

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

JASMINE WEEKS, VANESSA WILLIAMS, :
ARNELL HOWARD, PATRICIA SHALLICK, :
individually and on behalf of :
all others similarly situated :
Petitioners, :
: No. _____
v. : CLASS ACTION
: Original Jurisdiction
DEPARTMENT of HUMAN SERVICES of the :
COMMONWEALTH OF PENNSYLVANIA, :
Respondent. :

NOTICE TO PLEAD

To Department of Human Services: You are hereby notified to file a written response to the Petitioners' enclosed Class Action Application for Special Relief in the Nature of a Preliminary Injunction, Consolidated Brief in Support, and Application for Expedited Hearing Schedule and Request to Truncate Response Time within twenty (20) days from service hereof, or such other time as the Court prescribes, or judgment may be entered against you.

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July 22, 2019

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DEPARTMENT of HUMAN SERVICES of the	:	
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**PETITIONERS' APPLICATION FOR SPECIAL RELIEF IN THE
NATURE OF A PRELIMINARY INJUNCTION AND CONSOLIDATED
BRIEF IN SUPPORT; APPLICATION FOR EXPEDITED HEARING
SCHEDULE AND REQUEST TO TRUNCATE RESPONSE TIME**

The petitioners, Jasmine Weeks, Vanessa Williams, Arnell Howard, and Patricia Shallick, on behalf of themselves and of the petitioner class, by counsel, hereby move pursuant to Rule 1532(a) of the Pennsylvania Rules of Appellate Procedure for special relief in the form of a preliminary injunction enjoining Respondent, the Department of Human Services, from enforcing sections 1, 2 & 3 of Act 12, signed into law on June 28, 2019, until resolution of this litigation. In support of their application, Petitioners hereby incorporate the Petition for Review filed in this action on July 22, 2019, along with the exhibits filed in support of the Petition for Review. Petitioners further state the following:

Background

1. Act 12 violates the Pennsylvania Constitution, because it was enacted in violation of Article III, sections 1 and 3.

2. Act 12 eliminates the General Assistance cash assistance program effective August 1, 2019.¹ Currently 11,844 people in Pennsylvania, all members of the petitioner class, receive General Assistance. The program provides maximum income support of approximately \$200 per month (received in two monthly installments of approximately \$100).² People who receive General Assistance are people with disabilities who are unable to work, people fleeing domestic violence, people completing treatment for substance use disorder, and children in the care of non-relatives. General Assistance recipients generally have no other source of income and must have less than \$250 in resources.³ When Act 12 takes effect, General Assistance recipients will lose their only income.

¹ Sections 1, 2 and 3 of Act 12 concern General Assistance and go into effect on August 1, 2019. Sections 4, 5, 6, 7 and 8 of Act 12 concern other subjects, including nursing facility day one incentives and hospital assessments, and went into effect on July 1, 2019. Petitioners do not seek a preliminary injunction of Sections 4, 5, 6, 7 and 8 of Act 12.

² For the purpose of calculating cash assistance benefits, Pennsylvania counties are divided into four groups. The maximum grant amount for a one-person household for those groups is \$174, \$195, \$205, and \$215, respectively. The budget amounts and county breakdown are in 55 Pa.Code ch. 183, App. B, Table 3. (Exhibit to Petition for Review S, pages 79-80) (Exhibits to the Petition for Review will hereinafter be referred to as “Pet. Exh.” Followed by the letter and page number). Over ninety-eight percent of GA recipients are in a household of one. DHS GA Five Year Case Characteristics Report (Pet. Exh. U, page 83).

³ Most sources of income count dollar for dollar and therefore reduce the GA grant, or make the individual ineligible. 55 Pa.Code ch. 183. There is a \$250 limit on resources for one person. 62 P.S. § 432.5(c).

3. The petitioner class and the named Petitioners in this action will be immediately and irreparably harmed when General Assistance terminates. Petitioners use General Assistance to contribute toward shared housing and utilities, to pay Medicaid prescription co-pays, to travel to and from doctor appointments, to buy clothing and do laundry, and to buy essential items like toilet paper, toothpaste, deodorant, and feminine hygiene products. Petitioners also use General Assistance as temporary support when fleeing domestic violence and when completing treatment for substance use disorder. *See* Declarations from Jasmine Weeks, Vanessa Williams, Arnell Howard, and Patricia Shallick (Exhibits to Petition for Review A, B, C & E, pages 1-10) .

4. The termination of General Assistance will cause some members of the petitioner class to experience housing instability, homelessness, or utility shut-offs; people's health will suffer as they skip doctor appointments and forego needed prescriptions; it will cause some to abandon substance use disorder treatment and place them at risk of active addiction; it will cause those who rely on SNAP (food stamps) to go hungry toward the end of the month when those benefits run out; it will cause some to risk their health and well-being to meet their basic needs, such as returning to an abusive partner or sex work. Individuals with disabilities who are waiting for approval of SSI or Social Security Disability benefits will lose their only income. Reunification of parents with children in child

welfare placement may be delayed as parents lose the support of GA to take steps toward reunification. Also, children in the care of friends and neighbors, supported by General Assistance, may have to enter the child welfare system. Some youth aging out of foster care will lose their only source of support. The overall increase in need for resources and crisis intervention will place added strain on municipalities and social service agencies. *See* Declarations from GA recipients, Social Service Providers, Officials, and Experts (Exh. 1-20, pages 1-55).

5. The Pennsylvania Constitution has safeguards against legislative tactics such as logrolling, which was used here to enact the elimination of General Assistance by adding other popular and revenue-generating provisions to the bill. Article III, Section 1 prohibits the legislature from altering or amending the original purpose of a bill. Article III, Section 3 prohibits the legislature from enacting a bill that contains more than one subject. The bill that later became Act 12, House Bill 33, was introduced with one subject and one purpose: the highly controversial elimination of General Assistance cash assistance. On the eve of third consideration in the House, lawmakers amended the bill to reauthorize and increase nursing facility day one incentive payments, to reauthorize the Philadelphia hospital assessments for five years, and to change certain definitions for the statewide hospital quality care assessments. These amendments were necessary to the budget, and such provisions generally pass with overwhelming

support or even unanimously. The amendments affected lawmakers' votes and prevented the Governor from vetoing the elimination of General Assistance. The amendments made the bill unconstitutional, because they do not share a unifying scheme with the bill's original subject or purpose and render the bill unconstitutional.

A PRELIMINARY INJUNCTION SHOULD ISSUE

6. Petitioners seek a preliminary injunction restraining Respondent from implementing or enforcing Sections 1, 2, and 3 of Act 12 (the elimination of General Assistance) pending final determination of this case.

7. Pursuant to Pa.R.A.P. 1532(a), this Court may order special relief, including a preliminary or special injunction "in the interest of justice and consistent with the usages and principles of law." The standard for issuing a preliminary injunction under this rule is the same as that for a grant of a preliminary injunction pursuant to the Pennsylvania Rules of Civil Procedure. *Shenango Valley Osteopathic Hosp. v. Dep't of Health*, 451 A.2d 434, 441 (Pa. 1982); *Commonwealth ex rel. Pappert v. Coy*, 860 A.2d 1201, 1204 (Pa.Cmwlt. 2004). Preliminary injunctive relief may be granted at any time following the filing of a Petition for Review. *See* Pa.R.A.P. 1532(a).

8. The factors for the Court to consider before issuing a preliminary injunction are as follows: (1) likelihood of success on the merits; (2) immediate

and irreparable harm in the absence of an injunction; (3) restoration of the status quo; (4) whether the injunction is appropriate to abate the offending activity; (5) whether greater injury will result by not granting than by granting the injunction; and (6) the preliminary injunction will not adversely affect the public interest.

Summit Towne Ctr., Inc. v. Shoe Show of Rocky Mt., Inc., 828 A.2d 995 (Pa. 2003).

9. Petitioners meet all of the prerequisites for the entering of a preliminary injunction, and entry of a preliminary injunction is in the interests of justice.

A. The petitioner class is likely to prevail on the merits.

10. The petitioner class is likely to prevail on the merits. The amendments to Act 12 during the legislative process directly implicate both the single subject and the original purpose provisions of the Pennsylvania Constitution, Article III, Sections 1 and 3. The legislative tactic used here--eliminating General Assistance in a bill amended to become an omnibus human services bill--was strongly criticized by the Pennsylvania Supreme Court in the *Washington* decision just one year ago. Because of the legislative history of Act 12 and the clear guidance from the Pennsylvania Supreme Court, Petitioners can show that “substantial legal questions must be resolved to determine the rights of the individual parties.” *Ambrogi v. Reber*, 932 A.2d 969, 980 (Pa.Super. 2007) (affirming trial court grant of preliminary injunction, and clarifying that court does

not “attempt to determine whether the party seeking the preliminary injunction is guaranteed to prevail,” but rather whether the party has shown “substantial legal questions”).

1) Article III was adopted to make the legislative process open and accountable to the people.

11. At the time of the Civil War, public perceptions of “abuses and inadequacies in the lawmaking process” in Pennsylvania were so great that “the people lost confidence in the legislature’s ability to fulfill its most paramount constitutional duty of representing their interests.” *Washington v. Dep’t Pub. Welfare*, 188 A.3d 1135, 1145 (Pa. 2018) (citing Mahlon Hellerich, *The Pennsylvania Constitution of 1873* (1956) (Ph.D. dissertation, University of Pennsylvania)).

12. ““Last-minute consideration of important measures, logrolling,⁴ mixing substantive provisions in omnibus bills, low visibility and hasty enactment of important, and sometimes corrupt, legislation, and the attachment of unrelated provisions to bills in the amendment process—to name a few of these abuses—led to the adoption of constitutional provisions restricting the legislative process.” *City of Philadelphia v. Commonwealth*, 838 A.2d 566, 588-89 (Pa. 2003) (quoting

⁴ Logrolling is “the practice of procuring diverse and unrelated matters to be passed as one ‘omnibus’ through the consolidated votes of the advocates of each separate measure, when perhaps no single measure could have been passed on its own merits.” Constitutional provisions, 1A Sutherland Statutory Construction § 17:1 (7th ed.).

Robert F. Williams, *State Constitutional Limits on Legislative Procedure*, 48 U. Pitt. L.Rev. 797, 800 (1987)).

13. In 1873 the people convened a constitutional convention to reform the legislative process. The 1873 convention adopted Article III, which constrains legislative power; it was approved by voters in 1874. “Each of Article III’s provisions was specifically designed to eliminate one of the myriad objectionable legislative practices the Commonwealth’s citizenry viewed with intense disfavor.” *Washington*, 188 A.3d at 1146.

14. Article III, Section I, the original purpose rule, provides: “No law shall be passed except by bill, and no bill shall be altered or amended, on its passage through either House, as to change its original purpose.” Pa. Const. art. III, § 1.

