

Crawford County Mental Health Awareness Program, Inc.

(CHAPS)

944 Liberty Street ~ Meadville, PA 16335 ~ (814) 333-2924 ~ Fax: (814) 337-0008

Welcome Brochure

Welcome to CHAPS! We are non-profit, consumer-driven organization that was founded in 1988. From day one, CHAPS has been committed to the mission of supporting consumers of mental health services, advocating for the improvement of area mental health services, and encouraging and enhancing the formation of a consumer self help and network in Crawford County. It is also committed to engaging in activities that better the lives of persons with mental illness. CHAPS has a unique blend of mental health consumers and professionals working together for the betterment of those they serve. Furthermore, CHAPS is dedicated to the Office of Mental Health and Substance Abuse Services' (OMHSAS) vision that every person with serious mental illness and/or addictive disease will have the opportunity for growth, recovery, and inclusion in their community, have access to services and supports of their choice, and enjoy a quality of life that includes family and friends.

Office Hours:

Monday – Friday 8:00 am – 4:30 pm
Saturdays & Sundays Closed
Holidays Closed

Drop In Center Hours:

Monday – Friday 8:00 am – 8:00 pm
Saturday & Sundays 8:00 am – 6:00 pm
Holidays 8:00 am – 4:00 pm

Journey Center Hours:

Monday – Friday 8:00 am – 5:00 pm
Saturdays & Sundays Closed
Holidays- To Be Announced

CHAPS provides the following programs:

CHIPP Diversionary Program
Community Education and Outreach
Crawford County Warmline
Community Support Services
Drop In Center
Housing Solutions Program

In-Home and Community Supports
Journey Center Clubhouse
Pathfinders Site-Based Psych. Rehab.
Mobile Psychiatric Rehabilitation
Peer Support (Youth, Adult, and Family)
Representative Payee

CHAPS uses the following beliefs to guide them in providing services:

- ❖ Recovery is possible.
- ❖ Recovery is the ultimate goal of services.
- ❖ Each person has a right to direct their own life.
- ❖ Each person has the capacity to learn and grow.
- ❖ All people are to be treated with dignity and respect, in all areas of their lives.
- ❖ Being active in one's community is important.
- ❖ Cultural and ethnic diversity is viewed as strength.
- ❖ It is very important that persons receiving services have the opportunity to give input about the quality of services.

While receiving CHAPS services you have the right to:

- ❖ Have your privacy maintained at all times.
- ❖ Be treated with respect and dignity at all times.
- ❖ Receive quality services in a timely manner.
- ❖ Talk about best treatment options.
- ❖ Offer suggestions about CHAPS services.
- ❖ Choose what services you would like to receive and assist in the creation of your Service Plan.
- ❖ Resolve conflicts that may arise while in services.
- ❖ Disagree with and appeal decisions made by CHAPS about you care.
- ❖ Invite your family and/or friends to be involved with your services.

While receiving CHAPS services you have the responsibility to:

- ❖ Be actively involved with your services.
- ❖ Provide information needed to plan your service and assist in the completion of your program forms.
- ❖ Follow your Service Plan.
- ❖ Be as independent as possible.
- ❖ Notify CHAPS with changes in address and phone number.
- ❖ Treat CHAPS consumers and staff with respect and dignity at all times.

CHAPS believes in the following Psychiatric Rehabilitation Services (PRS)/Peer Support statement of rights:

- ❖ An individual has the right to be treated with dignity and respect and to be free from physical and mental harm.
- ❖ An individual has the right to receive PRS in a culturally respectful and nondiscriminatory environment
- ❖ An individual has the right to receive PRS in the least restrictive setting that fosters recovery and promotes growth.
- ❖ An individual has the right to access competent, timely and quality service to assist with fulfillment of a personal goal.
- ❖ An individual has the right to express a goal which is individualized and reflects informed choice concerning selection, direction or termination of service and service plans.
- ❖ An individual has the right to choose a service based on individual need, choice and acceptance and not dependent on compliance or participation with another treatment or rehabilitation service.
- ❖ An individual has the right to keep and use personal possessions in a manner that is reasonable to the service and location. Any necessary limitations shall be clearly communicated and defined, universally applied, and documented.
- ❖ An individual has the right to offer an opinion and belief, to express a complaint related to service and to the individual recovery plan and to have that complaint heard in a fair manner.
- ❖ An individual has the right to appeal an individual service decision.
- ❖ An individual has the right to have the assistance of a personally chosen representative or advocate in expressing a complaint or grievance.
- ❖ An individual has the right to be able to contribute to, have access to, and control release of the individual record.
- ❖ An individual has the right to have information and records concerning service treated in a confidential manner, as required under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the act of August 21, 1996 (Pub. L. No. 104-191, 110 Stat. 1936).
- ❖ A PRS agency shall:
 - Assure compliance with the PRS statement of rights.
 - Develop and implement a written procedure for assuring compliance with the PRS statement of rights.
 - Post the PRS statement of rights within the PRS facility.
 - Notify an individual verbally and in writing and include a signed acknowledgment of rights in the individual record.
 - Develop the IRP in compliance of individual rights.

