

**DHS GENERAL REQUIREMENTS  
CONTRACT SPECIFICATIONS MANUAL**



**FOR ALL ORGANIZATIONS/INDIVIDUALS  
CONTRACTING WITH THE  
ALLEGHENY COUNTY  
DEPARTMENT OF HUMAN SERVICES**

**Revised August, 2013**

## TABLE OF CONTENTS

<b>Chapter</b>	<b>Page</b>
Administrative Provisions	3
Provision of Services	4
Unusual Incidents	4
Licensure / Certification	5
Travel Reimbursement Policy	5
Limited English Proficiency / Communication	6
Provider Corporate Name Change or Merger	6
Provider Address Change	6
Modifications / Amendments / Budget Revisions	7
Monitoring and Evaluation	8
Fraud Waste and Abuse	11
Minimum Computer / Technology Requirements	14
Information Technology Operations Guide	
DHS Responsibilities	17
DHS and Provider Responsibilities	19
Master Provider Enterprise Repository	21
Pennsylvania Guide to Agency Based Voter Registration	22
Fixed Asset Program	49
Asset Reconciliation Form	51

## **ADMINISTRATIVE PROVISION**

This Contract Specifications Manual provides terms and conditions which are applicable to all AGREEMENTS entered into between ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES (Hereinafter COUNTY or DHS) and a contracted service provider/ vendor/individual (hereinafter PROVIDER). By reference in Exhibit D of the AGREEMENT this manual is incorporated therein.

Additional terms and conditions specific to a program or funding stream will be found in additional manuals referenced in Exhibit D of the AGREEMENT.

The terms, conditions, forms and procedures set forth in this and all specification manuals are subject to change from time-to-time as required by law and shall be amended or modified by written notification from the COUNTY to the PROVIDER.

With respect to all provisions of the AGREEMENT wherein the obligated party is stated to be the COUNTY, the parties agree:

- A. The services rendered and facilities offered through the AGREEMENT are subject to all applicable provisions of Local, State and Federal law and regulations related to the provision, delivery, and funding of services to consumers of Allegheny County Department of Human Services. Said laws and regulations will include but not be limited to those promulgated by the source of funds and those published in the program office specifications manual(s) referenced in Exhibit D of the agreement.
- B. The PROVIDER for and in consideration of the compensation hereinafter set forth in Exhibit B, agrees to provide services to the COUNTY.

## **PROVISION OF SERVICES**

Any changes to the services under the AGREEMENT that result in changes in the approved activities or the location of activities or the addition, reduction or deletion of services to be purchased by the COUNTY from the PROVIDER under the AGREEMENT must receive prior written approval from the DHS Director.

PROVIDER requesting change must submit a written request to the DHS Director and the Deputy Director for the DHS Office associated with the funding of the service at least ninety (90) days prior to the anticipated change.

Note that reductions in service may result in reduction in funding as more fully stated in Exhibit B, Payment Provisions.

## **UNUSUAL INCIDENTS**

PROVIDER will report all unusual incidents to the COUNTY orally or via email within 24 hours of the incident and follow-up with written notice within 5 business days. The report shall include, but not be limited to, the nature of the incident, any investigation that has or will occur, and any follow-up or corrective action required. Where the fund source has specific regulatory requirements for unusual incidents, they shall also be adhered to in order for PROVIDER to be considered in compliance with this requirement.

An unusual incident for purposes of this provision, shall include, but not be limited to:

- Abuse or suspected abuse of an individual.
- Injury, trauma or illness requiring inpatient hospitalization that occurs while the individual is at the PROVIDER'S facility or under the supervision of the PROVIDER.
- A suicide attempt by an individual.
- An individual whose absence is unaccounted for and is therefore presumed to be at risk.
- The misuse or alleged misuse of an individual's property or funds.

- An outbreak of a serious communicable disease.
- Any incident requiring the services of a fire department or law enforcement agency.
- A condition, except for snow or ice, that results in closure of the facility for more than one scheduled day of operation.

## **LICENSURE/CERTIFICATION**

- A. PROVIDER shall maintain current documentation of its approval or licensure by any/all applicable and appropriate government entity/ies for service(s) and facilities herein agreed upon and shall provide copies of said license(s)/certificates to the County at the time of AGREEMENT, AGREEMENT renewal or upon request.
- B. PROVIDER shall notify the COUNTY immediately by phone of any loss of licensure/certification for any of the service(s) and facilities provided to the COUNTY under the terms of this AGREEMENT. The PROVIDER shall follow-up said notification with written verification within five (5) working days.
- C. PROVIDER shall notify the COUNTY in writing within five (5) working days of any action by any government entity which results in a less than full license/certification/approval for any of the service(s) and facilities being provided to the COUNTY under the terms of this AGREEMENT. The COUNTY may request copies of all Plans of Correction.

## **TRAVEL REIMBURSEMENT POLICY**

Unless otherwise stated in Exhibit B of the Agreement or within the program/funding stream specifications manual, PROVIDER shall adhere to the COUNTY travel policy, including limits of reimbursement for meals, lodging and transportation.

## **LIMITED ENGLISH PROFICIENCY/COMMUNICATION**

PROVIDER shall assure resources are secured and/or made available for participants/consumers/clients with limited English proficiency or other communication barriers. Such actions shall include but not be limited to assessing the need for interpreters, evaluating the need for alternate language materials, identifying internal and external resources to meet identified needs, and accessing services contracted by COUNTY through their assigned contract monitor(s).

## **PROVIDER CORPORATE NAME CHANGE OR MERGER**

If Service Provider is changing their Corporate Name or is merging with or purchased by another entity, the following documents must be submitted to the DHS Director:

- Notification Letter on Provider's Letterhead, including date of change, signed by CEO and/or Board Chairman at least 30 days prior to the change.
- Copy of Board Minutes authorizing change (if merger, minutes from both entities)
- Copy of IRS Verification of Change

## **PROVIDER ADDRESS CHANGE**

If Service Provider is changing their address, written notification on the Provider's letterhead must be provided to DHS Director at least 30 days in advance of said change. Service Provider is also responsible for updating the address (local, headquarters and facility) information in the Maser Provider Enterprise Repository (MPER). DHS will update the MPER billing address and notify the County Controller upon receipt of written notice from the provider of address change.

## **MODIFICATIONS/AMENDMENTS/BUDGET REVISIONS**

It is the policy of the Allegheny County Department of Human Services, that providers may not re-budget funds without express consent of the County. To distinguish the criteria for which contract modification, budget revisions and amendments are required, the following are to be followed (unless otherwise addressed in the program/fund source specifications manual):

- A. **Multiple Projects/Programs within one or through many agreements** – If DHS funds multiple programs/projects with the same provider, either within one agreement or through multiple agreements, the provider ***MAY NOT*** move funds from one program/project to another program/project without prior, written approval from DHS and an amendment to the agreement, regardless of the amount proposed to be moved. Each program/project is to have its own unique budget and funds are not to be shifted between projects.
- B. **Modification or amendment to the agreement** for the following activities requires authorization by the County's Executive Action and contract execution process:
1. Additional Funding (increasing the overall agreement amount)
  2. Altering the period of time of the agreement
  3. Significant changes to the scope of services (workstatement) including outcomes, client groups, number of clients to be served, altering, closing or adding service locations and/or target communities.

The DHS Fiscal Management Bureau may not reimburse any costs that exceed the modified line items. Further, payment may not be rendered for services not included in the workstatement(s), Exhibit A.

To secure such a modification/amendment, the provider should submit their request for change to the DHS Program Deputy Director. The DHS staff will authorize or deny the request and follow-up with the request for Executive Action, etc.

- C. **Budget Revisions** which do not increase the total contract amount require a letter of agreement between the DHS Director and PROVIDER. Condition which may necessitate

the budget revisions include, but may not be limited to:

1. Reductions in total contract amount which will result in the COUNTY Contracts Unit issuing a letter of modification for the PROVIDER's signature.
2. Line item budget changes exceeding 10% of the total budget per program or the total amount of the change exceeds \$30,000, whichever is less based upon the originally approved budget; said revisions should be initiated by a letter from PROVIDER to DHS Director.
3. Moving any amount of funding from program/service line items to administrative lines.

D. **Minor Budget Revisions** which do not increase the total contract amount and meet the following criteria, only require written notification from PROVIDER to DHS Director:

1. Line item budget changes that are less than 10% of the total budget per program or an aggregate amount less than \$30,000 provided the shift in funds does not apply to any administrative line.
2. Minor changes or error/corrections to the budget or workstatement.