15. “Article III, Section I was . . . intended to abolish the practice of attaching ‘riders’ to bills at various points in the legislative process by barring the addition of proposed legislation on a subject matter unrelated to that of the bill as originally introduced.” *Washington*, 188 A.3d at 1146 (relying upon Thomas Raeburn White, *Commentaries on the Constitution of Pennsylvania* (1907)).

16. Article III, Section 3, the single subject rule, provides: “No bill shall be passed containing more than one subject, which shall be clearly expressed in its

title, except a general appropriation bill or a bill codifying or compiling the law or a part thereof.” Pa. Const. art. III, § 3.

17. “Article III, Section 3 was crafted to prevent the use of ‘omnibus bills’ which combined multiple pieces of legislation, each pertaining to a different subject, into one bill.” *Washington*, 188 A.3d at 1146 (relying upon *White*). A bill may contain more than one subject and pass constitutional muster, but only if each part is germane to every other part. Each must have a “nexus to a common purpose” or be “part of a unifying scheme to accomplish a single purpose.” *Leach v. Commonwealth*, 141 A.3d 426, 430 (Pa. 2016) (citing *City of Philadelphia*, 838 A.2d at 589).

18. “[The Pennsylvania Supreme] Court has recognized that, consistent with the intent of the electorate who ratified the 1874 Constitution, the overarching purpose of these and the other restrictions on the legislative process contained in Article III was to furnish essential constitutional safeguards to ensure our Commonwealth’s government is open, deliberative, and accountable to the people it serves.” *Washington*, 188 A.3d at 1147.

2) In the legislative process, House Bill 33 was amended to include unrelated provisions.

19. As set forth in detail in the Petition for Review ¶¶ 42-46, the bill that became Act 12, House Bill 33, was filed on January 4, 2019. It was simple. When it was filed it was three pages long, and its title was, “Reenacts the elimination of

the general assistance cash benefit program.” H.B. 33, P.N. 47 (Jan. 28, 2019) (Pet. Exh. I, pages 30-32). The bill’s text solely addressed elimination of the General Assistance cash assistance program. The bill was considered twice in the House.

20. More than five months later, on June 18, 2019, the House Appropriations committee approved amendments adding three disparate provisions to the bill regarding nursing facility day one incentive payments, the Philadelphia hospital assessments, and the statewide hospital quality care assessments. H. B. 33, P.N. 47, A02102 (June 17, 2019)-Amendments to H.B. 33 (Pet. Exh. K, pages 34-41).

21. The new provision regarding nursing facilities “[e]xtends and increases funding for the Medical Assistance Day One Incentive (MDOI) payment for qualifying, nonpublic nursing facilities from \$8 million to \$16 million. The MDOI is a targeted payment for facilities with a high occupancy rate (85 percent or higher) with a high Medical Assistance occupancy rate (65 percent or higher).” 2019/20 Budget In Depth: Budget Briefing, House Appropriations Committee, at 19 (briefing available at: http://www.pahouse.com/Files/Documents/Appropriations/series/3101/2019_20_Budget_in_Depth_070319.pdf). This provision authorized funds for MDOI incentive payments for the 2019-20 fiscal year and doubled the funding from the previous fiscal year.

22. The new provisions regarding the Philadelphia hospital assessments have the following effect: “Renews and extends the Philadelphia Hospital Assessment through June 30, 2024. A portion of this assessment is used by the department to pay for its fee-for-service program and is estimated to reduce annual state spending by \$60 million. In addition, this assessment will annually provide \$93 million to participating Philadelphia hospitals and \$12 million to the City of Philadelphia. Reauthorization includes the following policy changes: (a) Modifies the definitions of ‘high volume Medicaid hospital’ and ‘net patient revenue’; (b) Provides for different assessment percentages for acute care and high volume Medicaid hospitals; (c) Outlines additional administrative provisions for calculating hospital assessments when facilities open, close or change ownership.” 2019/20 Budget In Depth: Budget Briefing, House Appropriations Committee, at 20.

23. The Philadelphia hospital assessments generate a total of \$165 million in revenue annually. It was necessary to reauthorize the assessments, because they were scheduled to sunset on June 30, 2019.

24. The new provision regarding the statewide hospital assessments “Revises the Statewide Quality Care Assessment – also known as the Statewide Hospital Assessment – to adjust the definitions of ‘net inpatient revenue’ and ‘net outpatient revenue’. This is a technical change that clarifies how the assessment is

currently levied.” 2019/20 Budget In Depth: Budget Briefing, House Appropriations Committee, at 20.

25. With the amendments, House Bill 33 grew from its original three pages to fifteen pages. H.B. 33, P.N. 2182 (Pet. Exh. F, pages 11-26).

26. The next day, June 19, 2019, less than two weeks before the end of the fiscal year and the potential loss of millions of dollars for the Philadelphia hospital assessments, the bill was laid out for third and final consideration in the House. The debate lasted for one hour and thirty-four minutes. The majority of the debate was about General Assistance. The nursing facility day-one incentive payments, Philadelphia hospital assessments and statewide quality care assessment revisions were mentioned only three times during the debate. The substance of those provisions did not generate controversy; the only issue mentioned was whether those amendments violated the single subject rule. *See* Pet. for Rev., ¶¶ 49-54 (relying upon House of Representatives video recording of session, because legislative journal is not yet published).

27. The amended bill passed the House on third and final consideration by a vote of 106 to 95. Bill Information – History H.B. 33 (Pet. Exh. F, page 11).

28. Until the amendments with the nursing facility day one incentive payments, Philadelphia hospital assessments, and statewide hospital quality care revisions, “Governor Wolf consistently advocated for fully funding General

Assistance, including in his February proposal and various counter-proposals during the budget negotiations.” Mark Scolforo, Associated Press, “Divided Pa. House votes to end \$54M cash welfare program” (June 19, 2019).

(<https://www.pennlive.com/news/2019/06/divided-pa-house-votes-to-end-54m-cash-welfare-program.html>).

29. After the amendments to the bill, the press reported that the addition of the hospital assessments complicated Governor Wolf’s position on H.B. 33:

Wolf wants to keep the program, known as General Assistance, but he says the latest move by Republicans puts him in a tough position. In a nearly-party line vote Wednesday, the GOP-controlled House passed a bill that would eliminate the program. But the same bill includes something Wolf wants: Money for Philadelphia hospitals, among other things.

Republicans believe Wolf will either sign the bill, or let it become law, because he won’t want to kill the medical money.

“They are pursuing a pretty smart tactic,” Wolf said. “...It’s a Hobson’s choice.”

Wolf says people who benefit from cash assistance also benefit from the tens of millions of dollars that would go to hospitals. He says he’s not sure how he’ll respond.

“I’m not just saying this to put you off. We’re literally still talking about what our options are, because ... we are between a rock and a hard place here,” Wolf said.

Ed Mahon, Pa. Post, “#AskGovWolf highlights: Cash for the poor? Yes. Arming teachers? No.” (June 21, 2019) (available at:

<https://www.witf.org/news/2019/06/cash-for-the-poor-yes-arming-teachers-no-and-4-other-highlights-from-askgovwolf.php>).

30. The Senate Health and Human Services Committee discussed the bill in a meeting on June 24, 2019, less than a week before the end of the fiscal year. The discussion in the Health and Human Services committee did not mention hospital assessments or nursing home incentive payments; all of the debate concerned General Assistance. PLS Committee News summary of Senate Health and Human Services Committee meeting, June 24, 2019 (Pet. Exh. V, pages 88-90). The bill was voted favorably by the committee.

31. On June 26, 2019, House Bill 33 was laid out for third and final consideration in the Senate at 2:05pm. The Senate debate about General Assistance was contentious; the amendments relating to the assessments and nursing facility payments were not mentioned.⁵ At 3:33pm, the final vote was 26-24 in favor of H.B. 33. Bill Information – History H.B. 33 (Pet. Exh. F, page 11).

32. On June 28, 2019, Governor signed H.B. 33 into law as Act 12 of 2019. Bill Information – History H.B. 33 (Pet. Exh. F, page 11).

⁵ See, e.g., Liz.Navрати and Angela Couloumbis, Philadelphia Inquirer, “Rare fight erupts on Pa. Senate floor amid debate over program for the poor” (June 26, 2019) (available at: <https://www.inquirer.com/news/pennsylvania-senate-general-assistance-fetterman-scarnati-chaos-fight-20190626.html>).

33. The Legislature did not need to attach the assessment and nursing facility payment provisions to H.B. 33 to ensure timely enactment. An entirely separate piece of legislation, Senate Bill 695, pending concurrently, would have provided the Legislature with a constitutionally valid vehicle to enact the assessment and nursing home facility payment provisions.

34. When it was filed in May 2019, S.B. 695's title included the hospital assessments as well as nursing facility payments, although the text did not. S.B. 695, P.N. 833. (Pet. Exh. O, pages 57-59). An attempt in the House to amend S.B. 695 to include the Philadelphia hospital assessments, nursing facility day-one incentive payments, and revisions to the statewide hospital quality care assessments failed by a party-line vote. *See* Petition, ¶ 68, (S.B. 695, P.N. 833, A02322 (June 21, 2019) (Pet. Exh. P, pages 60-66)). S.B. 695 was enacted without those provisions. It is striking that the identical amendments, verbatim in text, were rejected for S.B. 695, although its original title contemplated including those provisions. The decision to add the necessary, revenue-raising provisions by amendment to H.B. 33 rather than to S.B. 695 ensured that the Legislature would pass the bill eliminating General Assistance, which had become hotly contested, and that the Governor would be compelled not to veto the bill eliminating General Assistance.

35. After signing Act 12, Governor Wolf was candid about the choice he made to sign the bill eliminating General Assistance:

Wolf told reporters he was sorry he had to do it but the bill that the General Assembly sent him contained language that provided “tens of millions of dollars for hospitals in areas that really need that money.” He added, “In a perfect world I would not have to make this Hobson’s choice.”

Jan Murphy, “Dems: Revive Cash Assistance,” *Sunday Patriot-News*, July 7, 2019 (available at: <https://www.pennlive.com/news/2019/07/pa-democratic-lawmakers-want-to-revive-cash-assistance-for-states-poorest-residents-hoping-moral-compass-emerges-in-those-who-voted-to-shut-it-down.html>).

3) Act 12 violates the single subject rule.

36. Act 12 violates Article III, Section 3 because it contains more than one subject. As originally submitted, H.B. 33 contained a single subject: elimination of General Assistance. The bill was amended on the eve of final passage to contain three additional disparate subjects unrelated to General Assistance: nursing facility day one incentive payments; Philadelphia hospital assessment reauthorization; and changes to statewide hospital quality care assessments.

37. The amendments to H.B. 33 were not germane to the original subject matter of the bill. The original subject and the subsequent amendments did not share a “unifying scheme to accomplish a single purpose.” *Commonwealth v.*

Neiman, 84 A.3d 603, 612 (Pa. 2013) (quoting *City of Philadelphia*, 838 A.3d at 589).