In addition:

CHAPS knows that your privacy is important and is committed to maintaining your privacy. Our Notice of Privacy Practices regarding the privacy of your health information is available upon request.

CHAPS cares about your opinions and concerns. Suggestions boxes and CHAPS' grievance/appeal policy are available on each floor. In addition, these forms are available request.

CHAPS wants to provide you with quality, coordinated services, so all consumers are asked to fill out a Release of Information form and Release for Billing which enables us to effectively coordinate your services.

Other Mental Health Services Available in Crawford County:

Crawford County Crisis Line- 814-724-2732
Meadville Behavioral Health- 814-373-5266
Meadville Medical Center- 814-333-5000
Consumer/Family Satisfaction Team- 814-336-2152
Crawford County Drug & Alcohol Services- 814-724-4100
Crawford County Human Services- 814-724-8380

Crawford County Warmline-814-724-5161
Parkside Psychological- 814-807-0861
Meadville Community Health- 814-373-5255
Titusville Hospital- 814-827-1851
Social Connections Drop in Center- 814-775-0770

Venango County and Mercer County Mental Health Services:

Venango County Mental Health
Human Services Complex
1 Dale Avenue
Franklin, PA 16232
Phone: (814) 432-9100

Mercer County Behavioral Health Commission
Intake Unit
8425 Sharon-Mercer Road
Mercer, PA 16137
Phone: (724) 662-2230

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(814)333-2924 ~ Fax (814)337-0008

Name: _____

Date of Birth: _____

Please write your initials beside each statement below and sign/date the form.

_____ 1. I have received the CHAPS Welcome Brochure and the Psychiatric Rehabilitation Services (PRS)/Peer Support Statement of Rights. I have been given the opportunity to view and discuss both forms.

_____ 2. I have been informed of CHAPS Notice of Privacy Practices (HIPAA) and understand that they are posted on all floors at CHAPS. In addition, I understand that I can receive a copy of CHAPS Notice of Privacy Practices upon request.

_____ 3. I have received a copy of CHAPS Grievance and Appeal Procedures and understand that they are posted on all floors at CHAPS.

_____ 4. I have been informed of and had the opportunity to view and discuss the CHAPS No Smoking Policy.

_____ 5. I have received and had the opportunity to discuss the CHAPS agency rules and guidelines.

_____ 6. I have received a list of available community resources and their contact information.

_____ 7. I have received information about Fair Housing.

_____ 8. I have been informed that I can access this information on CHAPS website at <https://chapsinc.org/who-we-are/welcome-brochure.html>.

Participant Signature/Date

Staff Signature/Date

Crawford County Mental Health Awareness Program, Inc.

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NOTICE OF PRIVACY PRACTICES

This Notice is effective September 13, 2013

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION. We will protect the privacy of the health information that we maintain that identifies you, whether it deals with the provision of health care to you or the payment for health care. It may also be information about your past, present, or future medical condition. We must provide you with this Notice about our privacy practices. It explains how, when and why we may use and dis-close your health information. With some exceptions, we will avoid using or disclosing any more of your health information than is necessary to accomplish the purpose of the use or dis-closure. We are legally required to follow the privacy practices that are described in this Notice, which is currently in effect. We will not sell or profit from the use or disclosure of your health information.

We reserve the right to change the terms of this Notice and our privacy practices at any time. Any changes will apply to any of your health information that we already have. Before we make an important change to our policies, we will promptly change this Notice and post a new Notice on each floor of CHAPS, located at 944 Liberty Street, Meadville, PA. 16335. You may also request, at any time, a copy of our Notice of Privacy Practices that is in effect at any given time from our Privacy Officer or the administrative office located on the third floor of CHAPS.

We would like to take this opportunity to answer some common questions concerning our privacy practices:

QUESTION: HOW WILL THIS ORGANIZATION USE AND DISCLOSE MY PROTECTED HEALTH INFORMATION?