## **MONITORING AND EVALUATION**

DHS assigned staff shall, as needed, monitor the terms of this AGREEMENT and evaluate the services provided by PROVIDER. Monitoring and evaluation shall include but not be limited to:

- Reviews of performance reports
- Outcome data/reporting
- Client data collection (where applicable)
- Monthly invoices submitted for payment
- On-site reviews of PROVIDER files including client files, personnel files and financial records
- Assessment of quality of service
- Client interviews

PROVIDER agrees that it will permit representatives of the COUNTY and/or the funding source to review and examine at any and all times the quality of work being carried out by PROVIDER under this AGREEMENT.

## **SUBMISSION OF CERTIFIED AUDIT**

### **PURPOSE:**

To establish policy and guidance on remedial action to be taken when service providers receiving DHS funding do not comply with OMB Circular A-133, GAGAS (Yellow Book), Pennsylvania Department of Public Welfare, and Department of Health, Bureau of Drug and Alcohol Programs requiring submission of a Certified Audit in the prescribed time period.

### **SCOPE:**

All service providers expending in excess of \$500,000 of Federal Funds, \$500,000 of combined Federal and State DPW Funds, and \$300,000 of Department of Drug and Alcohol Programs funding, are required to submit an audit, prepared by a certified public accountant, by no later than nine months from the end of the provider's fiscal year end.

### **CONSIDERATIONS:**

Providers failing to submit a Certified Audit by the due date will be subject to a progressive series of remedial actions. The remedial action will be tailored to the unique aspects of each provider, giving consideration to: the type of financial assistance, nature of assistance, frequency of assistance, nature and severity of the noncompliance, prior experience with the provider, their ability to administer the program, and reasons and justification for the provider's inability to comply.

**PROCEDURE:**

Certified audits are due to the DHS by no later than nine months after the provider's fiscal year ends; audits should be mailed to:

Allegheny County Department of Human Services  
Office of Administration, Bureau of Contracts and Compliance  
ATTENTION: COMPLIANCE UNIT  
One Smithfield Street, Suite 400  
Pittsburgh PA 15222

If a provider does not submit a Certified Audit, the following process will be followed:

- 30 days late, the Administrator of the Bureau of Contract Compliance will send a "30 days late" letter to the provider.
- 60 days late, The Bureau Administrator will contact the CEO and Board Chairman to discuss the possible implications of not submitting a Certified Audit in a timely manner.
- 90 days late, the Deputy Director of Administration will notify the provider in writing of the requirement to submit a Certified Audit.
- 120 days late, the Deputy Director of Administration will confer with the Program Deputy to determine the next steps, i.e., suspension of service, probation, or withholding of payments.
- 150 days late, the Deputy Director of Administration will recommend to the Department Director to withhold a portion of their payment until the audit is received.
- 180 days late, begin the contract termination and service transfer process.

**EXTENSIONS:**

If the Audit Report cannot be submitted by the due date, a written request for an extension must be submitted to the Administrator, Allegheny County DHS Bureau of Contracts and Compliance before the due date.

## **FRAUD WASTE AND ABUSE**

The Allegheny County Department of Human Services (DHS) has zero tolerance for the commission or concealment of acts of fraud, waste or abuse by its contracted direct service providers.

Therefore, all DHS direct service providers will be required to develop a comprehensive Fraud, Waste and Abuse policy.

### **DEFINITIONS**

**Fraud** is defined in two basic categories; intentional misstatement of financial information and misappropriation of assets (or theft). Fraud is an intentional deception or misrepresentation made by an entity or person with the knowledge that the deception could result in some unauthorized benefit to the entity or him/her or some other person. Fraud may be found under the following conditions (the following is intended as an example, and is not intended to be all inclusive):

- When a provider submits a bill for a service that was not provided
- When a provider bills for a time period greater than the time actually spent with the client
- When a provider bills for the provision of service that did not meet the service definitions, performance specifications, State or Federal regulations, or accreditation standards customarily recognized in the industry
- Other related claims or care management issues that may involve intentional deception or misrepresentation as referenced above

**Waste** means the thoughtless or careless expenditure, consumption, mismanagement, use, or squandering of resources owned by the DHS to the detriment or potential detriment to the DHS. Waste also includes incurring unnecessary costs because of inefficient or ineffective practices or controls.

**Abuse** means the excessive or improper use of something, or the use of something in a manner contrary to DHS policy; misapplication; maltreatment; extravagant or excessive use. Abusive acts would include any practice that is inconsistent with sound fiscal; business; professionally recognized or DHS practice, and result in unnecessary costs to the DHS.

### **EXAMPLES**

- Intentionally invoicing the DHS for services that were not rendered.
- Overbilling the DHS for services rendered.
- Expending agency funds for personal use.
- Forgery or alteration of documents (checks, contracts, purchase orders, invoices, time sheets, leave records, etc.).
- Misrepresentation of information on documents.
- Theft, unauthorized removal, or willful destruction of DHS records or DHS property.
- Misappropriation of funds, equipment, supplies, or any other asset.
- Improprieties in the handling and reporting of financial transactions.
- Serious abuse of work time such as unauthorized time away from work, falsification of work hours reported, or excessive use of work time for personal business.
- Authorizing or receiving payments for goods not received or services not performed.
- Vendor kickbacks.
- Authorizing or receiving payment for hours not worked.
- Misuse of authority for personal gain.
- Any computer-related activity involving the alteration, destruction, forgery or manipulation of data for fraudulent purposes.

### **APPROACH**

The DHS will require all contracted service providers to develop a Fraud, Waste and Abuse policy and assign a Fraud, Waste and Abuse Coordinator. The coordinator will be responsible for development and enforcement of the policy.

The policy should include examples of Fraud, Waste and Abuse; internal accounting controls in place to prevent accounting errors or omissions; internal review procedure for

detecting errors or omissions; and a confidential means for reporting an incident or suspected incident of Fraud, Waste and Abuse.

The policy should be written and provided to all employees. The training of employees should be documented and evidenced by the signature of each person completing the training and date of the training. A listing of employees that have completed the training should be available to the DHS Fiscal and Program Monitors for review.

This policy should include instructions on how an incident should be reported. It should also include information on the Whistleblowers Protection Act.

### **REPORTED INCIDENT**

When an incident of Fraud, Waste and Abuse is detected/reported, a preliminary report should be made with the agency's Executive Director, Board of Directors and the Allegheny County Department of Human Services' Director's Action Line, at 1-800-862-6783. A thorough investigation should commence, with the results being reported to the Agency Director, Board of Directors and the Department of Human Services.

## **MINIMUM COMPUTER/TECHNOLOGY REQUIREMENTS**

Unless otherwise noted in the program/funding source specifications manual, all service providers and vendors shall maintain, at a minimum, the following technological capacities:

### Email

Email capabilities and provide DHS with at least one valid email address for contact. This email address must be kept current in the Master Provider Enterprise Repository (MPER).

### MPER

PROVIDER shall comply with the requirements of the DHS Master Provider Enterprise Repository (MPER) as more fully put forth in the MPER Specifications Manual, referenced in Exhibit D of the AGREEMENT and incorporated therein.

### KIDS

If the PROVIDER renders services/goods for the Office of Children, Youth and Families and/or the Court of Common Pleas, Family Division, Juvenile Section (Juvenile Probation), the PROVIDER must comply with the functional requirements of KIDS (**K**ey **I**nformation and **D**emographics **S**ystem). Further information regarding KIDS compliance can be found in the Office of Children, Youth and Families Contract specifications Manual.

**Laptop Processor:** Intel Core 2 Duo or higher 2.0 GHz+ (Recommended)

**Desktop Processor:** Intel Core 2 Duo or higher 2.0 GHz + (Recommended)

**Memory:** 3GB+ (Required) 4GB (Recommended)

**Video Card:** Video card must be able to support & sustain screen resolution: 1024x768 32bit colors with a refresh rate of at least 60Hz (Required)

**Monitor:** Any 17" monitor capable of 1024x768 32bit colors with a refresh rate of at least 60Hz (Minimum Requirement)

19" Flat panel or higher, capable of 1024x768 32bit color with a refresh rate of at least 60Hz (Recommended)

**Hard Drive:** 80GB - 160GB (Recommended)

**Media:** CD-RW /DVD or CD-RW/DVD+RW (DVD Minimum Recommended for DVD based training material)

**Laptops:** 802.11 b/g internal or external high speed 3G/4G air card (Recommended for mobile computing)

**Network Adaptor:** Network Ethernet Adaptor 10/100/1000mbps (At least 10/100mbps is required for LAN based access)

**Operating System:** Microsoft Windows XP (Minimum Requirement); Microsoft Windows 7 (Recommended)

**Laptop Warranty:** 3 yr. onsite or direct ship next business day with insurance against drops and spills. (Recommended)

**Desktop Warranty:** 3yr. next business day (Recommended)

**Desktop Software:**

Microsoft Office 2003 with Compatibility Pack for Office 2007 (minimum requirement for Word reports)