38. The single subject rule does not prohibit amendments to bills. Rather, the single subject rule limits amendments that do not “assist in carrying out a bill’s main objective” or are not “otherwise ‘germane’ to the bill’s subject as reflected in its title.” *City of Philadelphia*, 838 A.2d at 587.

39. Although the germaneness test is “reasonably broad,” it is not meaningless. The single subject rule targets “omnibus bills.” *Washington*, 188 A.3d at 1146. For example, courts have struck down legislation for violating the single subject rule for overly broad subjects such as “regulation of firearms”; “judicial remedies”; “powers of county commissioners”; “business of the courts”; “municipalities”; and “the economic well-being of the Commonwealth.” *See Leach v. Commonwealth*, 141 A.3d 426, 433-434 (Pa. 2016) (“regulation of firearms” overly broad); *Neiman*, 84 A.3d at 612 (“refining civil remedies” or “judicial remedies” overly broad, because “virtually boundless”); *Pa. State Ass’n of Jury Comm’rs*, 64 A.3d 611, 619 (Pa. 2013) (“powers of county commissioners” overly broad); *DeWeese v. Weaver*, 824 A.2d 364, 370 (Pa.Cmwlt. 2003) (“business of the courts” overly broad); *City of Philadelphia*, 838 A.2d at 589 (“‘Municipalities’ is the subject of an entire Title of the Pennsylvania Consolidated Statutes. By purporting to make general and diverse changes to this topic, with no

other qualifications, SB 1100 is in substance an omnibus bill, whether or not it is called that in name.”); *Ass’n of Rental Dealers v. Commonwealth*, 554 A.2d 998, 1002 (Pa.Cmwlt. 1989) (“economic well being of the Commonwealth” is overly broad).

40. Act 12 is an omnibus bill in both name and substance. When recorded in the Pennsylvania Bulletin on July 13, 2019, Act 12 was listed as “Human Services Code—omnibus amendments.” 49 Pa.B. 3595.

41. In substance, the bill makes general and diverse changes to the human services code. The four subjects addressed in Act 12 make changes to two Articles and various parts of the Human Services code: General Assistance (Article IV Sections 402, 403, and 442.1); nursing facility Medical Assistance day-one incentive payments (Article IV Section 443.1); Philadelphia hospital assessments (Article VIII Section 801-E); statewide quality care hospital assessments (Article VIII Section 802-E).

42. Because Act 12 makes omnibus changes to the Human Services code, any assertion that the “single subject” of the bill is programs overseen by the Department of Human Services is overbroad. *City of Philadelphia*, 838 A.3d at 589 (omnibus changes to the municipalities title of the Consolidated Statutes are overbroad for single-subject purposes).

43. The legal inquiry into whether amendments to a bill are “germane to and do not change the general subject of the bill” is part of the single subject analysis and the three-day consideration analysis for Article III, Section 4 as well. “[O]nly when amendments are germane to the bill’s original subject will consideration of the original bill by each House on a particular day count towards the requirements of Article III, Section 4.” *Washington*, 188 A.3d at 1151; *Pennsylvanians Against Gambling Expansion Fund, Inc. v. Commonwealth*, 877 A.2d 383, 395 (Pa. 2005) (“PAGE”) (“where the provisions added during the legislative process assist in carrying out a bill’s main objective, or are otherwise ‘germane’ to the bill’s subject as reflected in the title, the requirements of Article III, Section 3 are met.”). The inquiries overlap so much that the Pennsylvania Supreme Court has held that finding a violation of Section 1 or Section 3 is a prerequisite to finding a Section 4 violation. *PAGE*, 877 A.2d at 410 (petitioners “must necessarily establish that Article III, Section 1 or 3 had been violated” to demonstrate a violation of Section 4).

44. In *Washington*, the bill in question eliminated General Assistance and made changes to several other human services programs. The Department argued that the amendments were all germane to “the broad purpose and subject of [the] bill – the interrelated human services programs administered by DPW.” *Id.* at 1153.

45. The court rejected this broad purpose, and found that Act 80’s purpose had changed during the legislative process. The purpose of the original bill, H.B. 1261, P.N. 1385, was to set eligibility criteria for public assistance. The original provisions were removed from the bill and enacted in another piece of legislation. *Washington*, 188 A.3d at 1139-40, 1153. The final bill, made up entirely of amendments, was therefore “not germane [to the original purpose] as a matter of law.” *Id.*

46. In a footnote, the court clarified that the Section 4 germaneness analysis was not limited to the unusual legislative history of Act 80. “[W]e simply don’t regard the subjects of the multifarious provisions of Act 80 inserted by the Senate to be germane to the subject of setting eligibility criteria . . . the sole focus of H.B. 1261, P.N. 1385.” *Washington*, 188 A.3d at 153 n.36.

47. The footnote also addressed the single subject issue: “Likewise, we reject the proposed unifying subject for Act 80 offered by the Commonwealth Court, and endorsed by DPW: ‘the regulation and funding of human services programs regulated by [DPW].’ This proposed subject is entirely too expansive. . . . we deem such a capacious proposed unifying subject to be manifestly inadequate to meet the germaneness requirement.” *Washington*, 188 A.3d at 153 n.36.

48. Thus, any argument that the unrelated provisions of Act 12 share a unifying subject because they all relate to human services programs cannot

succeed; that subject is overbroad. The elimination of General Assistance, the nursing facility day one incentive payments, the Philadelphia hospital assessments, and the revisions to the statewide hospital quality care assessment do not share a unifying subject.

49. In particular, the Philadelphia hospital assessments are different in subject than other human services provisions, because they are “solely a revenue raising tax” as opposed to other provisions that regulate human services programs. *Washington*, 188 A.3d at 1153 n.36 (the nursing home assessment added “at the last minute” to Act 80 was “unlike the other provisions” because it was “solely a revenue raising tax”); *cf. Phantom Fireworks Showrooms, LLC v. Wolf*, 198 A.3d 1205 (Pa.Cmwlth. 2018) (where bill’s multiple provisions all relate to “taxation and revenue generation,” the bill satisfies the single subject rule).

50. The fact that the legislative debate in both the House and the Senate was lengthy and contentious, but focused almost exclusively on General Assistance, shows that the provisions added to the bill by amendment were so uncontroversial as to barely merit mention. The hospital assessments are uncontroversial. When the General Assembly reauthorized the assessments in 2016, the bill passed the Senate by a vote of 49-0 and the House by a vote of 195-

2. *See* Act 2016-76, H.B. 1062.⁶ As set forth in the Petition for Review, ¶¶ 49-54, during the long debate on H.B. 33, the only mention of the amendments was to raise a question of whether they raise a single subject violation.

51. Act 12 is a classic example of the logrolling tactics that the single subject rule is intended to curtail. General Assistance elimination was a contentious issue generating lengthy debate among members about whom the program serves, how much the program costs, and the role of government in meeting the needs of particularly vulnerable individuals. The hospital assessments and nursing facility payments were widely supported, essential to the budget, and otherwise set to expire. Another bill was pending, S.B. 695, with those provisions in its original title. Adding the provisions instead to Act 12 was logrolling. Because Act 12 includes disparate subjects that do not share a unifying scheme and are not germane to each other, the bill is unconstitutional under Article III, Section 3.

52. In addition, Act 12 violates Article III, Section 3 on an independent ground. Bills with multiple subjects present an additional constitutional problem related to the governor's veto power.

⁶ H.B. 1062 bill history, including votes, available at https://www.legis.state.pa.us/cfdocs/billInfo/bill_history.cfm?year=2015&sind=0&body=H&type=B&bn=1062

53. “Just as the single subject limitation seeks to ensure separate and independent legislative consideration of proposals, it is intended to guarantee the same freedom from ‘logrolling’ during executive review of legislative enactments. Thus. . . if the governor desires to veto any of the sections in the legislation, he would have been required to veto the entire act. To do so requires him to sacrifice desirable legislation in order to veto what he considers undesirable legislation.” Robert F. Williams, *The Law of American State Constitutions* 261-262 (2009).

54. “[T]he single subject rule protects the governor’s veto prerogative by ‘prevent[ing] the legislature from forcing the governor into a take-it-or-leave-it choice when a bill addresses one subject in an odious manner and another subject in a way the governor finds meritorious.’ The rule is ‘intended to prohibit [] anti-majoritarian tactic[s].’ In a word, the single subject rule protects the decision of the legislators and governor on each individual legislative proposal.” Martha Dragich, *State Constitutional Restrictions on Legislative Procedure*, 38 Harv. J. on Legis. 103, 115 (2001) (quoting *Hammerschmidt v. Boone County*, 877 S.W.2d 98, 102 (Mo. 1994) (*en banc*)).

55. Such an unconstitutional infringement on the governor’s veto power is precisely what happened here. Because H.B. 33 was amended to contain desirable and essential revenue-generating provisions for the Philadelphia hospital assessments, Governor Wolf was not able to exercise his veto power to preserve

General Assistance. As set forth above, the Governor himself spoke publicly about signing the bill as a “Hobson’s choice” due to the inclusion of funds for hospitals.

56. Because the amendments to H.B. 33 made the bill contain more than one subject, and because the multiple disparate subjects limited the governor’s ability to exercise his veto prerogative, a substantial legal question must be resolved as to whether Act 12 violates Article III, Section 3.

4) Act 12 violates the original purpose clause.

57. Article III, Section 1 bars legislation that has been amended as to change its original purpose. Courts review legislation challenged under Article III, Section 1 with a two-prong test; failure to satisfy either prong renders the legislation unconstitutional. “First, the court will consider the original purpose of the legislation and compare it to the final purpose and determine whether there has been an alteration or amendment so as to change the original purpose. Second, a court will consider, whether in its final form, the title and contents of the bill are deceptive.” *PAGE*, 877 A.2d at 408-09.

58. Here, H.B. 33 fails the first prong. The bill on final passage had a different purpose from the original bill.

59. The inquiries for single subject and original purpose overlap. As the Pennsylvania Supreme Court said in one of its earliest decisions after the adoption of Article III, “Those things which have a ‘proper relation to each other,’ which

fairly constitute parts of a scheme to accomplish a single general purpose, ‘relate to the same subject’ or ‘object.’” *Payne v. Sch. Dist. of Borough of Coudersport*, 31 A. 1072 (Pa. 1895). When reviewing whether a bill complies with the single subject rule, courts consider whether the amendments and the original contents “have a nexus to a common purpose,” “a unifying scheme to accomplish a single purpose.” *Neiman*, 84 A.3d at 612.

60. The original purpose of H.B. 33 was narrow: to eliminate the General Assistance cash assistance program. By final passage, the bill had multiple quite different purposes: to eliminate General Assistance; to raise revenue through reauthorizing Philadelphia hospital assessments; to increase state funds for nursing facility day-one incentive payments; and to revise statewide hospital quality care assessments.

61. Even under a “reasonably broad” view of the original purpose of H.B. 33, *see PAGE*, 877 A.2d at 409, the original purpose of H.B. 33 cannot encompass the multiple and wide-ranging purposes of the final, amended bill.