Answer: We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. The following describes the different categories of our uses and disclosures, and gives you some examples of each.

A. Uses and Disclosures Relating to Treatment, Payment or Healthcare Operations. We may, by federal law, use and disclose your health information for the following reasons:

- 1. For Treatment:** With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may disclose your general health information to other health care providers who are involved in your care. For example, we may disclose your medical history to a hospital if you need medical attention while at our

facility, or to a residential care program we are referring you to. Reasons for such a disclosure may be: to get them the medical history information they need to appropriately treat your condition, to coordinate your care or to schedule necessary testing.

- 2. To Obtain Payment for Treatment:** With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may use and disclose necessary health information in order to bill and collect payment for the treatment that we have provided to you. For example, we may provide certain portions of your health information to your health insurance company, Medicare or Medicaid, in order to know whether the insurance plan will pay for a particular service.
- 3. For Out of Pocket Payment in Full:** You have a right to restrict certain disclosures of your protected health information to a health plan in the event you choose to pay out of pocket in full for the health care item or service. If you choose to pay for a particular service, out-of-pocket in full, and you request that we do not disclose your PHI to a health plan, we will accommodate your request to the extent we are required by law to make a disclosure. (45 CFR 164.520 (b) (1) (iv) (A).
- 4. For Health Care Operations:** We may, at times, need to use and disclose your health information to run our organization. For example, we may use your health information to evaluate the quality of the treatment that our staff has provided to you. We may also need to provide some of your health information to our accountants, attorneys and consultants in order to make sure that we are complying with law; if this information concerns mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and/or HIV status, we may be further limited in what we provide and may be required to first obtain from you specific authorization.

B. Certain Other Uses and Disclosures are Permitted by Federal Law.

We may use and disclose your health information without your authorization for the following reasons:

- 1. When a Disclosure is Required by Federal, State or Local Law, in Judicial or Administrative Proceedings or by Law Enforcement.** For example, we may disclose your protected health information if we are ordered by a court, or if a law requires that we report that sort of information to a government agency or law enforcement authorities, such as in the case of suspected child abuse or neglect.
- 2. For Public Health Activities.** Under the law, we need to report information about certain diseases, and about any deaths, to government agencies that collect that information. With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we are also permitted to provide some health information to the coroner or a funeral director, if necessary, after a client's death.

- 3. For Health Oversight Activities.** For example, we will need to provide your health information if requested to do so by the County and/or the State when they oversee the program in which you receive care. We will also need to provide information to government agencies that have the right to inspect our offices and/or investigate healthcare practices.
- 4. For Organ Donation.** If one of our clients wished to make an eye, organ or tissue donation after their death, we may disclose certain necessary health information to assist the appropriate organ procurement organization.
- 5. For Research Purposes.** In certain limited circumstances (for example, where approved by an appropriate Privacy Board or Institutional Review Board under federal law), we may be permitted to use or provide protected health information for a research study.
- 6. To Avoid Harm.** If one of our staff believes that it is necessary to protect you, or to protect another person or the public as a whole, we may provide protected health information to the police or others who may be able to prevent or lessen the possible harm. (If you are treating with our organization for the propensity to commit a particular type of action, we may not report your statements or provide protected health information about that particular propensity for purposes of avoiding harm.)
- 7. For Specific Government Functions.** With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may disclose the health information of military personnel or veterans where required by U.S. Military authorities. Similarly, we may also disclose a client's health information for national security purposes, such as assisting in the investigation of suspected terrorists who may be a threat to our nation.
- 8. For Workers' Compensation.** We may provide your health information as described under the workers' compensation law, if your condition was the result of a workplace injury for which you are seeking workers' compensation.
- 9. Appointment Reminders and Health-Related Benefits or Services.** Unless you tell us that you would prefer not to receive them, we may use or disclose your information to provide you with appointment reminders or to (give you information about/send to you newsletters about) alternative programs and treatments that may help you.
- 10. Fundraising/Marketing Activities.** If we conduct fundraising and we use communications like the U.S. Postal Service or electronic mail for fundraising, you have the right to opt-out of receiving such communications from us. Please contact our Privacy Officer to opt-out of fundraising communications if you choose to do so.

C. Certain Uses and Disclosures Require Your Authorization.

- 1. Disclosures to Family, Friends or Others Involved in Your Care.** We may provide a limited amount of your health information to a family member, friend or other person

known to be involved in your care or in the payment for your care, unless you tell us not to. For example, if a family member comes with you to your appointment and you allow them to come into the treatment room with you, we may disclose otherwise protected health information to them during the appointment, unless you are 14 or older and you tell us not to. (This information may not contain information about mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status, without your specific authorization).