Microsoft Office 2010 (recommended for Word reports)

Adobe Acrobat Reader X (minimum requirement for PDF reports)

Adobe Flash Player (minimum requirement for accessing online)

**Internet:** High speed Internet connection required for optimum user experience.

Dial-up Internet is not recommended or supported

**Special Note: When purchasing a Laptop or Desktop computer; make sure that the selected equipment is classified as “Business Grade”.**

Pennsylvania Department of Drug and Alcohol Programs (DDAP) -- MINIMUM PERSONAL COMPUTER CONFIGURATIONS

All providers receiving funds through DHS from DDAP must comply with the following minimum requirements as stated in the agreement between DDAP and the SCA:

The parties agree that during the contract term, the minimum computer configurations shall be in accordance with the current Commonwealth minimum personal computer

configurations in effect at the time of the computer purchase to ensure compatibility with the Commonwealth CONNECT network. The personal computer configurations are as follows:

- Pentium IV processor, 1.5 GHz or faster
- 256 megabyte RAM
- 40 Gigabyte hard drive
- 16 megabyte AGP graphic card
- 17" SVGA monitor
- 48x internal ATAPI EIDE CD-ROM
- Intel 100 Mbps Network Interface Card
- Windows keyboard
- Wheel/Scroll mouse
- Windows 2000 Professional

If such configurations change during the term of this contract Agreement, such changes shall become a part of this Contract Agreement and shall supersede any prior configurations. The SCA shall notify the subcontractor by letter of the subsequent configurations and the effective date of any such change.

# **INFORMATION TECHNOLOGY OPERATIONS**

## **DHS RESPONSIBILITIES:**

### **Access to Service Desk – hours, response time**

The DHS Service Desk support coverage hours are Monday through Friday from 7:30am to 5pm excluding weekend and Holidays. During regular business hours, calls will be answered by a Service Desk Representative. During off hours, calls will be directed to voicemail. Support requests received after normal coverage hours will be immediately addressed by a DHS Service Desk representative the next business day.

The DHS Service Desk can be contacted for support

- by telephone at (412)350-HELP option 2,
- by email at [ServiceDesk@AlleghenyCounty.US](mailto:ServiceDesk@AlleghenyCounty.US)
- by facsimile at (412) 350-5220
- or through the self-service portal at <http://ServiceDesk.AlleghenyCounty.us>

### **Notice of Planned Down Time**

Planned down time may occur during weekday evenings for minor program fixes or over a weekend for application upgrades or major system repairs.

For extended weekend planned downtime, an outage notice will be sent out 2 weeks in advance from the DHS Service Desk via e-mail to all application users with outage details. Subsequent reminders notices will also be sent one week and again one day prior to the beginning of a weekend outage.

For weekday evenings planned downtime, an outage notice will be sent out 3 business days in advance from the DHS Service Desk via e-mail to all application users with outage details. A subsequent reminder notice will be sent out by noon on the day of the evening planned outage.

Upon completion of the planned downtime, a completion notice will be sent from the DHS Service Desk via e-mail to all application users advising of open access to affected applications and systems.

### **Alerting Providers of System Failure**

Providers will be immediately notified by the DHS Service Desk via e-mail of all DHS related system failures. The DHS Service Desk will continue to update providers and system users on status of outage and expected repair times once the repair path has been determined. The DHS Service Desk will notify all Providers and Internal users via e-mail notice once the repair has been completed.

## **Error Correction Times**

Problem resolution begins with first contact with DHS Service Desk. Many issues are resolved with one phone call by our Level 1 Service Desk support team. More complex issues requiring Level 2 and Level 3 support will take time for investigation. Resolution of items escalated beyond Level 1 will be investigated, prioritized and addressed based upon priority, business impact, and level of effort. Resolution may be determined to be a data fix, a functional program repair, a business process adjustment, a training issue or a combination of any of these items. Determining an effective repair may involve addressing all of these items and engaging, caseworkers, providers, IT, admin and DHS Program Offices. Once a resolution path has been determined, a plan of action will be communicated to the requestor by our Service Desk or Provider Resolution Team.

## **Error Resolution - Escalation or Appeal Process**

In the event that an active DHS Service Desk ticket requires escalation, the DHS Service Desk should be contacted with an existing ticket number and request to speak with the DHS Service Desk Supervisor in charge, Arlene Morosko, who can then process the ticket escalation request as needed.

Additional DHS Service Desk escalation contacts are:

DHS User Support Services Manager, 412-350-3924

Administrator of the Bureau of Information Systems Management, 412-350-5274

Also, on the Allegheny County DHS website, <http://www.alleghenycounty.us/DHS>, escalation contacts can be found by Office under Contact DHS.

In addition, the DHS Director's Action Line (DAL) can be contact to for assistance with any DHS service concerns.

The Director's Action Line, 1-800-862-6783, is staffed Monday through Friday, 8:00 a.m. to 5:00 p.m.

The DAL may also be contacted via email at [DAL@alleghenycounty.us](mailto:DAL@alleghenycounty.us) .

## **99.9% Service Uptime Assurance**

The Department of Human Services (DHS) assures that DHS Applications will be up and running at least 99.9% of the time during any 12-month period excluding scheduled maintenance, system updates and application upgrades. However, we cannot be held responsible for upstream network problems outside of our network and areas where DHS has no direct control, such as network provider failures, backbone provider failures, fiber-optic main line cuts, routing problems between clients' location and our data center. The uptime assurance is also not applicable if the service interruption was caused by any natural or unnatural events that DHS cannot directly influence.

## **RESPONSIBILITIES OF DHS AND PROVIDERS**

### **Announcement of Breaches**

It is the intent of the Department of Human Services to have in place reasonable security to prevent unauthorized access to DHS internal and external Department applications and services. In the event that our security is breached, DHS will first contain the breach, assess the extent of the breach, and notify affected parties as required by Federal, State and Local regulations.

It is the expectations that all service providers have in place reasonable security to prevent unauthorized access to internal and external applications, services and data. In the event that provider's security is breached, provider will first contain the breach, assess the extent of the breach, and notify affected parties including but not limited to DHS as required by Federal, State and Local regulations.

### **Virus Protection**

Providers are expected to take reasonable precautions to assure their systems/computers are protected from viruses or other harmful technology. Further, when a virus is detected Provider shall take action necessary to contain the virus and prevent the spread of the harmful contagion.

### **Disaster Plan for system failure, loss of electrical power, access to internet**

The Department of Human Services (DHS) is actively developing a Disaster Recovery (DR) / Business Resumption plan that will provide for the continuation of business operations in the event a disaster would render a DHS facility inoperable. Our goal is to comply with Federal, State, Departmental, and other guidelines and regulations regarding disaster recovery and business continuity. The DHS mission to its customers is critically dependent on providing continued service regardless of adverse conditions that may affect business processing. DHS is actively working with the Allegheny County Division of Computer Services (DCS), IT Service Vendors, Applications Development Team, and DR Advisors to continue to develop and enhance our Disaster Recovery services, by use of such technologies as mobile services including Laptops, Tablets, and Smartphones, Data Backup off-site replication, Metro Ethernet services, VMware Server Virtualization including Vmotion, and Cloud Technology to ensure application continuity and minimal downtime due to unforeseen disastrous events.

The Service Providers are expected to develop a written Disaster Recovery (DR) / Business Resumption plan that will provide for the continuation of business operations in the event a disaster would render a facility/system inoperable. The goal should be to comply with Federal, State, Departmental, and other guidelines and regulations regarding disaster recovery and business continuity. As a contracted service provider the mission to serve

customers is critically dependent on providing continued service regardless of adverse conditions that may affect business processing. Service Providers shall take reasonable steps to ensure application continuity and minimal downtime due to unforeseen disastrous events.

## **User Account Management**

The Department of Human Services (DHS) is responsible for controlling access to applications hosted and provided externally to our service providers. User accounts are an important part of these controls.

DHS Providers are responsible for requesting, changing, and terminating these accounts, but there will need to be interactions between DHS and providers to ensure this happens. To request, change or terminate an account the provider must submit an Information Systems Access Request (ISAR) form to the DHS Service Desk

- by email at [ServiceDesk@AlleghenyCounty.US](mailto:ServiceDesk@AlleghenyCounty.US)
- or by facsimile at (412)350-5220

DHS will provide quarterly reports to our providers listing active DHS application accounts.

Providers are required to review this list and notify DHS of any necessary changes.

Individuals granted user accounts must comply with the County Computer Usage Policy which is included in this manual as Appendix A

In the event that provider staff resign or are terminated by the provider agency, it is the responsibility of provider agency to notify the DHS Service Desk of the departure of agency staff and submit ISAR forms requesting account termination. DHS assures that terminated provider agency staff's access will be closed within 24 hours of receiving the completed ISAR termination notice and active case work has been transferred sufficiently by the provider agency. An ISAR form can be found in Appendix B of this manual or on the internet at <http://www.alleghenycounty.us/dhs/applications.aspx>.