62. As explained above, footnote 36 in *Washington* expressly rejected the argument that “the regulation and funding of human services program” can be a unifying purpose. *Washington*, 1138 A.3d at 1153 n.36. Although that footnote is not the holding of the case, the Pennsylvania Supreme Court made clear that such an expansive unifying purpose for a bill would not pass constitutional muster.

63. Act 12 is the situation that Pennsylvania Supreme Court anticipated in footnote 36. A substantial legal question must be resolved as to whether Act 12 violates Article III, Section 1, because the amendments to H.B. 33 do not share a unifying scheme to accomplish a single purpose.

64. Given the merits of both the single subject and original purpose challenges to the constitutionality of Act 12, the petitioner class has shown that “substantial legal questions must be resolved.” *Ambrogi*, 932 A.2d at 980. There is a likelihood of Petitioners prevailing on the merits.

B. The named petitioners and members of the petitioner class will suffer immediate and irreparable harm in the absence of an injunction.

65. The elimination of General Assistance cash assistance from the named petitioners and members of the petitioner class constitutes irreparable harm. The 11,844 people in Pennsylvania who receive General Assistance are living with no other income, and have assets less than \$250. Elimination of the program will immediately and irreparably harm Ms. Weeks, Ms. Williams, Ms. Howard, Ms. Shallick and the petitioner class, municipalities, and social service agencies. Declarations of Ms. Weeks, Ms. Williams, Ms. Howard, Ms. Shallick (Exhibits to Petition for Review A, B, C, E, pages 1-10), and Declarations of GA Recipients, Social Services Providers, Officials and Experts (Exhibits 1-20, pages 1-55).

66. The wrongful denial of General Assistance benefits clearly constitutes an irreparable injury sufficient for a preliminary injunction. In issuing a

preliminary injunction to a class of General Assistance recipients, the United States District Court for the Eastern District of Pennsylvania held:

there can be no question that class members will suffer irreparable injury pending the litigation if injunctive relief is not granted. As stated in *Goldberg v. Kelly*, “a welfare recipient is destitute, without funds or assets.” 397 U.S. at 261, 90 S. Ct. at 1016, quoting from *Kelly v. Wyman*, 294 F. Supp. 893, 899 (S.D.N.Y.1968); his need for benefits has been characterized as a “brutal need.” *See also, id.* 397 U.S. at 264, 90 S. Ct. at 1018 (termination of aid pending resolution of a controversy over eligibility may deprive an eligible recipient of the very means by which to live while he waits).

Hill v. O’Bannon, 554 F. Supp. 190, 197 (E.D. Pa. 1982).

67. Members of the petitioner class face becoming homeless or housing unstable. Even though General Assistance is a very small income, many recipients use it to live with relatives and friends, because they can contribute to household expenses. Because these relatives and friends often live on a limited income also, these arrangements fall through if the General Assistance recipient can no longer contribute anything. *See* Declaration of Geremi James, Broad Street Ministry, ¶¶9, 14 (Exhibit 14, pages 33-36) (when GA ended in 2012, “Some who had been staying with friends or relatives had to leave, because they no longer could contribute to household expenses. . . . Some people ended up on the street and some people disappeared.” If GA ends on August 1, “More of our guests will become homeless”); Declaration of Marc Cherna, Director, Allegheny County Department of Human Services, ¶¶8-9 (Exhibit 9, pages 17-19) (in 2012, “For many people, losing General Assistance meant becoming housing unstable and/or

homeless, as they were no longer able to keep up with rent or utilities, or afford security deposits to move into new housing”); Declaration of Eva Gladstein, Deputy Managing Director of Health and Human Services for the City of Philadelphia, ¶9 (Exhibit 11, pages 23-27) (City program worked with 242 families who received General Assistance in 2018; half of them had been chronically homeless, and “GA was crucial to the ability of these households to achieve and maintain housing stability.”); ¶19 (“Without GA, these youth with disabilities who are aging out of the foster care system will be at great risk of homelessness.”); Declaration of Bill Golderer, President, United Way of Greater Philadelphia and Southern New Jersey, ¶7 (Exhibit 12, pages 28-29) (“Often GA enables individuals to stay with family or friends, because they can help at least a little with expenses. We know that losing GA will mean losing housing.”); Declaration of Kathy Wellbank, Interim House, ¶9 (Exhibit 20, pages 52-55) (when GA ended in 2012, the Interim House treatment program census declined, because “women were unable to sustain housing, and returned to the streets.”); Declaration of Ann Sanders, Just Harvest, ¶5 (Exhibit 18, pages 44-46) (“In the summer of 2012, GA was eliminated, and we quickly saw an increase in the need for emergency food assistance, and an increase in homelessness.”); Declaration of Sharon Gornstein, Levanthal, Sutton & Gornstein, ¶¶6, 11 (Exhibit 13, pages 30-32) (“After GA ended in 2012, “on average, my clients changed residences at least four or five

times in the course of their SSI/SSDI application process because they had no money for rent, and family members or friends could not afford to house them for extended periods. Without access to GA, my clients have all too often suffered extended periods of homelessness while searching for the next place to stay.”

After GA was reinstated in 2018, “For many of my clients, that reinstatement meant the difference between homelessness and a couch in the living room of someone willing to allow them to stay in exchange for a small payment from their GA check.”); Declaration of Carol Thomas, Project HOME, ¶9-10 (Exhibit 19, pages 47-51) (when GA was eliminated in 2012, demand for Project HOME’s services increased over 27%); Declaration of Patrick Keenan, Pennsylvania Health Access Network, ¶11 (Exhibit 15, pages 37-39) (“Having a little bit of income allows people to stay with friends or relatives, even if it is not sufficient to pay rent for an apartment. Most people do not get any sort of housing subsidy. The data I have seen from DHS are that only 7% of GA recipients live in public housing or get a housing subsidy. Many people PHAN has talked with who get GA are double or tripled with friends or relatives, who also have limited incomes, and who cannot afford to keep them if the individual loses GA and can’t contribute to household expenses.”); Declaration of Michael McLaughlin, ¶9 (Exhibit 4, pages 7-8) (“ Without General Assistance...I also will have no way to pay my friends

and family members who allow me to sleep on their couches. I am afraid I will end up living on the streets without General Assistance.”)

68. There are few options for supportive housing without income. It is difficult to obtain placement in a transitional housing program without any income for utilities and other costs. It is also difficult for someone to move from an emergency shelter into more permanent housing without any income. *See* Declaration of Carol Thomas, Project HOME, ¶¶14, 15 (Exhibit 19, pages 47-51) (a resident in Project HOME’s emergency shelter, a domestic violence survivor awaiting a decision on her SSI appeal, will not be able to move out of the emergency shelter without income); Declaration of Pam Auer, Center for Independent Living of Central PA, ¶6 (Exhibit 8, pages 15-16) (nursing home resident who is ready to transition back to the community cannot apply for an apartment without any income; “I try to mitigate barriers so that people can come out of the nursing home, but I worry about setting him up for failure; without any income he will not be able to live in the community.”).

69. Ending General Assistance will also cause members of the class to lose essential utility service in their homes. Some General Assistance recipients live in homes that they own. In that situation, people risk utility shut offs. Even though they qualify for bill assistance, low-income utility customers must still pay a minimum bill. *See* Pennsylvania Public Utility Commission Bureau of Consumer

Services, Home Energy Affordability for Low-Income Customers in Pennsylvania (Jan. 2019) at 19, found at <http://www.puc.pa.gov/pcdocs/1602386.pdf> (listing the minimum bill payments required on customer assistance programs for each of the major electric and gas utilities across the state). Without any income at all, members of the petitioner class face losing their water, electricity, and gas service. *See* Declaration of Geremi James, Broad Street Ministry, ¶¶9, 14 (Exhibit 14, pages 33-36) (when GA ended in 2012, “[People] who had a place to stay were no longer able to pay for electric or water service and they faced uninhabitable conditions.”); Declaration of Bill Golderer, United Way, ¶7 (Exhibit 12, pages 28-29) (“It will mean water, gas and electric shut-offs.”); Declaration of Arnell Howard, ¶13 (Pet. Exh. C, pages 6-7) (“Without General Assistance, I will have no way to pay my utility bills. I am afraid that I will end up living in a house without heat or running water.”); Declaration of Patricia Shallick, ¶11 (Pet. Exh. E, pages 9-10) (“Without General Assistance, I will have no way to pay my utility bills. I am afraid I will end up living in a house without heat or electricity. I already have no running water.”).

70. Members of the petitioner class will be less able to care for their health, because they will not have money to travel to and from doctor appointments, pay Medicaid co-payments for prescriptions, or care for basic hygiene with products like soap, toothpaste, toilet paper, and feminine hygiene

products. Prescription co-payments for people covered under Medicaid are minimal, usually \$1-3 per prescription, but General Assistance recipients typically have co-payments of up to \$15 per month with multiple medications. See Declaration of Carol Thomas, Project HOME, ¶6 (Exhibit 19, pages 47-51) (“When GA was eliminated before, people began to simply stop taking their medications. This increases the severity of their symptoms and can put their lives at risk.”); Declaration of Bill Golderer, United Way, ¶7 (Exhibit 12, pages 28-29) (“People will have no way to buy soap, toothpaste and laundry detergent. . . . It will make it much harder for people to get to appointments.”); Declaration of Sandra Romero, Pathways to Housing PA, ¶6 (Exhibit 17, pages 42-43) (“The stress of losing benefits, and the loss of the dignity that comes with having even a small income, can result in individuals losing sobriety, and in worsening mental and physical health problems.”); Declaration of Patricia Shallick, ¶11 (Pet. Exh. E, pages 9-10) (“Without General Assistance, I will have no way to use the laundromat to wash clothes, no way to buy the hand sanitizer and wipes I need to clean myself without water, and I will have to use more of my Food Stamps to buy bottled water to drink. I also will have no way to pay the co-pays for my medicines.”); Declaration of Arnell Howard, ¶13 (Pet. Exh. C, pages 6-7) (“Without General Assistance . . . I also will have no way to pay for transportation to my doctor appointments. I am afraid my health will very quickly deteriorate

without life-essential utility services and no way to get to my doctor's appointments."); Declaration of Sharon Gornstein, Levanthal, Sutton & Gornstein ¶10 (Exhibit 13, pages 30-32) (after the elimination of GA in 2012, "Many of my clients reported having repeatedly going without filling critical prescriptions for medications because they lacked the money to make a copayment. They also have failed to attend regular doctor appointments, due to the lack of copayment funds or money to pay for transit to doctors' offices. This not only affects their health, but can make their disability harder to establish under the federal rules, because of their lack of regular treatment."); Declaration of Patrick Keenan, Pennsylvania Health Access Network, ¶12 (Exhibit 15, pages 37-39) ("All of the social determinants of health connect to, and depend upon, having a stable source of income. If GA is eliminated, it will be harder for people to take care of themselves, to stay connected to health care providers, to properly eat and take their medications, and to maintain their dignity, self-respect and mental health.").