2. **Disclosures to Notify a Family Member, Friend or Other Selected Person.** When you first started in our program, we asked that you provide us with an emergency contact person in case something should happen to you while you are at our facilities. Unless you tell us otherwise, we will disclose certain limited health information about you (your general condition, location, etc.) to your emergency contact or another available family member, should you need to be admitted to the hospital, for example. (This information may not contain information about mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status, without your specific authorization.)

D. Other Uses and Disclosures Require Your Prior Written Authorization. In situations other than those categories of uses and disclosures mentioned above, or those disclosures permitted under federal law, we will ask for your written authorization before using or disclosing any of your protected health information. In addition, we need to ask for your specific written authorization to disclose information concerning your mental health, drug and alcohol abuse and/or treatment, or to disclose your HIV status. Another example of when we would ask for your written authorization is for marketing; in certain instances, photographing and/or videotaping. If you choose to sign an authorization to disclose any of your health information, you can later revoke it to stop further uses and disclosures to the extent that we haven't already taken action relying on the authorization, so long as it is revoked in writing.

QUESTION: WHAT RIGHTS DO I HAVE CONCERNING MY PROTECTED HEALTH INFORMATION?

Answer: You have the following rights with respect to your protected health information:

- A. **The Right to Request Limits on Uses and Disclosures of Your Health Information.** You have the right to ask us to limit how we use and disclose your health information. We will certainly consider your request, but you should know that we are not required to agree to it. If we do agree to your request, we will put the limits in writing and will abide by them, except in the case of an emergency. Please note that you are not permitted to limit the uses and disclosures that we are required or allowed by law to make.
- B. **The Right to Choose How We Send Health Information to You or How We Contact You.** You have the right to ask that we contact you at an alternate address or telephone number (for example, sending information to your work address instead of your home address), or by alternate means (for example, by [e-mail/mail] instead of telephone).

- C. The Right to See or to Receive a Copy of Your Protected Health Information.** In most cases, you have the right to look at or get a copy of your health information that we have, but you must make the request in writing. A request form is available from your program staff or from our Privacy Officer. We will respond to you within 30 days after receiving your written request. If we do not have the health information that you are requesting, but we know who does, we will tell you how to get it. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial. In certain circumstances, you may have a right to appeal the decision. If you request a copy of any portion of your protected health information, we will charge you for the copy on a per page basis, only as allowed under Pennsylvania state law. We need to require that payment be made in full before we will provide the copy to you. If you agree in advance, we may be able to provide you with a summary or an explanation of your records instead. There will be a charge for the preparation of the summary or explanation.
- D. The Right to Receive a List of Certain Disclosures of Your Health Information That We Have Made.** You have the right to get a list of certain types of disclosures that we have made of your health information. This list would not include uses or disclosures for treatment, payment or healthcare operations, disclosures to you or with your written authorization, or disclosures to your family for notification purposes or due to their involvement in your care. This list also would not include any disclosures made for national security purposes, disclosures to corrections or law enforcement authorities if you were in custody at the time, or disclosures made prior to April 14, 2003. You may not request an accounting for more than a six (6) year period. To make such a request, we require that you do so in writing; a request form is available upon asking from your program staff or our Privacy Officer. We will respond to you within 60 days of receiving your request. The list that you may receive will include the date of the disclosure, the person or organization that received the information (with their address, if available), a brief description of the information disclosed, and a brief reason for the disclosure. We will provide such a list to you at no charge. If you make more than one request in the same calendar year, you will be charged a fee for each additional request that year.
- E. The Right to Ask to Correct or Update Your Health Information.** If you believe that there is a mistake in your health information or that a piece of important information is missing, you have a right to ask that we make an appropriate amendment to your information. You must make the request in writing, with the reason for your request, on a request form that is available at the reception desk or from your program staff or our Privacy Officer. We will respond within 60 days of receiving your request. If we approve your request, we will make the amendment to your health information, tell you when we have done so, and will tell others that need to know about the amendment. We may deny your request if the protected health information: (1) is correct and complete; (2) was not created by us; (3) is not allowed to be disclosed to you; or (4) is not part of our records. Our written denial will state the reasons that your request was denied and explain your right to file a written statement of disagreement with the denial. If you do not wish to submit a statement of

disagreement, you may ask that we include a copy of your request form, and our denial form, with all future disclosures of that health information.