## **Technology Advisory Committee**

A Technology Advisory Committee was formed to allow DHS and DHS providers to meet in person on a quarterly basis to discuss DHS Applications, Change Requests, and planned initiatives as well as the needs, requirements, and concerns for DHS providers. The Committee focuses on future trends and uses the meetings to involve county staff and provider representatives in future information technology needs. The quarterly meeting is always held at the Human Services Building at 1 Smithfield Street in downtown Pittsburgh and is open to all providers.

The Technology Advisory Committee is chaired and organized by Stephen Christian-Michaels from [Family Services of Western Pa.](#) In addition to attending provider representatives, DHS is represented by staff from The Bureau of Information Systems

Management, Administration Office (AIMS), DARE and The DHS Executive Office. For Information about the next scheduled quarterly Technology Advisory meeting, please contact:

Bill Kroll  
Bureau of Information Systems Management  
Office of Administrative and Information Management Services  
Allegheny County Department of Human Services  
1 Smithfield St, Pgh, PA 15222  
Office Phone: 412-350-5274  
Cell Phone: 412-670-9658  
Fax: 412-350-5220  
E-mail: William.Kroll@AlleghenyCounty.us

### **Process for Requesting New Features**

Providers can request new features, functions and changes to the system by:

Submitting a written request to the Service Desk, or  
Submitting a written request at the quarterly Technology Advisory Committee  
Submitting a request through the DHS Service Desk self-service portal.

Request for changes will be reviewed by the DHS Change Management team. Following change management review, a request for new features may be denied, partially implemented, or fully implemented. Responses to requests for new features, functions or changes to the system will be within 3 weeks of the date of the request. Plans for the implementation of significant provider facing system changes will be shared in the Technology Advisory Committee.

## **MASTER PROVIDER ENTERPRISE REPOSITORY (MPER)**

Detailed information about all Allegheny County Department of Human Services (hereinafter “Department”) contracted organizations and individuals (hereinafter “providers”) is maintained in the Master Provider Enterprise Repository system which is referred to as MPER. This includes providers who have contracts and/or letters of agreement with the Department or who contract with the Department on behalf of the Court of Common Pleas.

When a new provider is added to MPER, there are several pieces of information that must be entered; the DHS Contracts Unit will complete the initial data entry to create a new Provider in MPER and notify the Department Service Desk to contact the provider.

The Department Service Desk staff will contact the Provider to create user accounts and provide instruction on additional information that must be entered and maintain in MPER by

the Provider.

At a minimum all providers are required to enter and maintain:

- General provider information (see MPER manual)
- Contacts (Note: in smaller organizations or in the event DHS is contracting with an individual the same person may be entered for all of these roles; all roles must have at least one entry in MPER)
  - Chief Executive Officer or Director (CEO)
  - Chief financial Officer (CFO)
  - Chief Information Officer (CIO)
  - Contract Processing Contact (CPC)
  - Board Chairperson
  - MPER Contact
  - Fiscal Contact (for CYF/Juvenile Court Providers only)
- A Facility or Facilities where DHS contracted services are delivered
- Service Offerings (linking Department entered services to Provider created facilities)

Additional information is available on MPER through the Department Service Desk at 412-350-HELP (412-350-4951 option 2).

## VOTER REGISTRATION

### **Pennsylvania Guide to Agency Based Voter Registration Programs**

The following information is being provided as a guide for your compliance with Article 29 (Other Federal Laws), Section 4.A of the AGREEMENT.



# **PENNSYLVANIA'S GUIDE TO AGENCY-BASED VOTER REGISTRATION PROGRAMS**

Commonwealth of Pennsylvania  
Department of State  
Bureau of Commissions, Elections &  
Legislation

210 North Office Building  
Harrisburg, PA 17120  
(717) 787-5280  
1-877-VOTESPA (1-877-868-3772)  
May 2010

**TABLE OF CONTENTS**

INTRODUCTION.....pg. 3

- o What is Voter Registration?
- o Why Me? My Job Has Nothing To Do With Voter Registration!
- o You Have A Very Important Role
- o Help Is Available
- o Which Clients Are Entitled To Voter Registration Opportunities?
- o What Must I Do?

THE VOTER REGISTRATION PROCESS: STEP BY STEP.....pg. 7

PREFERENCE FORMS (FORMERLY CALLED DECLINATION FORMS).....pg. 8

THE COMPLETED VOTER REGISTRATOIN MAIL APPLICATION  
(VRMA) FORM.....pg. 10

VOTER REGISTRATION QUALIFICATIONS..... pg. 11

CONFIDENTIALITY..... pg. 12

AGENCY COORDINATORS AND SITE COORDINATORS.....pg. 13

MONTHLY REPORTING FORM.....pg. 14

VRMA<sub>s</sub>, POSTERS AND PAMPHLETS.....pg. 17

DEFINITIONS.....pg. 19

IMPORTANT POINTS TO REMEMBER.....pg. 20

FREQUENTLY ASKED QUESTIONS.....pg. 21

CONTACT US.....pg. 23

THE NATIONAL VOTER REGISTRATION ACT (NVRA) OF 1993.....pg. 24

PENNSYLVANIA STATE LAW.....pg. 25

2008 PENNSYLVANIA ELECTIONS – IMPORTANT DATES.....pg. 27

## INTRODUCTION

### **What is Voter Registration?**

In Pennsylvania, as in most other states, you must register before you can vote. The laws establish certain qualifications for voting (for example, you must be at least 18 on the day of the next election, and you must reside in the district where you vote), and registration ensures that only qualified persons are allowed to vote. Registration records also help to protect the electoral process from various types of fraud. Voter registration is not a mere formality, but an essential part of the process that keeps elections open, honest and fair to citizens and candidates alike.

Voter qualifications and voter registration procedures vary widely from state to state. In some states, registration procedures were held partially to blame for the decreasing number of citizens going to the polls to vote.

In response to the decline in voter participation, Congress enacted the National Voter Registration Act (NVRA) of 1993 to make it more convenient for eligible citizens to register to vote in elections for federal office. The NVRA required Pennsylvania and other states to change certain voter registration procedures and provide more opportunities for voter registration.

In 1995, the Pennsylvania General Assembly enacted a state law, the Pennsylvania Voter Registration Act (PVRA), to conform Pennsylvania's voter registration system to the NVRA and to adopt the NVRA's new registration procedures for state as well as federal election purposes. The PVRA made the Secretary of the Commonwealth responsible for coordinating the implementation of the new registration procedures. The Secretary is the head of the Department of State, which includes the Bureau of Commissions, Elections, and Legislation. In 2002, the General Assembly passed Act 3 to establish the Statewide Uniform Registry of Electors (SURE) system for voter registration. Act 3 (now the state law) has governed the operation of both the SURE system and the procedures for voter registration in Pennsylvania.

### **Why Me? My Job Has Nothing To Do With Voter Registration!**

The NVRA is commonly known as the "motor voter" law, since its most familiar requirement is that states allow citizens applying for or renewing a driver's license to apply at the same time to register to vote. However, "motor voter" is a somewhat misleading name, since the NVRA and Pennsylvania state law actually require several voter registration procedures that have nothing to do with driver licensing.

One of these procedures requires agencies that provide public assistance or that have programs primarily engaged in serving people with disabilities are to provide voter registration opportunities to their clients. This is because low-income citizens and the disabled are not as likely as other citizens to have driver's licenses. In addition, the state law requires all Clerk of Orphans' Court offices, including marriage license bureaus, to provide voter registration opportunities to their clients.

**In Pennsylvania, participating agencies include:**

- County Assistance Offices of the Department of Public Welfare
- State Mental Hospitals of the Department of Public Welfare
- County Mental Health/Mental Retardation programs of the Department of Public Welfare
- State Mental Retardation Centers of the Department of Public Welfare
- Bureau of Blindness and Visual Services offices of the Department of Labor and Industry
- Office of Vocational Rehabilitation offices of the Department of Labor and Industry
- Centers for Independent Living of the Department of Labor and Industry
- Woman, Infants and Children (WIC) clinics of the Department of Health
- Area Agencies on Aging of the Department of Aging
- Bureau of Special Education offices of the Department of Education
- Student Disability Services offices of the State system of Higher Education
- County Clerk of Orphans' Court offices, including marriage license bureaus
- Armed Forces Recruitment Centers
- Americans with Disabilities Act (ADA) Complementary Para-Transit providers
- All offices in the state that provide public assistance and all offices that provide state-funded programs primarily engaged in providing services to persons with disabilities.