71. Members of the petitioner class face increased hunger, because many use General Assistance to supplement food stamps, which often run out at the end of the month. *See* Declaration of Ann Sanders, Just Harvest, ¶4 ("[P]eople usually find that SNAP runs out by the third week of the month. The maximum SNAP benefit for one person is \$192/month in Pennsylvania. . . . People who get SNAP often have to rely on food pantries, soup kitchens, and other sources of emergency

food assistance at the end of each month. Cash Assistance is really important as a supplement to SNAP for people who are facing hunger and food insecurity on an all too regular basis.”); Declaration of Bill Golderer, United Way, ¶7-8 Exhibit 12, pages 28-29) (“We know that Food Stamps are not adequate, and individuals often have to use part of their GA to pay for food when their Food Stamps run out. . . . Individuals who lose GA will turn to food pantries and soup kitchens to supplement their Food Stamps.”); Declaration of Geremi James, Broad Street Ministry, ¶11 (Exhibit 14, pages 33-36) (“We routinely see an increase in demand for meals at Broad St. Ministry in the latter part of the month, as people’s Food Stamps run out.”); Declaration of Patrick Keenan, Pennsylvania Health Access Network, ¶10 (Exhibit 15, pages 37-39) (“People often tell us how hard it is to get a healthy diet with the small amount of SNAP that they get—fresh vegetables and fruits and other healthy foods are often unaffordable. . . . If GA is eliminated, we know that hunger will be intensified.”); Declaration of Arnell Howard, ¶11 (Pet. Exh. C, pages 6-7) (“[before getting General Assistance] I had no money to supplement my Food Stamps and sometimes went hungry.”) Declaration of Vanessa Williams, ¶14 (Pet. Exh. B, pages 4-5) (“General Assistance also pays for food when my SNAP benefits run out. Because of my medical conditions I need to eat a lot of fruits and vegetables. These are a lot more expensive...”).

72. Members of the petitioner class face returning to an abusive partner just to have a roof over their head or for economic security. *See* Declaration of Jeannine Lisitski, Women Against Abuse, ¶6 (Exhibit 16, pages 40-41) (“Women Against Abuse saw the harm that the elimination of GA had in 2012. We saw survivors of domestic violence return to an abusive relationship when they lost their cash assistance or other income.”); Declaration of Geremi James, Broad Street Ministry, ¶9 (Exhibit 14, pages 33-36) (when GA closed in 2012, “[s]ome returned to abusive relationships to have a place to stay.”); Declaration of Kathy Wellbank, Interim House, ¶9 (Exhibit 20, pages 52-55) (when GA ended in 2012, “Women returned to abusive partners to have a place to stay”).

73. Members of the class face difficulties in completing treatment for substance use disorder and staying in recovery without any income to support basic needs or pay recovery house fees. Declaration of Eva Gladstein, City of Philadelphia, ¶13 (Exhibit 11, pages 23-27) “Individuals who are participating in treatment for substance use disorder often rely on General Assistance. If they lose this financial support, they are at risk of returning to the street and their addiction because they won’t have the nominal sums needed to stay in recovery houses and incidental expenses.” Philadelphia’s Department of Behavioral Health and Intellectual Disability (DBHIDS) estimates that 75% of the 150 individuals who joined the Recovery House program during fiscal year 2019 will not be able to

afford to stay in the program when General Assistance Ends. *Id.* at ¶ 14. *See also* Declaration of Mark Cherna, Allegheny County Department of Human Services, ¶¶8-9 (Exhibit 9, pages 17-19) (when GA ended in 2012, “Many receiving General Assistance while in drug and alcohol treatment faced difficulty staying in treatment once they lost that income. Delays and interruptions in treatment mean longer periods of unhealthy use, and a higher risk for relapse, overdose, and incarceration.”); Declaration of Kathy Wellbank, Interim House, ¶¶ 2, 7, 9, 14 (Exhibit 20, pages 52-55) (recovery houses charge fees; a GA recipient pays \$61.50 per month to stay in her recovery house; when GA ended in 2012, the Interim House program census declined, because “[w]omen left treatment in order to try and work before they were stable enough in their recovery, and relapsed under the stress”); Declaration of Geremi James, Broad St. Ministry, ¶9 (Exhibit 14, pages 33-36) (when GA ended in 2012, some Broad Street Ministry guests “relapsed into drug use under the stress of having no income at all.”); Declaration of Ann Sanders, Just Harvest, ¶8 (Exhibit 18, pages 44-45) (“When people have no income at all, and no way to get to and from appointments, or meet basic needs, it is very easy to slide back into unhealthy activities and relapse.”); Declaration of Patrick Keenan, Pennsylvania Health Access Network, ¶8 (Exhibit 15, pages 37-39) (“The stress of losing income and fearing homelessness can push people back into relapse, and make it harder to comply with mental health treatment and to

keep appointments for all types of medical care.”); Declaration of Pat Albright, Every Mother is a Working Mother Network, ¶5 (Exhibit 7, pages 13-14) (participant does not know how will be able to support himself in recovery without GA). Declaration of Noel Erskine, ¶¶4, 8-11 (Exhibit 3, pages 5-6) (“Living on the streets was terrifying. I was sexually assaulted repeatedly. . . . For the first time, I feel like I am finally on a path to recovery. . . . I cannot afford to live without General Assistance. . . . I am afraid that I will relapse.”).

74. Members of the class face the inability to care for unrelated children, and children who are in the safe care of friends and neighbors face placement in the child welfare system. *See* Declaration of Eva Gladstein, City of Philadelphia ¶22 (Exhibit 11, pages 23-27) (“Loss of GA could force friends or neighbors to turn to the child welfare system because of the loss of the only source of financial support for the children they are caring for. Living with friends or neighbors can lead to better outcomes than placing a child unnecessarily in foster care or congregate care.”); Declaration of Marc Cherna, Allegheny County Department of Human Services, ¶8-9 (Exhibit 9, pages 17-19) (after GA ended in 2012, “In some cases, children cared for informally by non-relatives entered the child welfare system after their caregivers’ loss of General Assistance.”).

75. Disabled youth aging out of foster care face great risk of homelessness without access to General Assistance, as explained in the Declaration

of Eva Gladstein, City of Philadelphia, ¶21 (Exhibit 11, pages 23-27). These youth have applied for SSI, but face wait times of months or years. GA can be the only source of income for disabled youth who have no family support. *See also* Declaration of Jeannine Lisitski, Women Against Abuse, ¶4 (Exhibit 16, pages 40-41). Kara Finck, an attorney and child welfare expert explains in her Declaration at ¶10, “This population of young adults benefit tremendously from the small monthly cash assistance to ensure that they are able to meet their basic needs. . . . Without General Assistance, youth aging out of foster care are left with no means of assistance as they begin their lives facing [challenges such as low educational attainment, risk of homelessness, mental health disorders, domestic violence, and substance use disorders].” Exhibit 10, pages 20-22.

76. Members of the class who are parents trying to regain custody of their children face total loss of income at the time the parent must demonstrate having a stable home and running water, electricity and heat to provide a safe environment for their children. *See* Declaration of Eva Gladstein, City of Philadelphia, ¶20 (Exhibit 11, pages 23-27) (“Loss of GA could delay reunification, harming families and placing greater stress on the child welfare and juvenile justice systems.”); Declaration of Kara Finck, child welfare expert, ¶11 (Exhibit 10, pages 20-22) (“Loss of General Assistance for these parents will make it increasingly difficult to participate in the services and programs geared towards reunifying their

families, and as a result, force children to remain in foster care for an unnecessarily longer period of time. It is extremely difficult for a parent without income to pay bus fare to visit their child, to pay child support for a child in placement, to pay copayments for medication or medical treatment, and to remain in treatment for substance use disorder, let alone to find or maintain suitable housing to reunify their family.”); Declaration of Marc Cherna, Allegheny County Department of Human Services, ¶¶8-9 (Exhibit 9, pages 17-19) (when GA ended in 2012, there were delays in reunification of families with children in placement); Declaration of Kathy Wellbank, Interim House, ¶10 (Exhibit 20 pages 52-55) (“Women who are trying to reunify with their children who are in foster care placement can use the funds to pay for transportation to visit their children, and to comply with the things they need to do to establish a home that children can return to.”); Declaration of Jasmine Weeks, ¶ 8,12-13 (Pet. Exh. A pages 1-3) (“I use my General Assistance to pay for transportation to doctor appointments, therapy appointments, court dates, and visits with my children. I have a lot of appointments, and most of them are mandated by the court in my child welfare case. I spend about half of the \$205/month I receive in General Assistance on public transportation to and from appointments. When I visit my children, I use some of my General Assistance to buy them a meal. I also try to buy them small items that they need or want. . . losing General Assistance will make it almost impossible for me to be reunified

with my children. Without General Assistance, I will have no way to pay for transportation to all the appointments I must keep in the child welfare case. If I do not keep these appointments, I am afraid that I will not be reunified with my children. Without General Assistance, I will have no way to offer even small meals or other items to my children.”).

77. Members of the class also describe the importance of GA to their support of their children who are living with relatives, and to meeting other obligations. Declaration of Noel Erskine, ¶9 (Exhibit 3, pages 5-6) (“General Assistance . . . has allowed me to pay my court costs and fines (\$10 per month), pay a little bit in child support (about \$30 per month), pay for transportation to doctor appointments, and buy my own personal items like soap and maxi pads. Doing these things help me to feel like I am fulfilling some of my obligations in my life. It helps me feel like I am being a better mom when I am able to pay some child support.”; Declaration of Samuel Devine, ¶10-11 (Exhibit 2, pages 3-4) (“My General Assistance also helps me to be a better father to my child. I do not have and have never had enough money to pay child support, but my General Assistance allows me to do little things for my daughter, like pay for a school trip, or buy her things she needs, like tampons or maxi pads. . . . Without General Assistance I also will have no way to offer even the smallest support to my daughter. The loss of General Assistance will make it harder for me to be a good dad.”)

78. Other members of the class face impossible choices, such as engaging in unlawful activities in order to make ends meet. When GA ended in 2012, providers report that some GA recipients “turned to selling their bodies or relapsed into drug usage under the stress of having no income at all.” Declaration of Geremi James, Broad Street Ministry, ¶9 (Exhibit 14, pages 33-36). “The options for women who have no income at all, and who are not able to work due to disability or because of the demands of full participation in a treatment program, are really grim. Many of the women at Interim House traded sex for drugs, or engaged in prostitution, while they were in active addiction. They often were coerced into drug usage or other illicit activity by an abusive boyfriend or husband. They are working hard to create another future for themselves.” Declaration of Kathy Wellbank, Interim House, ¶¶ 7-8 (Exhibit 20, pages 52-55). *See also* Declaration of Pat Albright, Every Mother is a Working Mother Network, ¶4 (Exhibit 7, pages 13-14) (describing participant who formerly did sex work in exchange for a room to spend the night; with GA, she is able to contribute money to stay in a friend’s apartment).