F. The Right to Get A Paper Copy of This Notice. If you have agreed to receive this Notice via e-mail, you will always have the right to request a paper copy of this Notice.

G. The Right to be Notified of a Breach of Your Protected Health Information. In the event of a breach of your protected health information, you will be notified pursuant to Section 13402 of the HITECH Act.

QUESTION: HOW DO I FILE A COMPLAINT OR ASK QUESTIONS ABOUT THIS ORGANIZATION'S PRIVACY PRACTICES?

Answer: If you believe your privacy rights have been violated, or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint with us or with the Secretary of the U.S. Department of Health and Human Services for Civil Rights.

To file a written complaint with us, please send it to:

CHAPS
Attn: Privacy Officer
944 Liberty St.
Meadville, PA. 16335

To file a written complaint with the Secretary of the U.S. Department of Health and Human Services for Civil Rights, please use the following contact information:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

Email: OCRComplaint@hhs.gov

There is no penalty for filing a complaint. We may not take any retaliatory action against you or change our treatment of you in any way if you lodge any type of complaint.

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CHAPS Grievance Procedure Concerns and Appeal

Any recipient of CHAPS' Services may formally register any dissatisfaction with services received or appeal any decision made by CHAPS about their care. To assist CHAPS in the resolution process, we ask that individuals use the following steps and complete a summary form when needed. It is CHAPS policy to respond rapidly to consumer concerns/appeals and perform a thorough investigation so that grievances are resolved within 21 days. CHAPS goal is to conduct an investigation into the grievance within three to five working days. A conference will be scheduled to discuss the concern with the person filing the complaint. A written response summary can be provided upon request.

STEPS

STEP 1: First attempt to resolve concern with staff member or individual involved.

STEP 2: If not resolved, discuss your concern with worker's supervisor or complete a grievance form. Please mail your form or turn it into Amanda Burke at CHAPS (third floor).

STEP 3: Within three working days, you should be contacted to schedule an appointment to discuss your concern.

STEP 4: The meeting will occur to discuss your concern. You may request a written summary of the meeting.

STEP 5: If you are not satisfied with resolution, you may schedule a meeting with CHAPS' Executive Director Lynn McUmber via phone at 814-373-5060 or email lmcumber@chapsinc.org.

STEP 6: If you wish to pursue your concerns further, you may contact either Stephanie Ace (MH Program Specialist) or Sue Watkins (Human Services Director) at: Crawford County Human Services, 18282 Technology Dr. Suite 101, Meadville, PA 16335 (814) 724-8380

Step 7: If you wish to contact Beacon Health Options about a complaint you may call Beacon toll-free at 1-888-204-5581, the Office of Mental Health and Substance Abuse at (412) 565-5226, or contact Housing and Urban Development (HUD) at Philadelphia Regional Office of FHEO (Fair Housing and Equal Opportunity)

U.S. Department of Housing and Urban Development, The Wanamaker Building

100 Penn Square East, 12th Floor

Philadelphia, Pennsylvania 19107-3380

(215) 861-7646

(888) 799-2085

TTY (215) 656-3450

Civil Rights Complaints: ComplaintsOffice03@hud.gov

In addition: Individuals may have an advocate accompany them at any level of this process. All Grievance Concern and Appeal forms can be found in the Drop in Center (Bulletin Board), CHAPS' Liberty St. building second and third floor hallway information area, CHAPS' Chestnut Street building entrance area and CHAPS' Titusville office at the YWCA Main St. building information area or by asking any CHAPS staff.

Revised 5/23/22

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CHAPS NO SMOKING POLICY

Policy: CHAPS is committed to protecting the health, safety, and comfort of consumers, visitors and staff. No use of tobacco products, including cigarettes, smokeless tobacco, and electronic cigarettes, is permitted within the agency or on the property of CHAPS at any time. “Property” means the organization’s facilities “curb to curb”, including offices, grounds, adjacent sidewalks, parking lots, and company owned vehicles.

Procedure:

- Staff, visitors and consumers will be informed of the CHAPS no smoking policy through signage posted throughout the property. CHAPS welcome brochure also contains this policy and is provided to all new consumers at intake.
- CHAPS will offer periodic smoking cessation classes for consumers and staff interested in quitting smoking.
- Any consumer, staff or visitor observed using tobacco or electronic cigarettes on CHAPS property will be asked to discontinue or move away from the property.
- We ask that all staff and members do not leave cigarette butts on neighboring properties, please pick them up and dispose of them.
- Staff are strictly prohibited from smoking in the presence of consumers at any time.