### **You Have A Very Important Role**

As a voter registration agency employee, you are working together with county voter registration officials to ensure that every eligible client has an opportunity to participate in state and federal elections. It is your duty to provide the client with an opportunity to complete a voter registration mail application form (VRMA). County voter registration officials are responsible for deciding whether the client is eligible to vote and for informing the client by mail about their application approval or rejection.

When a client is registered to vote, it is important for county voter registration officials to keep the client's voting record current. Therefore, as an additional service, voter registration agencies must help their clients update their voter registration records to reflect name changes, changes of address, or changes of political party affiliation. A client may submit a change of information by filling out the same application form used for new voter registration.

It is important to remember that, as a voter registration agency employee, you are not engaging in a political activity, but helping a fellow Pennsylvanian take the first step toward participation in the electoral process. Therefore, you may not seek to influence a client's political party preference. You should not display any political beliefs or your party allegiance while providing a voter registration opportunity. The NVRA and Pennsylvania state law prohibit you from making any statement to discourage a client from applying to register to vote. The laws also prohibit you from making any statement or taking any action that leads a client to believe that a decision about applying to register to vote has any bearing on the availability of public assistance or disability services or benefits.

### **Help is Available**

Your agency will have people assigned to help you perform voter registration duties. These people are called **agency coordinators** and **site coordinators**.

Each voter registration agency's mission and responsibilities are different. Therefore, each agency must customize its voter registration program to fit the agency's services. The **agency coordinator** is the person responsible for setting up his/her agency's program in accordance with the NVRA and Pennsylvania state law for informing each of his/her agency site about the program details. The agency voter registration coordinator is also the liaison between the agency and the Department of State.

Your agency will have a site coordinator for each office or program required to provide voter registration opportunities. The **site coordinator** has the vital job of ensuring that each employee knows how to carry out the agency's voter registration program. The information in this guide serves as a starting point for implementing the voter registration program, and the agency and site coordinators will supplement this guide with program details unique to the agency. **(Please see page 15 for more information about the duties of agency and site coordinators.)**

Anyone who has a question or a complaint regarding voter registration may call or e-mail the Department of State at:

**1-877-VOTESPA (1-877-868-3772) or [ST-VOTERREG@state.pa.us](mailto:ST-VOTERREG@state.pa.us)**

### **Which Clients Are Entitled to Voter Registration Opportunities?**

You must provide a voter registration opportunity along with each application, reapplication, application for recertification, renewal or change of address that occurs in the agency office or during home visits. Each client who is over the age of 18 or will be 18 on the day of the next election is entitled to an opportunity to register to vote. In addition to applying to register to vote, clients who are already registered can update their voter registration information (change of name, address or political party affiliation) by simply completing a VRMA.

### **What Must I Do?**

According to the NVRA and Pennsylvania state law, an agency employee must:

- Offer a voter registration mail application form to each client entitled to that opportunity.
- Record the client's decision to apply to register or not apply to register to vote on a Preference Form, which was formerly called a Declination Form.
- Assist the client with the completion of the VRMA unless assistance is refused.
- Accept a completed VRMA and transmit it to the appropriate county voter registration office.
- Keep the completed Preference Form on file for at least 24 months.

### THE VOTER REGISTRATION PROCESS: STEP-BY-STEP

1. Clients should be provided with an opportunity to complete a VRMA when they: make an application, reapplication, application for recertification, renewal or change of address. Simply ask the client, "If you are not registered to vote where you live now, would you like to apply to register to vote here today?"
2. Inform the client that applying to register or declining to register to vote will not affect the availability or degree of assistance that will be provided by your agency.
3. Give the client a Preference Form, ask him/her to read it carefully, and assist the client in completing the Preference Form if requested. (The Preference Form contains important information for the client and records the client's decision about whether he/she wants to apply to register to vote at that time.)
4. If the client does not want to register to vote, ask him/her to mark the "No" box and have him/her sign and date the Preference Form. If the client is already registered to vote, have him/her also mark the box "No, I am already registered to vote where I live now." If the client refuses to mark any boxes or otherwise complete the form, you may consider the refusal to be a decision not to apply to register to vote at this time and must note this on the Preference Form along with the client's name and address.
5. If the client wants to register to vote, ask him/her to mark the "Yes" box and to sign and date the Preference Form. You may then give the client a voter registration mail application form.

**Remember that all Preference Forms must be kept for at least 24 months (your site coordinator will instruct you on how to file and store them).**

6. Assist the client in completing the voter registration mail application form, unless he/she refuses such assistance. You should offer the client the same degree of assistance in completing the VRMA and Preference Form as is provided by your office with regard to the completion of its own forms, unless the client refuses such assistance. Inform the client that he/she may complete the VRMA in your office or take it home to complete. If the latter option is taken, the client may mail the VRMA directly to the appropriate county voter registration office at his/her own expense or return it to your office at a later date.
7. **Use the form located on page 20 to request voter registration materials/supplies from the Department of State.**
8. Send the completed VRMA to the appropriate county voter registration office according to where the client resides. **(Please see page 12 for more information about handling completed application forms.)**

**PREFERENCE FORMS**  
(Formerly Called Declination Forms)

Preference Forms contain helpful information for the client and record the client's decision as to whether or not he/she wants to apply to register to vote at that time. The client is also asked to sign and date the Preference Form, which becomes the agency's record that the client was offered a voter registration opportunity as required by federal and state law. If a client refuses to mark any boxes or otherwise complete the form, you may consider the refusal to be a decision not to apply to register to vote at this time and must note this on the Preference Form. **Remember, all Preference Forms must be kept for at least 24 months, including those of clients who refuse to complete and sign one.**

A generic Preference Form has been developed by the Department of State and provided to all agency voter registration coordinators for distribution to their individual site coordinators. All Preference Forms must contain the information seen on page 11.

If an agency wishes to do so, it may include a space where the employee providing the voter registration opportunity signs the form. However, an employee signature is not required by law.

COPIED FROM PENNSYLVANIA'S GUIDE TO AGENCY-BASED VOTER REGISTRATION PROGRAMS. FOR MORE INFORMATION GO TO [www.state.pa.us](http://www.state.pa.us).

**Voter Registration Opportunity**

**PREFERENCE FORM**

Name (Please print: Last Name, First, M.I)

**IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE HERE TODAY?**

Yes

No    OR     No, I am already registered to vote where I live now.

**IF YOU DECIDE NOT TO CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you apply to register to vote, the office at which you submit this registration application form will remain confidential.

No information relating to a preference to register to vote will be used for any purpose other than for voter registration.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

In order to be qualified to register to vote, you must be at least 18 years of age on the day of the next election, you must have been a citizen of the United States for at least one month prior to the next election and have resided in Pennsylvania and the election district where you plan to vote for at least 30 days prior to the next election.

If you believe that someone has interfered with your right to register or your application to register to vote, or your right to choose your own political party preference, you may file a complaint with the Secretary of the Commonwealth, Pennsylvania Department of State, 302 North Office Building, Harrisburg, PA 17120, or call the Department of State, toll-free, at 1-877-VOTESPA (1-877-868-3772).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## THE COMPLETED VOTER REGISTRATION MAIL APPLICATION (VRMA) FORM

Once the VRMA is complete, you should inform the client that you will transmit the VRMA to the county voter registration office in the county where he/she resides. Advise the client that if the application is approved, he/she will receive a voter registration identification card in the mail from the county voter registration office within approximately two weeks. If this does not occur, the client should contact the county voter registration office, not your agency.

Your site coordinator will instruct you on your agency's procedures for transmitting VRMAs. If you will be mailing them to the county voter registration office where the applicants reside, put the correct mailing address and postage on the front of the VRMA (the addresses of all 67 county voter registration offices can be found on the inside of the VRMA).

Generally, you must transmit a completed VRMA to the appropriate county voter registration office within **10 days**. However, you must transmit them within **5 days if they are received within the last 5 days before a voter registration deadline**, which occurs 30 days before each election. Your site coordinator will inform you of these registration deadlines for each election.

## VOTER REGISTRATION QUALIFICATIONS

The following information regarding voter registration qualifications is provided solely to assist you in answering the client's questions about voter registration. Remember, it is the responsibility of the county voter registration office to determine voter eligibility and to inform the client as to whether or not his/her VRMA has been approved or rejected.

Individuals possessing the following qualifications are entitled to apply to register to vote in Pennsylvania:

- They will be at least 18 years of age on or before the day of the next election.
- They will have been a citizen of the United States for at least one month prior to the next election.
- They will have resided in the Commonwealth of Pennsylvania and in their election district for at least 30 days prior to the next election.