79. Losing General Assistance will also make it difficult to maintain personal hygiene, causing a loss of dignity. Declaration of Vanessa Williams, ¶¶12, 16 (Pet. Exh. B, pages 4-5) (“Getting General Assistance . . . allowed me to buy vitamins, toothpaste, deodorant, incontinence products, underwear. . . . The

thought of losing General Assistance is traumatizing. I fear I will be going back to living an inhumane life.”); Declaration of Linda Costello, ¶9 (Exhibit 1, pages 1-2) (“When I began receiving GA, I was able to buy shampoo, toothpaste, laundry detergent, and other personal hygiene items. . . . I had developed incontinence and was able to buy some adult diapers.”); *See also* Declaration of Sylvia Moses, ¶4 (Exhibit 5 pages 9-10) (“I was also able to buy things like soap, toilet paper, and new underwear. I bought a bucket and some laundry soap so I could wash my clothes”).

80. Despite having serious disabilities, many of the individuals who get General Assistance experience extended delays in being approved for SSI or Social Security Disability benefits. Declaration of Sharon Gornstein, Levanthal, Sutton & Gornstein, ¶4 (Exhibit 13, pages 30-32) (“For at least the last ten years, the Social Security disability system has had such enormous backlogs that it takes two to three years before an application reaches a hearing.”). During the months and even years that they are waiting for these federal Disability benefits, GA is the only source of cash assistance available to them. Declaration of Arnell Howard, ¶8 (Pet. Exh. C, pages 6-7) (“My 2012 social Security application was denied. . . . I reapplied in 2014. My 2014 application was denied and I appealed. I am waiting for my hearing.”). Declaration of Vanessa Williams, ¶15 (Pet. Exh. B, pages 4-5) (“I applied for Social Security Disability benefits earlier this year, but I have not

heard back from Social Security about my application. General Assistance is currently my only source of income.”); *see also* Declaration of Samuel Devine, ¶6 (Exhibit 2, pages 3-4); Declaration of Todd Reeves, ¶11 (Exhibit 6, pages 11-12); Declaration of Sylvia Moses, ¶5 (Exhibit 5, pages 9-10); Declaration of Michael McLaughlin, ¶7 (Exhibit 4, pages 7-8). When they finally receive SSI or Social Security Disability, the state of Pennsylvania is reimbursed for the General Assistance out of their retroactive federal benefits. Declaration of Sharon Gornstein, Levanthal, Sutton & Gornstein, ¶5 (Exhibit 13, pages 30-32); Declaration of Linda Costello, ¶10 (Exhibit 1, pages 1-2); Declaration of Sylvia Moses, ¶¶5, 9 (Exhibit 5, pages 9-10).

81. Eliminating General Assistance will not only harm the individuals who receive General Assistance, but also municipalities and social service agencies who will face an increased burden on their resources and services. “The effect will be felt beyond those community members losing GA. . . . [W]e anticipate the program’s end will bring added strain to the health and human services sector. . . . Homeless shelters and social service agencies will be stressed by the additional needs.” Declaration of Bill Golderer, United Way, ¶8 (Exhibit 12 pages 28-29). *See* Declaration of Ann Sanders, Just Harvest, ¶9 (Exhibit 18, pages 44-46) (“The loss of GA will increase hunger, make it harder for people who are struggling to get the help they need, and make it harder for the social service and volunteer

organizations that assist people in need in our communities.”); Declaration of Carol Thomas, Project HOME, ¶¶10, 14 (Exhibit 19, pages 47-51) (when GA ended in 2012, demand for Project HOME’s services increased so much that case manager had to be diverted from street outreach to working in the office to work with people coming in need of services; presently, Project HOME has already had to divert staff resources to respond to the needs of people who are about to lose General Assistance); Declaration of Patrick Keenan, Pennsylvania Health Access Network, ¶9 (Exhibit 15, pages 37-39) (“Without GA, [people] are likely to lose their housing, which often exacerbates their medical conditions, and leads to more costly forms of treatment like hospitals and emergency rooms, and often results in nursing facility care.”).

82. As Eva Gladstein declares, referring to the City of Philadelphia, “Our efforts to combat the opioid epidemic, our efforts to stabilize individuals who have been chronically homeless, our efforts to reunify families, our efforts to assist individuals with disabilities, and our efforts to address domestic violence will all be affected.” Declaration of Eva Gladstein, ¶25 (Exhibit 11, pages 23-27).

83. “When more individuals become housing unstable, it causes strain across the entire human services system. Limited resources for emergency shelter and rental assistance become more scarce. . . . Furthermore, homelessness exacerbates other human service needs such as drug and alcohol, mental health,

and child welfare. When individuals cannot afford transportation or co-payments for prescriptions and medical care, they are delayed in accessing services they need – such as services for mental health and substance use disorders. When individuals do finally present for services, their situations are more complex and dire than before, and they even require more resources to resolve.” Declaration of Marc Cherna, Director of Allegheny County Department of Human Services, ¶10 (Exhibit 9, pages 17-19).

C. A preliminary injunction will preserve the status quo.

84. “A preliminary injunction is designed to preserve the subject of the controversy in the condition in which it is when the order is made, it is not to subvert, but to maintain the existing status quo until the legality of the challenged conduct can be determined on the merits.” *Sheridan Broad. Networks, Inc. v. NBN Broad., Inc.*, 693 A.2d 989, 994 (Pa.Super. 1997) (quoting *In re Appeal of Little Britain*, 651 A.2d 606, 611 (Pa.Cmwlth. 1994)).

85. In this case, a preliminary injunction to enjoin enforcement or implementation of sections 1, 2 and 3 of Act 12 will preserve the status quo. At the time of this filing, General Assistance remains open until August 1, 2019. Thus, the status quo is that the program continues to provide assistance to eligible participants. An injunction to prevent the Department from eliminating the

program will temporarily preserve this status quo until such time that the legal claims can be completely resolved.

86. Issuing a preliminary injunction to preserve the status quo will prevent “irreparable injury or gross injustice” to the petitioner class and to the impacted municipalities and social service agencies. *Smotkin v. Manhattan-Ward, Inc.*, 526 A.2d 1223, 1224 (Pa.Super. 1987) (remanding to trial court for ruling on underlying issues, without vacating the preliminary injunction).

87. Because the status quo is that the other provisions of Act 12, including the hospital assessments, took effect on July 1, 2019, enjoining the parts of Act 12 relating to General Assistance, but not the bill’s other parts, will preserve the status quo as to the nursing facility day one incentives, Philadelphia hospital assessments, and statewide hospital assessments.

D. A preliminary injunction is appropriate to abate the harm.

88. A preliminary injunction directing Respondent not to enforce Sections 1, 2 and 3 of Act 12 is reasonably suited to abate the offending conduct until the constitutional issues can be determined on their merits. Continuing to operate the General Assistance cash assistance program will prevent the harm outlined in Part B above, because the petitioner class will not lose their sole source of income.

E. Greater injury will result by not granting than by granting the injunction.

89. As set forth in Part B above, the petitioner class faces immediate and irreparable harm from the elimination of General Assistance, the only source of income for 11,844 Pennsylvanians. Members of the petitioner class face becoming homeless; living without running water, electricity, or heat; being unable to travel to and from doctor appointments or pay prescription co-payments; going hungry when their food stamps run out; declining hygiene due to inability to afford soap, toothpaste, and laundry; delays in family reunification; the risk of relapse, returning to an abuser, or engaging in sex work to survive. Furthermore, the state will ultimately be reimbursed for General Assistance benefits received by individuals with disabilities who are later found eligible for SSI or Social Security Disability benefits.

90. Granting the injunction would not result in greater harm through the loss of hospital assessment revenue. First, as stated above, Petitioners are seeking only a partial injunction of Act 12, relating to General Assistance, asking the Court to maintain the status quo with the assessments, nursing facility payments and General Assistance remaining in place. Second, the General Assembly can readily and retroactively re-enact the assessments, which are uncontroversial. The nursing facility assessments, which are a revenue-generating measure similar to hospital assessments, were reauthorized through June 30, 2016 in Act 2012-80. That bill was challenged by the *Washington* litigation. The nursing facility assessments

were reauthorized in July 2016 for the period 2003-2019. Act 2016-76, P.L. 480 (July 8, 2016). Thus, the Pennsylvania Supreme Court’s 2018 decision in *Washington*, declaring Act 80 unconstitutional, had no effect on revenue generated by the nursing facility assessments.

F. The preliminary injunction will not adversely affect the public interest.

91. Issuing a preliminary injunction to enjoin Respondents from eliminating General Assistance will not adversely affect the public interest. To the contrary, the public interest will be served in ensuring the constitutionality of legislation, and in protecting the health and well-being of people with disabilities, people fleeing domestic violence, and people completing treatment for substance use disorder. Moreover, the stability provided by General Assistance decreases other costs to the state, including crisis intervention services, emergency shelter, nursing facility and child welfare placement, all of which are far more costly than the \$200 per month provided by General Assistance. The public interest weighs in favor of a preliminary injunction.

92. All citizens of the Commonwealth have a strong interest in ensuring that legislation is constitutional. *See, e.g., Klein v. Com., State Employees’ Ret. Sys.*, 555 A.2d 1216, 1220 (Pa. 1989) (“The public interest in this case requires us to address this obvious constitutional infirmity...”); *Mobil Oil Co. v. Westtown Tp.*, 345 A.2d 313, 315 (Pa.Cmwlt. 1975) (the presumption that legislation serves the

public interest is limited to when the legislature acts constitutionally). Sections 1 and 3 of Article III were adopted “in response to perceived state legislative abuses” including “logrolling” and “mixing substantive provisions in omnibus bills.” *City of Philadelphia*, 838 A.2d at 588-89 (quoting Williams, *State Constitutional Limits on Legislative Procedure*). The enactment of Act 12 is a disappointing example of exactly what these provisions sought to prevent.

93. The public interest also weighs in favor in protecting the health and well-being of General Assistance recipients. As set forth in parts B and E above, the elimination of General Assistance risks adverse consequences that will impact communities and municipalities, as they bear the costs of increased homelessness, health crises, and increased demand on social service organizations. The risk of death, injury or serious disruption in ongoing health care has been recognized as immediate and irreparable harm to the public interest. *Allegheny Anesthesiology Associates, Inc. v. Allegheny General Hosp.*, 826 A.2d 886, 893 (Pa.Super. 2003) (risk of patient death, injury or disruption in patient care satisfied the public interest prong for a preliminary injunction).

94. For all of these reasons, as well as for the reasons set forth in the Petition for Review, this Court should grant a preliminary injunction enjoining Respondents from enforcing Sections 1, 2, and 3 of Act 12 by ending General Assistance.