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It is the goal of CHAPS to offer a safe and comfortable environment for everyone who participates. Therefore, all staff and participants will be expected to abide by the following rules and guidelines:

1. Everyone will be treated with dignity and respect while at CHAPS.
2. No drugs or alcohol are permitted on any of CHAPS properties, and no one is permitted to be under the influence of drugs or alcohol while at CHAPS.
3. No weapons of any kind are permitted on CHAPS properties.
4. No profanity.
5. No threatening or harassing behavior.
6. Children must be supervised at all times by their parent or guardian.
7. Smoking is not permitted on CHAPS property.
8. There is no borrowing of money or cigarettes.
9. Everyone should respect each other's personal space.
10. No solicitation of any type.

Consequences for violating any of the above rules may result in the following actions depending on the situation. Each incident will be evaluated on an individual basis.

1. You will be asked to leave CHAPS for the rest of the day.
2. You will be asked to leave CHAPS for a determined period of time and will need to meet with a supervisor to return.
3. You will be asked to leave CHAPS and not return indefinitely.
4. The police will be called if the situation warrants.

You will be asked to sign a statement agreeing that you have received a copy of these rules and understand them. If you are unclear on any of the above rules, please ask a staff member for further clarification.

Crawford County Community Resources

Active Aging (814) 337-1792
(Older) Adult Protective Services
1-800-490-8505
Adult Probation (814) 333-7350
ARC (814) 724-7346
Base Service Unit (814) 724-8380
CATA (814) 336-5600
Career Link (814) 337-5574
Center for Family Services (814) 337-8450
Childline (814) 724-8380 (M-F, 8:30am-4:30pm);
After 4:30 pm call County Control at
(814) 724-2548 or 1-800-932-0313
Community Support Program (contact Laurie
Combs) (814) 333-2924
Crawford County Drug & Alcohol 724-4100
Crawford County Human Services 724-8380
DPW (814) 333-3400
Early Head Start Program-Debbie Thorp
(814) 332-0242
Fairview/Fairmont Apartments 336-3516
Food Pantry (814) 337-8454
Forest Green Apartments (814) 616-8236
HANDS Apartments (814) 453-3333 x 129
Family Planning (814) 333-7088
Free Clinic (814) 333-3932
Hours: MThF 9-12, TW 1-4
Journey Center/Clubhouse 724-1391
Liberty House (814) 337-4380
Meadville Behavioral Health (814) 373-5266
Meadville Community Health (814) 373-5255
Meadville Housing Authority (814) 336-3177
Meadville Medical Center (814) 333-5000
Meadville Public Library (814) 336-1773
Medical Transportation (814) 333-7090
Mind Body & Wellness Center (814) 333-5060
Mobile Crisis Line (814) 724-2732
NAMI (412) 366-3788
Northwest Legal Services (814) 724-1040
OVR 1 (800) 541-0721
Poison Control 1-800-222-1222
Purple Fox (814) 807-1993
Salvation Army (814) 724-3738
Social Security (814) 333-9040 or 800-772-1213
Soup Kitchen (South Main St.) (814) 724-6193 or
(814) 337-1233
St. James Haven Men's Shelter 337-6082
St. James House (Titusville Women's Shelter)
(814) 827-9777
Stepping Stones (814) 333-5810
Titusville Social Connections (814) 775-0770
United Way (814) 337-1251
Veteran's Services (814) 333-7314
Warmline (814) 724-5161
Women's Services Office (814) 724-4637
Women's Services 24-hour Hotline
(814) 333-9766
Women's Services Toll Free Hotline
(888) 881-0189
Women's Services Textline 839863
YMCA (814) 336-2196
Youth Advocate Programs (814) 337-8323

KNOW THE SIGNS

OF HOUSING DISCRIMINATION

TAKE OUR FREE ASSESSMENT: 

[FHLAW.ORG/ASSESSMENT](https://fhlaw.org/assessment)

IF YOU
THINK
YOU
HAVE



LOST A HOUSING
OPPORTUNITY
BEEN TREATED
DIFFERENTLY
BEEN EVICTED

BASED
ON



RACE
COLOR
RELIGION
NATIONAL
ORIGIN
SEX
DISABILITY
FAMILIAL
STATUS

OR YOU WERE

DENIED A REASONABLE ACCOMMODATION
DENIED A REASONABLE MODIFICATION
SEXUALLY HARASSED BY A HOUSING PROVIDER