If the client has indicated that he/she is not eligible for one of the above reasons, and yet he/she still wants to apply to register to vote, allow him/her to complete a VRMA and still transmit it to the appropriate county voter registration office. However, **please attach a separate note advising the county voter registration officials that the client may not be qualified to register, and list the reason(s)**. Sign the note with your agency code, as in the example below. This will help them determine the eligibility of the client.

### SAMPLE NOTE:

*Dear County Voter Registration Official,*

*Enclosed is a voter registration mail application form that John Doe completed. According to our records, Mr. Doe will not be 18 years of age on or before the day of the next election. Please feel free to use this information to determine whether John Doe is qualified to register to vote in Pennsylvania.*

*Sincerely,*

*Agency X*

## CONFIDENTIALITY

By law, the identity of the voter registration agency through which any particular voter is registered must not be disclosed to the public. Therefore, when requesting voter registration material, **please make sure to order directly from the Department of State. The Department of State has VRMAs specifically designed for your agency with pre-printed codes on each application.**

Agency and site coordinators should ensure that employees requesting voter registration materials request the correct agency form. The coding system allows the Department of State to gather statistics regarding the source, as required by law, without compromising the client's right to confidentiality.

Agency personnel should be instructed not to complete Box 10 of the VRMA ("Name of person assisting in the completion of this application".) If an employee does assist a client, **the employee should write their agency code in Box 10 and indicate on the client's Preference Form that the employee assisted in the completion of the VRMA.** This will help ensure that the client will not be identified with the agency at which he/she applied to register.

## AGENCY COORDINATORS AND SITE COORDINATORS

An **agency coordinator** is the person chiefly responsible for setting up an agency's voter registration program, and then ensuring that the program operates in accordance with the provisions of the NVRA and Pennsylvania state law. An agency coordinator also acts as the liaison between the agency and the Department of State. Training, guiding, assisting and supplying site coordinators with voter registration material from the Department of State are other important functions of the agency coordinator.

A **site coordinator's** responsibilities are to:

- Coordinate the implementation of the voter registration program at his/her work site.
- Train employees to perform voter registration duties.
- **Ensure the timely and accurate transmittal of completed VRMAs to the appropriate county voter registration offices where the applicants reside.** All VRMAs must be transmitted to the appropriate county voter registration office within 10 days of receipt, or within 5 days of the receipt during the last 5 days before a voter registration deadline, which occurs 30 days before each election. Your agency coordinator will inform the site coordinator, who will inform his/her colleagues of these deadlines for each election. The Department of State recommends that VRMAs be transmitted on a weekly basis.
- **Provide timely and accurate monthly voter registration site statistics to the agency coordinator.**
- Maintain an adequate inventory of forms and registration supplies such as VRMAs, Preference Forms, posters and pamphlets.

### MONTHLY REPORTING FORM

Pennsylvania state law requires the compilation of statistical information about agency voter registration programs. This statistical information comes from county voter registration offices and is reported to the General Assembly for the purpose of assessing the impact of voter registration programs. The Department of State provides all voter registration agencies with a format for reporting their statistics. **Site coordinators** are responsible for completing a reporting form for each month and submitting it to their agency coordinator.

The agency coordinator is responsible for compiling the site coordinator's reports into a monthly agency report to the Department of State. **Before submitting the agency report, the agency coordinator must review the site reports for accuracy and resolve any errors or discrepancies.**

When completing a monthly reporting form, **you must not leave any boxes blank.** If there is no value for a particular box, please insert a **zero**. Below is an illustration of the monthly reporting format and instructions for proper completion:

Box #1 NUMBER OF CLIENTS SERVED DURING THE REPORTING MONTH (Meaning number of clients served for application, reapplication and application for recertification, renewal or change of address)	
Box #2 NUMBER OF CLIENTS WHO WERE OFFERED A VOTER REGISTRATION OPPORTUNITY	
Box #3 TOTAL NUMBER OF CLIENTS WHO DECLINED TO APPLY FOR REGISTRATION	
Box #4 NUMBER OF CLIENTS FROM BOX #3 WHO DECLINED TO APPLY BECAUSE THEY INDICATED THEY ARE ALREADY REGISTERED TO VOTE	
Box #5 NUMBER OF APPLICATIONS TAKEN BY CLIENT TO BE MAILED OR DELIVERED	
Box #6 NUMBER OF COMPLETED APPLICATIONS MAILED OR DELIVERED BY AGENCY	

**Box #1- Number of clients served during the reporting month.** This means the number of clients who came to your office (or who received a home visit) for the following reasons: new application, reapplication, application for recertification, renewal or change of address. If you are not sure what this means, contact your agency coordinator.

**Box #2- Number of clients who were offered a voter registration opportunity.** This means the actual number of clients who were asked if they would like to apply to register to vote. This number should be easy to obtain from the Preference Forms. The number in Box #2 should equal the number in Box #1. However, the number in Box #1 and the number in Box #2 should be determined independently of each other. In other words, you should not simply assume that the number of clients offered a VRMA is equal to the number of clients served.

**Please Note: Anyone who is receiving the services listed in Box #1 must be offered the opportunity to register to vote. If it is not clear when you are required to offer voter registration opportunities, please ask your agency coordinator for assistance.**

**Box #3- Total number of clients who declined to apply for registration.** This is the number of clients who marked the "No" box on the Preference Form, thus indicating they do not want to apply to register to vote at this time. This includes the number of clients who declined because they indicated they are already registered to vote.

**Box #4- Number of clients from Box #3 who declined to apply because they indicated they are already registered to vote.** Of those listed in Box #3, please indicate the number of clients who declined to apply to register to vote because they indicated they are already registered to vote.

**Box #5- Number of applications taken by client to be mailed or delivered.** This is the total number of people who indicated they wanted to apply to register to vote and took the VRMA with them.

**Box #6- Number of completed applications mailed or delivered by agency.** This is the number of completed VRMAs that your office mailed or delivered to the appropriate county voter registration office.

**Accurate reporting of voter registration statistics is extremely important. It is the site coordinator's responsibility to carefully review his/her monthly report before submitting it to his/her agency coordinator. The site coordinator is also responsible for ensuring that agency employees accurately record statistical information about the voter registration services they provide to their clients.**

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## Monthly Reporting on Agency Voter Registration

(TO BE USED ONLY BY AGENCY VOTER REGISTRATION COORDINATORS)

Name of Agency and Program: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 E-Mail: \_\_\_\_\_

Month and Year of this Report: \_\_\_\_\_  
 Name of Person Submitting this Report: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Box #1 NUMBER OF CLIENTS SERVED DURING THE REPORTING MONTH (Meaning number of clients served for application, reapplication and application for recertification, renewal or change of address)	
Box #2 NUMBER OF CLIENTS WHO WERE OFFERED A VOTER REGISTRATION OPPORTUNITY	
Box #3 TOTAL NUMBER OF CLIENTS WHO DECLINED TO APPLY TO REGISTER TO VOTE	
Box #4 NUMBER OF CLIENTS FROM BOX #3 WHO DECLINED TO APPLY BECAUSE THEY INDICATED THEY ARE ALREADY REGISTERED TO VOTE	
Box #5 NUMBER OF APPLICATIONS TAKEN BY CLIENT TO BE MAILED OR DELIVERED	
Box #6 NUMBER OF COMPLETED APPLICATIONS MAILED OR DELIVERED BY AGENCY	

Please Return the Completed Report to Your Agency Coordinator.

For a list of agency coordinators, please contact the Department of State by e-mail:  
[ST-VOTERREG@state.pa.us](mailto:ST-VOTERREG@state.pa.us)

### VRMAs, POSTERS AND PAMPHLETS

The Department of State has designed voter registration posters for use by all agencies offering voter registration opportunities. Pennsylvania state law requires that such voter registration posters be prominently displayed in each office where voter registration opportunities are provided. The site coordinator is responsible for ensuring that at least one poster is displayed in a public area of the agency office.

Pamphlets are also available that explain Pennsylvania's voter registration process. Contact your agency coordinator if you need a supply of posters, pamphlets or VRMAs or use the Voter Registration Material Request Form provided by the Department of State.

**Use the request form on page 20 to order all of your material.** It is your site coordinator's responsibility to keep an accurate inventory of both English and Spanish VRMAs on site. Once you believe you need to re-order, please fill out the request form and transfer it to your agency coordinator. The Department of State will then fill your order in a timely manner.

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### Pennsylvania Department of State Voter Registration Order Form

Voter Registration Applications come in cases of 1,500 or packs of 100.