EXPEDITED TIMING

95. Without court action granting a preliminary injunction, Sections 1, 2 and 3 of Act 12 will take effect on August 1, 2019. The petitioner class respectfully submits that the interests of all parties as well as the general public will be best served by a schedule that (i) allows this Court to resolve Petitioners' application for a preliminary injunction in an expedited fashion; (ii) permits time for the Pennsylvania Supreme Court to consider any appeal; and (iii) does so before August 1, 2019.

96. To that end, Petitioners request that this Court set an expedited schedule for hearing this application. Petitioners propose the following:

- Status conference on or before July 23, 2019;
- Respondents file responsive pleadings on or before July 25, 2019;
- Preliminary Injunction hearing on July 26, 2019.

WHEREFORE, for all the foregoing reasons and those alleged in the Petition for Review, Petitioners respectfully request that this Court grant the Application for Special Relief in the Nature of a Preliminary Injunction and enter an order enjoining Respondent, its agents, servants and officers, and others from implementing, enforcing or taking any steps toward implementing or enforcing Act 12, Sections 1, 2 & 3.

FURTHERMORE, Petitioners respectfully request that this Court set an expedited schedule for hearing this Application, in accordance with the proposed order enclosed with this Application.

July 22, 2019

Respectfully Submitted,

____/s/ Maria Pulzetti_____
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IN THE COMMONWEALTH COURT OF PENNSYLVANIA

JASMINE WEEKS, VANESSA WILLIAMS,	:	
ARNELL HOWARD, PATRICIA SHALLICK,	:	
individually and on behalf of	:	
all others similarly situated	:	
Petitioners,	:	
	:	
v.	:	
	:	No. _____
	:	CLASS ACTION
DEPARTMENT of HUMAN SERVICES of the	:	Original Jurisdiction
COMMONWEALTH OF PENNSYLVANIA,	:	
Respondent.	:	

**DECLARATIONS OF GA RECIPIENTS, SOCIAL SERVICES
PROVIDERS, OFFICIALS, AND EXPERTS**

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DECLARATION OF LINDA COSTELLO

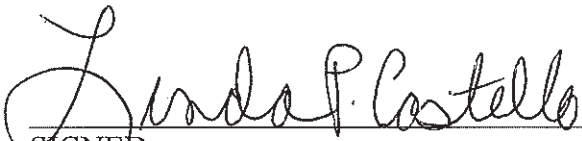
I, Linda Costello, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Linda Costello. I am making this Declaration in support of the lawsuit concerning the ending of General Assistance.
2. I am 62 years old. I worked close to thirty years in the Philadelphia area. I worked in a warehouse in Northeast Philadelphia before I became a pharmacy tech in 1996. I worked as a pharmacy tech at two pharmacies in Horsham, Pennsylvania before I was laid off in 2016.
3. When I was laid off in 2016, I was living with my sister. I was supporting myself with a 6-month severance package and then Unemployment Compensation while I looked for another job. I applied for many jobs, but could not find one.
4. When my Unemployment Compensation ran out around April 2017, I had no way of paying my sister rent or to meet my other expenses. I had no way to pay for transportation to look for a new job. In May 2018, my sister told me I had to leave her house because I had no money.
5. In June 2018, I left my sister's house. I was homeless. I slept in a chair in Philadelphia's emergency shelter because there was no bed available for me. At the shelter, I became very sick. I had repeated sinus infections and pneumonia. I have lymphedema and got severe cellulitis in my leg after a week of sleeping in a chair. I was hospitalized for over two weeks for the cellulitis. I have struggled with depression for a long time, but living in the shelter made my depression and anxiety much worse. I could not sleep and I was afraid.
6. One day around July 2018, the shelter did not have space for me to stay and I was referred to Project HOME's Hub of Hope, where I met with a doctor and with lawyers from the Homeless Advocacy Project. The Homeless Advocacy Project helped me apply for Social Security benefits and helped me get a bed in a Philadelphia shelter.
7. In October or November 2018, the Hub of Hope referred me to a benehilly counselor, who helped me apply for General Assistance for my disabilities. I started receiving \$205 per month in General Assistance in November 2018.
8. From May 2018 until I started getting General Assistance in November 2018, I had no money to pay for toiletries like soap and shampoo. The shelter did not provide these items. They provided just one roll of toilet paper per week, but nothing else. There were women in the shelter who had no money to buy tampons or pads. I had no money to buy a transpass to ride the bus to get to doctor's appointments or to look for jobs. Sometimes, I asked the bus drivers to

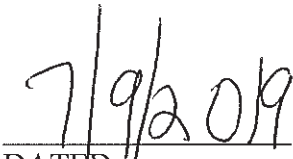
let me ride the bus for free, but they often said no. I had no money to pay the \$1 co-pays for prescriptions, so I would only get my medicines at the Hub of Hope, where they did not charge any co-pays.

9. When I began receiving GA, I was able to buy shampoo, toothpaste, laundry detergent, and other personal hygiene items. I was able to buy a SEPTA pass to take the bus to group therapy sessions and to doctor appointments. I had developed incontinence and was able to buy some adult diapers. I was also able to get a phone for the first time in years. I was able to call friends and family I had not talked to since May 2018, when I first became homeless. I was also able to keep in touch with my doctors, so I could stay healthy, and my lawyer who was helping me obtain Social Security benefits. I also received food stamps, which I use to pay for food.
10. In May 2019, I heard that my Social Security Disability application was approved and I got my first check deposited into my bank account in June 2019. About \$1000 of my first Social Security payment was sent to the state of Pennsylvania to pay the state for the General Assistance I received.

I understand that this statement is made subject to the penalties of 18 Pa. Statutes section 4909 relating to unsworn falsification to authorities.



SIGNED



DATED

DECLARATION OF SAMUEL DEVINE

I, Samuel Devine, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Samuel Devine. I am making this Declaration in support of the lawsuit concerning the ending of General Assistance.
2. I am 40 years old. I live in Philadelphia with my aunt in the home she owns at 2321 Tasker Street.
3. I have one child, a 13 year-old daughter, but I do not live with her. She lives with her mom in South Philadelphia. I visit her about once per week.
4. I have ataxia, which is a disease in the part of my brain that controls movement. It makes my speech slurred and makes it very difficult for me to walk straight. I also have severe pain in my back and legs. I see a neurologist for my disabilities.
5. I have tried to find work, but my disabilities make it impossible for me to get and keep a job. The last job I had was for a landscaping company in spring 2018. After about two months I had to stop working because when I tried to pick up landscaping equipment, my legs gave out and I would have severe pain in my back.
6. I applied for SSI, but I was denied. I believe I last applied in 2018. I appealed the denial and I am waiting for a decision on my appeal.
7. I was living with my girlfriend and her children for a while, but we broke up in the spring 2018. I lived in a shelter for a little while after we broke up. I was then arrested on charges that were eventually dropped and I spent a couple months in jail as a result of that.
8. I did not have any income or any way to support myself when I was released from jail. I went to live with my aunt at her home where I am currently living. My aunt did not, and still does not, charge me anything to stay in her house, but she also never gives me any cash. I had no way to buy things that I need. I begged other family members for help to buy things like soap and deodorant and for help getting to doctor's appointments since I had no money to pay for the bus. I knew it was really important for me to go to all my doctor appointments, not only so I could try to stay healthy and manage my pain and ataxia but also so that I could prove that I am disabled and get my SSI approved.
9. I went to the County Assistance Office to apply for benefits around November 2018. I was approved for General Assistance for my disabilities.

10. I use the \$205 I receive in GA to make buy things like soap, toothpaste, toilet paper, and deodorant. I put money on my SEPTA keycard so I can get to my doctor appointments. I go to the laundromat to do my laundry because my aunt does not have a washing machine at her house.
11. My General Assistance also helps me to be a better father to my child. I do not have and have never had enough money to pay child support, but my General Assistance allows me to do little things for my daughter, like pay for a school trip, or buy her things she needs, like tampons or maxi pads.
12. I received a letter in the mail from the County Assistance Office dated July 1, 2019 that says that General Assistance will end on August 1, 2019. I cannot afford to live without General Assistance. I cannot work because of my disabilities. Without General Assistance, I will have no way to pay for basic necessities like soap and toilet paper. I also will have no way to pay for transportation to my doctor appointments. I am afraid my health will very quickly deteriorate without access to my doctors. I also will have no way to offer even the smallest support to my daughter. The loss of General Assistance will make it harder for me to be a good dad.

Samuel Devine
SIGNED

7/17/19
DATED

DECLARATION OF NOEL ERSKINE

I, Noel Erskine, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Noel Erskine. I am making this Declaration in support of the lawsuit concerning the ending of General Assistance.
2. I am 32 years old. I am currently living at Interim House, an inpatient substance use treatment center for women in Philadelphia.
3. I have struggled with serious mental health problems and substance use disorder most of my adult life. I have depression, bipolar disorder, and anxiety. After my daughter was born in 2006, I became severely depressed and tried to kill myself. I was placed in a psychiatric hospital and stayed there for 18 months. I was approved for SSI while in the hospital.
4. I was discharged from the psychiatric hospital in early 2009. Not long after I was discharged from the hospital, I was living on the streets of Camden. I was homeless and I was using drugs. I left Camden and came to Philadelphia, where I was once again homeless and using drugs. Living on the streets was terrifying. I was sexually assaulted repeatedly.
5. I met a boyfriend in 2009. He was using drugs as well, but had a job and found us an apartment. I became pregnant and both my boyfriend and I stopped using drugs. My son was born in March 2010.
6. Very soon after my son was born, my boyfriend's mother died. This was very traumatic for my boyfriend and he started using drugs again. My depression, anxiety, and bipolar disorder made it very difficult for me to handle the chaos this created in my life. I started using drugs again in 2010. My son then went to live with my boyfriend's sister.
7. After my son went to live with his aunt, I was severely depressed. I was prostituting and using drugs, and I continued to do this for years. In 2011, I was convicted of burglary after my boyfriend and I broke into a corner store and stole about \$300 in cash. It was a mistake and I regret it very much. I was sentenced to 5 years probation. In 2014, my SSI was cut off because I was not getting the treatment I needed.
8. For the first time in my life, I am in long-term inpatient treatment. I started at Interim House in April 2019 and I now have 4.5 months sober. In about 3 weeks, I will move from the residential treatment program to the halfway house program at Interim House. I expect that I will return home in 3-6 months, after my time and recovery at Interim House is complete. For the first time, I feel like I am finally on a path to full recovery.

