, your application and the documentation already submitted will be destroyed, and you will need to re-apply for the program.

Thank you for your cooperation.

Philadelphia Gas Works

Para traducción en español, llame a (215) 235-2175

#6 Letter

Commonwealth of Pennsylvania
EMPLOYEE PAY STATEMENT

Latrice V Harris 4949 North Wazpock Street Philadelphia PA 19141 E/U:A1 Group:03 Level:06	Personnel Number..... 00626389 Public Welfare Pymt Area 3 Pay Period.. 09/07/2013 - 09/20/2013 Fed Tax Status: Single Fed Tax Allowances: 06 Period: 20/2013
--	---

Pay Date	Payment Amount =	Gross +	Rntr. -	Taxes -	Deds.
10/04/2013	052.85	1,148.25	0.00	175.56	119.84

Gross Current Pay	Rate	Hrs/Dnt	Amount	Year To Date
Normal working hours	15.31	67.35	1,031.13	18,684.18
Annual Leave Pay	15.31	7.65	117.12	1,184.81
Paid-Office Closing				89.46
Sick Leave Pay				1,475.87
Sick Family Leave				177.94
Personal Leave Pay				185.57
Holiday/Comp lieu Holiday				791.17
Total Gross			1,148.25	22,689.00

Tax(es)	Federal	Pennsylvania	Amount	Year To Date
Federal	Federal			
TX Withholding Tax			6.46	103.82
TX ES Social Security Tax			70.13	1,389.62
TX ER Medicare Tax			16.40	324.06
State	Pennsylvania			
TX Withholding Tax			34.72	686.12
TX ER Unemployment Tax			0.80	15.88
Local	Norristown Borough			
TX Local Services Tax			2.00	40.00
Local	Philadelphia			
TX Withholding Tax			45.06	890.94
EE Taxes			175.56	1,446.44

Deductions	Amount	Year To Date
RF PreTx M/H Pct	17.22	340.26
Deferred Compensation	10.00	200.00
Supplemental Life Ins	3.63	14.52
AFSCME - 13 Union Dues	17.22	340.26
Full Cov Class AA/Cnt 0	71.77	1,418.09
Total Deductions	119.84	2,313.12

Non Cash Compensation	Amount	Year To Date

Commonwealth of Pennsylvania

EMPLOYEE PAY STATEMENT

Reimbursement	Amount		
Direct Deposit Bank / Check	Amount		
Net Payment	652.86		
State Paid Benefits	Amount		
TX ER Social Security Tax	70.12		
TX ER Medicare Tax	16.40		
ER Basic Life	2.27		
Annuitant Med Hospital	305.00		
ER Workers Comp Benefit	26.19		
PR Acton US Healthcare PA	425.00		
ER-SERS	173.52		
Federal Taxable Wages	Amount		
Current Period Results	1,049.26		
Garnishment Type	Beg Balance	Total To Date	Remain Balance
Payroll Area	22		

Commonwealth of Pennsylvania
EMPLOYEE PAY STATEMENT

Latrice V Harris 4949 North Warrock Street Philadelphia PA 19141 B/U:A1 Group:03 Level:06	Personnel Number..... 00636389 Public Welfare Pysl Area 3 Pay Period.. 08/24/2013 - 09/05/2013 Fed Tax Status: Single Fed Tax Allowance: D6 Period: 19/2013
--	--

Pay Date	Payment Amount -	Gross -	Reim. -	Taxes -	Deds.
09/20/2013	852.83	1,148.25	0.00	175.58	118.84

Gross Current Pay	Rate	Hrs/Unit	Amount	Year To Date
Normal working hours	15.31	60.00	918.60	17,653.08
Annual Leave Pay	15.31	7.50	114.83	1,067.69
Paid-Office Closing				89.46
Sick Leave Pay				1,675.87
Sick Family Leave				277.94
Personal Leave Pay				185.57
Holiday/Comp lieu Holiday	15.31	7.50	114.83	781.17
Total Gross			1,148.25	21,540.75

Taxes	Amount	Year To Date
Federal		
TX Withholding Tax	6.46	97.36
TX EE Social Security Tax	70.13	1,325.50
TX EE Medicare Tax	16.40	307.66
State		
TX Withholding Tax	34.72	651.40
TX EE Unemployment Tax	0.81	15.08
Local		
TX Local Services Tax	2.00	38.00
Local		
TX Withholding Tax	45.06	845.88
EE Taxes	178.58	3,270.88

Deductions	Amount	Year To Date
EX PreTx M/R Pct	17.22	223.04
Deferred Compensation	10.00	190.00
Supplemental Life Ins	3.63	10.89
AFSCME - 13 Union Dues	17.22	323.04
Full Cov Class AA/Cat 0	71.77	1,346.31
Total Deductions	119.84	2,193.28

Non Cash Compensation	Amount	Year To Date

Commonwealth of Pennsylvania
EMPLOYEE PAY STATEMENT

Reimbursements		Amount	
Direct Deposit Bank / Check		Amount	
Net Payment		853.63	
State Paid Benefits		Amount	
TX RR Social Security Tax		70.13	
TX ER Medicare Tax		16.40	
ER Basic Life		1.27	
Annuitant Med Hospital		305.00	
ER Workers Comp Benefit		28.19	
ER ASDA OR Healthcare PA		425.00	
ER-SERS		173.62	
Federal Taxable Wages		Amount	
Current Period Results		1,049.26	
Garnishment Type	Seq Balance	Total To Date	Remain Balance
Payroll Area	22		

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