Date:	Phone:
Contact:	Email:
Agency:	County:
Address:	City/State/Zip:

Description of Form	Abv.	Quantity
Women, Infants & Children Nutrition Clinics	<b>WIC</b>	
Blindness & Visual Services (BVS) District Offices, BVS Contractors, Centers For Independent Living (CIL), State Mental Retardation Centers, State Mental Health Hospitals, Office of Vocational Rehabilitation (OVR), Office of Mental Health and Addictions Services (OMHAS), County MH/MR Offices, Office of Mental Retardation (OMR)	<b>Disability Agencies</b>	
County Assistance Offices	<b>CAO</b>	
Clerks of Orphan's Court	<b>COOC</b>	
Children and Youth, Children and Early Learning Organizations	<b>CY</b>	
Health Care not for profit, Health Care-managed care and other profit organizations	<b>HC</b>	
Student Disability Services Offices at Universities within the State System of Higher Education, Bureau of Special Education, Special Ed Programs	<b>SSHE</b>	
Area Agencies on Aging	<b>AAA</b>	
Para-Transit Providers	<b>Para-Transits</b>	

- Please send me \_\_\_\_\_ voter registration mail application forms (English)
- Please send me \_\_\_\_\_ voter registration mail application forms (Spanish)
- Please send me \_\_\_\_\_ copies of the Pennsylvania Voting Guides
- Please send me \_\_\_\_\_ voter registration posters

**Please return this form by fax/mail/email to:**

Lindsey Hock, Chief Division of Voter Registration  
 Bureau of Commissions, Elections & Legislation  
 Room 210 North Office Building  
 Harrisburg, PA 17102  
 717-787-5280 (phone)  
 717-705-0721 (fax)  
[ST\\_VOTERREG@state.pa.us](mailto:ST_VOTERREG@state.pa.us) (email)

## DEFINITIONS

<b>Agency Coordinator</b>	Person responsible for all sites that participate in the agency's voter registration program.
<b>"Motor Voter law"</b>	A popular nickname for the NVRA.
<b>NVRA</b>	National Voter Registration Act. The NVRA was signed into law in 1993 to increase registration among eligible citizens and to ensure the maintenance of accurate voter registration records.
<b>Pennsylvania State Law</b>	In 2002, the General Assembly passed Act 3 to establish the Statewide Uniform Registry of Electors (SURE) system for voter registration. Act 3 (now the state law) has governed the operation of both the SURE system and the procedures for voter registration in Pennsylvania.
<b>Preference Form</b>	A form that records the client's desire to apply to register or decline to apply to register to vote at that time (formerly known as the Declination Form).
<b>Site Coordinator</b>	Person responsible for administering the agency's voter registration program at a particular office or program.
<b>VRMA</b>	Voter Registration Mail Application form. VRMAs are printed and distributed by the Department of State.

### IMPORTANT POINTS TO REMEMBER

- Offer each client the opportunity to apply to register to vote during every application, reapplication, application for recertification, renewal, and change of name or address transaction.
- Provide the same level of assistance in completing the Preference Form and VRMA as you would provide a client when completing one of your own agency forms.
- Inform a client who wishes to apply to register to vote that he/she may complete the VRMA in the office and you will transmit it to the appropriate county voter registration office, or he/she may take it home to complete.
- Inform a client who is registered to vote that he/she needs to re-register if they change their name and/or address.
- Inform a client that he/she will receive a voter identification card from the county voter registration office if their VRMA is approved; if a card is not received within two weeks, he/she should contact the county voter registration office.
- Review the VRMA for completeness **before** a client leaves your office.
- Ensure that when requesting VRMAs from the Department of State you indicate the correct agency or category. This will allow the Department of State to accurately track agency voter registration totals statewide.
- Do not display any political party preference or attempt to influence a client's political preference or party affiliation.
- Do not attempt to discourage a client from applying to register to vote.
- Inform a client that his/her decision to apply or decline to apply to register to vote will not affect the availability or degree of services or benefits from that agency.
- Do not transmit Preference Forms to a county voter registration office; they must be maintained on-site for at least 24 months. See your site coordinator for further instructions.

## FREQUENTLY ASKED QUESTIONS

**What if a client's family member, friend or member of the general public would like to apply to register to vote at our office?**

By all means, please provide a Voter Registration Mail Application form (VRMA) to them. However, you should **not** give them the "pre-coded" form or complete a Preference Form or include such a request in your monthly report. Please print a VRMA at [www.VotesPA.com](http://www.VotesPA.com).

**What if someone asks about who is running for office, which political party they should register with, or the difference between the political parties?**

By law, you are required to remain non-partisan and **not** make any recommendations, and should inform the person of this legal restriction. You may, if you wish, suggest that he/she contact the local political parties' headquarters to obtain more information.

**Why should I not put my name or any agency/office information anywhere on the VRMA?**

The NVRA and the Pennsylvania state law specifically require that you maintain your clients' confidentiality.

**What if the client refuses to complete or sign the Preference Form or participate in the voter registration opportunity?**

Make a clear notation on the client's Preference Form and provide as much information as possible in the event you are required to explain at a later date why that client did not apply to register to vote. Also, initial and date the Preference Form and file as you would all other Preference Forms (see your site coordinator for further instructions).

**What should I do if the client does not understand my offering this opportunity for him/her to apply to register to vote?**

Use your professional judgment or ask your site coordinator. If you truly believe the client does not understand your offer, discontinue the voter registration application procedure and follow the procedures indicated in the previous answer above.

**What if the client informs me that they have not heard anything about the status of their VRMA in over two weeks?**

Please refer them to the appropriate county voter registration office listed on the inside of the VRMA; processing of VRMAs can take two weeks or longer depending upon the time of year. You are not required to contact the county voter registration office for the client.

**Is my office required to pay for the postage on the VRMAs?**

Yes, if your office does not hand-deliver them to the appropriate county voter registration office, and if the client returns the VRMA to your office for transmittal after he/she completed it at home. To save costs, you may group the VRMAs into one package as long as you mail them within 10 days; however, if you are within 5 days of the voter registration deadline, you must transmit them within 5 days.

**What if the client cannot complete the VRMA and/or sign it without assistance?**

If requested, you must assist and complete the VRMA as per the client's instructions. In addition, enter only your agency code in the box "Name of person who assisted in the completion of this application" (Box # 10) and indicate on the client's Preference Form that you assisted in the completion of this VRMA and why assistance was given.

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## CONTACT US

The names of all county election directors, addresses, phone and fax numbers for all 67 county boards of elections may be obtained through our educational Web site, [www.VotesPA.com](http://www.VotesPA.com).

If you have a question or concern, contact your agency coordinator or contact the Department of State at:

Pennsylvania Department of State  
Bureau of Commissions, Elections & Legislation  
Division of Voter Registration  
Room 210 North Office Building  
Harrisburg, PA 17120

Phone: 717-787-5280 or 1-877-VOTESPA

Fax: 717-705-0721

E-Mail: [ST-VOTERREG@state.pa.us](mailto:ST-VOTERREG@state.pa.us)

## The National Voter Registration Act (NVRA) of 1993

42 U.S.C § 1973 gg-1 *et seq.*

### Section 7. Voter Registration Agencies

- (a) Designation—(1) Each state shall designate agencies for the registration of voters in elections for Federal offices. (2) Each state shall designate as voter registration agencies—(A) all offices of the state that provide public assistance; and (B) all offices in the State that provide State-funded programs primarily engaged in providing services to persons with disabilities.
- (4)(A) At each voter registration agency, the following services shall be made available: (i) Distribution of mail voter registration application forms in accordance with paragraph (6). (ii) Assistance to applications in completing the voter registration application forms, unless the applicant refuses such assistance. (iii) Acceptance of completed voter registration application forms for transmittal to the appropriate State election official.
- (5) A person who provides service described in paragraph (4) shall not: (A) seek to influence an applicant's political preference or party registration; (B) display any such political preferences or party allegiance; make any statement to an applicant take any action the purpose or effect of which is to lead the applicant to believe that a decision to register or not to register has any bearing on the availability of services or benefits.
- (6) A voter registration agency that is an office that provides service or assistance in addition to conducting voter registration shall—(A) distribute with each application for such service or assistance, and with each recertification, renewals, or change of address form relating to such service or assistance—(i) the mail voter registration application form described in section 9(a)(2), including a statement that: (I) specifies each eligibility requirement (including citizenship); (II) contains an attestation that the applicant meets each such requirement and (III) requires the signature of the applicant, under penalty of perjury; or (ii) the office's own form if it is equivalent to the form described in section 9(a)(2)m unless the applicant, in writing, declines to register to vote; (B) provides a form that includes- (i) the question "If you are not registered to vote where you live now, would you like to apply to register to vote here today?";

### Section 8. Requirements With Respect To Administration of Voter Registration.

- (6) Ensure that the identity of the voter registration agency through which any particular voter is registered is not disclosed to the public.

### Section 11. Civil Enforcement and Private Right of Action

- (a) ATTORNEY GENERAL- The Attorney General may bring civil action in an appropriate district court for such declaratory or injunctive relief as is necessary to carry out this Act. (b) PRIVATE RIGHT OF ACTION- (1) A person who is aggrieved by a violation of this Act may provide written notice of the violation to the chief election official of the State involved.

**Pennsylvania State Law**  
25 Pa.C.S § 1325 Government Agencies

- (a) **General rule-** The secretary shall administer a system where-by all offices in this Commonwealth that provide public assistance, each county clerk of orphan's court, including each marriage license bureau, all offices in this Commonwealth that provide State-funded programs primarily engaged in providing services to persons with disabilities and all armed forces recruitment centers do all of the following:
- (1) Distribute voter registration application with each application; reapplication; and application for recertification, renewal or change of address.
  - (2) Assist applicants with completion of the registration application unless assistance is refused.
  - (3) Accept completed registration applications
  - (4) Transmit completed applications to the appropriate commission.
- (b) **Forms-** An agency designated in subsection (a) shall provide a form for office visit or, if the agency provides services to persons with disabilities, for home visits which contains all of the following:
- (1) The question "If you are not registered to vote where you live now, would you like to apply to register to vote today?"
  - (2) If the agency provides public assistance, the statement "Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency."
  - (3) Boxes for the applicant to check to indicate whether the applicant would like to register or decline to register to vote. In prominent type: "IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME."
  - (4) The statement "In order to be qualified to register to vote, you must be at least 18 years of age on the day of the next election, you must have been a citizen of the United States for at least one month prior to the next election and have resided in Pennsylvania and the election district where you plan to vote for at least 30 days prior to the next election."
  - (5) The statement "If you would like to help in filling out the voter registration application form, we will help you. The decision whether to seek help is yours. You may fill out the form in private."
  - (6) The statement "If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of the Commonwealth, Pennsylvania Department of State, Harrisburg, PA 17120." The secretary shall establish and publish a toll-free telephone number for the purpose of receiving complaints.
- (c) **Effect-** failure to check either box under subsection (b)(3) shall be considered a declination to register to vote.
- (d) **Staff-** Agency employees assisting in the completing of voter registration applications shall conduct themselves in a manner consistent with the following principles:

- (1) They shall not seek to influence an applicant's political preference or party registration or display political preference or party allegiance.
- (2) They shall not make any statement to an applicant or take any action the purpose of or effect of which is to discourage the application from registering to vote.
- (3) They shall not make any statement to an applicant or take any action the purpose of or effect of which is to lead the applicant to believe that a decision to register or not to register has any bearing on the availability of services or benefits.

Agency employees who violate this subsection shall be removed from employment, provided that the agency at its discretion may impose a penalty of suspension, without pay for at least 30 days, but not more than 120 days, if it finds the violation does not warrant termination.

- (e) **Encouraging registration-** An agency designated in subsection (a) shall provide reasonable space for nonpartisan signs or posters encouraging voter registration. The signs and posters shall be provided by the secretary.
- (f) **Transmission-** An agency designated to subsection (a) shall forward all completed applications to the appropriate commission within ten days after the date of receipt. If a voter registration application is received within five days before the last day to register before an election, the application shall be transmitted to the appropriate commission not later than five days after the date of its receipt by the agency.
- (g) **Confidentiality-** The identity of the voter registration agency through which any particular voter is registered in accordance with this section shall not be disclosed to the public.
- (h) **Use of information-** No information relating to a declination to register to vote in the connection with an application made at an office described in this section may be used for any purpose other than voter registration.
- (i) **Assistance-** Each agency shall provide to each applicant who chooses to register to vote the same degree of assistance with regard to the completion of the registration application form as is provided by the office with regard to the completion of its own forms unless the applicant refuses such assistance.
- (j) **Regulations-** The secretary shall promulgate regulations regarding the maintenance and destruction of forms used pursuant to this section.

## **Fixed Asset Program**

**DHS Facilities Manager  
One Smithfield Street, Lower Level  
Pittsburgh, PA 15222**

**Phone: 412-350-7225**

**Fax: 412-350-5821**

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The following procedures are to be followed to receive approval to purchase new equipment, transfer equipment and/or dispose of old equipment.

### **New Purchase...**

- Send your request to the attention of;  
DHS Facilities Manager  
One Smithfield Street, Lower Level  
Pittsburgh, PA 15222
- **Please read your Program/Funding Specific contract manual for information on value limits**
- Clearly identify what program funds will be used; (Example: AAA, OBH/MR, D&A or OCS)
- Request will be sent by DHS Facilities Bureau staff to the program office for approval/disapproval;
- Once hearing from the program office, the DHS Facilities Manager or their designee will send you a confirmation letter to go and purchase the equipment;
- After the purchase(s) are made, please contact the DHS Senior Facilities Specialist at 412-350-4614;
- Assets sheets and DHS tags (for equipment) will be sent to you for completion;
- Please return completed asset sheets (mail or fax) to the DHS Senior Facilities Specialist

### **New Purchase if already included in your initial contract budget....**

- After the purchase(s) are made, please contact the DHS Senior Facilities Specialist at 412-350-4614;
- Assets sheets and DHS tags (for equipment) will be sent to you for completion;
- Please return completed asset sheets (mail or fax) to the DHS Senior Facilities Specialist at the above address or by fax to 412-350-5821

### Transfers...

- Complete an Asset Sheet form for each piece of equipment;
- Send to:

Senior Facilities Specialist  
One Smithfield Street, Lower Level  
Pittsburgh, PA 15222  
(412) 350-4614 Phone (412) 350-5821 Fax

### Disposals...

- Complete an Asset sheet form for each piece of equipment;
- Send those form(s) with a cover letter asking permission to “dispose” to:

DHS Facilities Management  
ATTENTION: Facilities Manager or Senior Fixed Asset Specialist  
One Smithfield Street, Lower Level  
Pittsburgh PA 15222  
Fax 412-350-5821

- We will send your request to the Program Office (**please specify which fund type --- OBH, D&A, OMR, OCS, etc.**) for approval;
- Once we get approval/disapproval from the Program Office, we will send you a confirmation letter
- All county/DHS tag needs to be removed **PRIOR** to disposing of the equipment.

If you need assistance with the sheets and/or tagging of the new equipment, please feel free to contact the DHS Senior Facilities Specialist at the above address or by fax to 412-350-5821 or by phone at 412-350-4614.

## ASSET RECONCILIATION FORM

**Directions:** One form should be completed for each item added to or deleted from your department's asset list. The form should also be prepared when changing or correcting information already on the asset list, or when transferring assets between departments. Completed forms should be submitted to: **DHS Facilities Management, Lower Lever – One Smithfield Street Pittsburgh, Pa 15222**. If you need help preparing this form call **412-350-4614**. *It is the responsibility of each County Department or Row Office to ensure the accuracy of their asset list, so it is in your best interest to complete this form and submit it to the Fixed Asset Staff.*

### GENERAL INFORMATION

Funding Please **CIRCLE ONE** AAA CYF DHS OBH MH OBH D&A OID OCS Code: \_\_\_\_\_

Address - Floor - Building Name: \_\_\_\_\_

Assigned to: \_\_\_\_\_ Room or Cube No: \_\_\_\_\_

Service Provider Name: \_\_\_\_\_

FORM COMPLETED BY: \_\_\_\_\_ Date \_\_\_\_\_

### TYPE OF TRANSACTION

(Check One)

New asset to be added \_\_\_\_\_ Transfer to another Department or Row Office \_\_\_\_\_

Deletion of Item \_\_\_\_\_ Change of Information \_\_\_\_\_

Description of Item: \_\_\_\_\_

County Bar Code Tag # \_\_\_\_\_ DHS Tag: \_\_\_\_\_

JTPA \_\_\_\_\_ WIA \_\_\_\_\_ AAA \_\_\_\_\_ ACDM \_\_\_\_\_

ACDFP \_\_\_\_\_ DCED \_\_\_\_\_

### MANUFACTURERS INFORMATION AND COSTS

(COMPLETE FOR ADDITIONS OR CHANGE OF INFORMATION ONLY)

Serial #: \_\_\_\_\_ Model #: \_\_\_\_\_ P.O. #: \_\_\_\_\_

Model Year: \_\_\_\_\_ Condition: \_\_\_\_\_ Cost: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Additional Information: \_\_\_\_\_

### COMPLETE THE FOLLOWING IF TRANSFERRING

Transferred To: \_\_\_\_\_

Address - Floor - Building Name: \_\_\_\_\_

Assigned to: \_\_\_\_\_ Room or Cube No: \_\_\_\_\_

Department Please **CIRCLE ONE** (AAA - CYF - DHS – OBH-OMR/DD - OCS)

### COMPLETE THE FOLLOWING IF DELETING

Reason For Deletion: (Check One)  LOST  STOLEN  TRADED IN  DISPOSAL  OTHER

**Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_