9. I have been receiving General Assistance in the disability category throughout my recovery and it has helped my recovery enormously. It has allowed me to pay my court costs and fines (\$10 per month), pay a little bit in child support (about \$30 per month), pay for transportation to doctor appointments, and buy my own personal items like soap and maxi pads. Doing these things help me to feel like I am fulfilling some of my obligations in my life. It helps me feel like I am being a better mom when I am able to pay some child support.
10. In June 2019, I reapplied for SSI. I am waiting for a decision.
11. I received a letter in the mail from the County Assistance Office dated July 1, 2019 that says that General Assistance will end on August 1, 2019. I cannot afford to live without General Assistance. My disabilities make it very difficult for me to work. Without General Assistance, I will have no way to pay for basic necessities like soap and maxi pads and I will have no way to pay my court costs and fines. I am afraid that losing General Assistance will make it harder for me to be a good mom to my kids because I will have no way to pay child support. Once I return home without General Assistance, I will have no way to pay for transportation to my doctor and therapist appointments and I will have no way to pay the co-pays for my prescriptions. I am afraid my health will quickly deteriorate without access to my doctors and medicines. When my disabilities are out of control, it becomes very difficult for me to stay sober. I am afraid that I will relapse without access to my doctors and medicines.

Noel C. Erskine
SIGNED

July 18, 2019
DATED

DECLARATION OF MICHAEL MCLAUGHLIN

I, Michael McLaughlin, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Michael McLaughlin. I am making this Declaration in support of the lawsuit concerning the ending of General Assistance.
2. I am 51 years old. I have lived in Philadelphia my whole life. I have no permanent place to live. Friends and family members allow me to sleep on their couches. I use Broad Street Ministry, at 315 S. Broad Street in Philadelphia, as my mailing address. Broad Street Ministry provides services and meals to homeless people in Philadelphia.
3. My left leg was severely injured and I had surgery on my leg in 2011. I had a commercial driver's license (CDL) at that time. I could not use my CDL, though, because the injury to my leg made it impossible for me to drive a commercial vehicle. I had no income and no way to support myself. I started receiving General Assistance for my disabilities at that time.
4. General Assistance was eliminated in 2012 and from 2012 through 2018, I had no steady source of income. At various times over those years, I found jobs doing paralegal work, but those jobs never lasted more than a month or two. I have post-traumatic stress disorder, which makes it very difficult for me to focus and keep any job. I had no money to pay rent and had no permanent place to live.
5. The injury to my leg is now ever worse. I had another surgery in early 2019, but it did not work to restore function in my leg. I see an orthopedist once per month for treatment and cortisone shots. I still cannot use my CDL. I am seeing a therapist every week for my post-traumatic stress disorder. I take about five medications every month.
6. I applied for General Assistance in early 2019 after I heard on the news that General Assistance was reinstated. I started receiving General Assistance in the disability category.
7. I applied for Social Security disability benefits this year. I was recently denied. I am planning to appeal.
8. I use the \$205 I receive in GA every month to buy things like soap, toothpaste, toilet paper, and deodorant. I use GA to do laundry at the laundromat and put money on my SEPTA keycard so I can get to my doctor appointments. I also use GA to pay the co-pays for my prescriptions and to pay small amounts of money to the friends and family members who allow me to sleep on their couches so that I do not have to sleep on the streets.

9. I received a letter in the mail from the County Assistance Office dated July 1, 2019 that says that General Assistance will end on August 1, 2019. I cannot afford to live without General Assistance. I cannot work because of my disabilities. Without General Assistance, I will have no way to pay for basic necessities like soap and toilet paper. I also will have no way to pay for transportation to my doctor appointments and no way to pay the co-pays for my prescriptions. I am afraid my health will quickly deteriorate without access to my doctors and medicines. I also will have no way to make pay my friends and family members who allow me to sleep on their couches. I am afraid I will end up living on the streets without General Assistance.

Michael McLaughlin 07/17/2019
SIGNED DATED
315 South Broad Street
Unit H 1020
Philadelphia PA. 19107-5213

DECLARATION OF SYLVIA MOSES

I, Sylvia Moses, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Sylvia Moses. I am making this Declaration in support of the lawsuit concerning the ending of General Assistance.
2. I am 52 years old and I live in Philadelphia. I have been struggling with disabilities most of my life. I have schizophrenia and severe depression. In the late 1990s to the early 2000s, I spent about three years homeless and living on the streets. I had no income. I thought since I had no address I could not get General Assistance. I was scared and alone. At night, I was afraid of being beaten or raped.
3. In 2005, I passed out and was in a diabetic coma for a week. At that time, I discovered that I have insulin-dependent diabetes. I started seeing a doctor and got help to apply for health insurance. At this time, I also learned that I could apply for General Assistance. I first started getting General Assistance for my disabilities in 2005.
4. When I first started getting General Assistance in 2005, I was finally able to get off the streets. A friend of mine agreed to let me stay with him for \$50 per month in rent. I was also able to buy things like soap, toilet paper, and new underwear. I bought a bucket and some laundry soap so I could wash my clothes at home in the bucket. I was also able to pay the \$1 co-pays for my medications. I had a feeling of safety and freedom that I had not had before. I felt like a human being for the first time in a very long time.
5. I tried to get Social Security disability benefits starting in 2005, but I found the application process very confusing and difficult. I could not really understand the questions they asked. I applied three times, but was denied each time, mostly because of missing paperwork.
6. When General Assistance was terminated in 2012, I was living with my aunt. My aunt allowed me to live in her home, but she did not give me anything else. When General Assistance was terminated, I had no way to buy toilet paper, shampoo, soap, and had no way to pay for the co-pays for my medicines. My church would sometimes help me by buying toilet paper, soap, and covering my prescription co-pays.
7. In 2014, my aunt told me I had to leave her house. Luckily, my friend allowed me to move in with him for free, so I did not become homeless again. However, without General Assistance, I had no income and no ability to support myself. My depression became even worse. I found it very difficult to live without any

income to pay my rent and became suicidal. I was hospitalized three times because I was suicidal.

8. In October 2018, my therapist told me General Assistance had been restored. I applied the same day and was approved. I spent my \$205 per month on rent (\$100), soap, toothpaste, and laundry, and prescription co-pays.
9. In March 2019, someone from my therapist's office helped me apply for Social Security disability benefits. This was the first time anyone helped me apply for Social Security benefits. I just found out I was approved this month, July 2019. I expect that I will begin receiving SSI in August 2019. Social Security told me that some of my SSI will be taken to pay back the Department of Human Services, but I am not sure how much.

I understand that this statement is made subject to the penalties of 18 Pa. Statutes section 4909 relating to unsworn falsification to authorities.

Shelia Moses
SIGNED

7/9/2019
DATED

DECLARATION OF TODD REEVES

I, Todd Reeves, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Todd Reeves. I am making this Declaration in support of the lawsuit concerning the ending of General Assistance.
2. I am 51 years old. I live in the home where I was born in Philadelphia, at 5642 Walton Avenue.
3. I worked as a computer tech for most of my life. I started earning money repairing people's computers and setting up people's internet in their homes in high school. I continued doing this work throughout my adulthood.
4. In the late 1990s, my father became ill and developed Alzheimer's disease. I started caring for him. I was still able to do some work as a computer tech, but I reduced my working hours to care for my father. By 2012, my father was 92 years-old and his Alzheimer's disease was very advanced. My mother was 90 years-old and also very sick. I have no siblings, so I was the only caregiver available for my parents. Caring for my parents became my full-time job. They did not pay me directly, but they would give me some money sometimes.
5. By 2018, my father had passed away and my mother was 96 years old and very sick. She had vascular disease, heart disease, had had a leg amputated and had an ileostomy bag. I was doing all of the cooking and cleaning in the house as well as caring for my mother, which included wound care and changing her ileostomy bag.
6. In March 2018, I took my mother to the hospital because she had had a change in cognition. While I was there, I asked the doctors to look at a bruise and some swelling I was having in my leg. The doctors very quickly realized that I was very sick. I had sepsis in my leg and the infection had reached the bone. I had severe heart failure and a hematoma on my right kidney. I was diagnosed with diabetes and put on insulin.
7. I was in the hospital from mid-March 2018 until June 2018. While I was in the hospital, I had two surgeries and I had an IVC filter placed for my heart. I have a below-knee amputation on my left leg. I now need a wheelchair to get around and I am supposed to travel with a defibrillator at all times. I am on seven medications.
8. About a month after I was discharged from the hospital, my mother passed away. My friend offered to allow me to live for free at his one-story home while I recovered and learned how to get around with an amputated leg in a wheelchair. My mom had some savings when she passed away. I used it to cover her final

expenses and then had some left over, which I was able to use to support myself for a few months. I used it to buy things like food and personal hygiene items.

9. In the fall of 2018, I had a problem with my Medical Assistance and went to Community Legal Services for help. A paralegal at Community Legal Services told me about General Assistance and Food Stamps. I decided to apply. I was approved for both. I started receiving \$205 in General Assistance in February 2019.

10. By the time I started receiving GA, I had learned how to get around in my wheelchair so I moved back into my home on Walton Avenue. I use my GA to make payments on the electric, gas, and water bills and buy things like shampoo, toothpaste, and toilet paper. I put money on my SEPTA keycard so I can get to doctor appointments, the prosthetic clinic, to the store to buy groceries, and to utility companies so I can pay my bills. I also use my GA to pay the \$3 co-pays on some of my medicines and diabetic supplies. Here is a rough breakdown of how I typically spend the \$205 in General Assistance very month:

- Utility bills: \$160
- Prescription co-pays: \$12
- Transportation: \$25
- Toothpaste, toilet paper, deodorant, and other personal hygiene: \$8

11. I am having a lot of difficulty applying for Social Security benefits. I am getting help from my city councilperson's office to collect the documents the Social Security Administration told me I need so I can apply.

12. I received a letter in the mail last week from the County Assistance Office that says that General Assistance would end on August 1, 2019. I cannot afford to live without General Assistance. I cannot work because of my disabilities. Without General Assistance, I will have no way to pay my utility bills. I am afraid that I will end up living in a house without heat or running water. I also will have no way to pay for transportation to doctor appointments or the prosthetic clinic, or to pay the co-pays for my medicines and diabetic supplies. I am afraid that my health will quickly deteriorate without access to these essential parts of the health care I need.



SIGNED

July 11, 2019
DATED

DECLARATION OF PATRICIA ALBRIGHT

I, Patricia Albright, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Pat Albright. I am making this Declaration on behalf of the Every Mother is a Working Mother Network in support of the lawsuit concerning the ending of General Assistance in Pennsylvania, which we believe would cause irreparable harm to the people we serve.
2. Every Mother is a Working Mother Network is based at the Crossroads Women's Center, a grassroots center for information, support and advocacy, located in the Germantown section of Philadelphia, one of the poorest neighborhoods in the poorest large city in the United States. Every Mother is a Working Mother Network campaigns to establish that raising children is work and that caring work has economic value entitling us to welfare, living wages and other resources.
3. I was on the General Assistance myself as a younger woman, after being laid off a job in a factory. My unemployment benefits ran out, and, forced to recognize the limitations caused by my disabilities, I applied for disability benefits. It was two years or so before I was finally found eligible for Social Security Disability – about average. I don't know how I would have survived without General Assistance. It was a lifeline for me and I am deeply concerned about the impact of its elimination on many who are in a similar situation today and on those who will find themselves in need of this cash assistance in the future.
4. Reinstated about a year ago and up and running for even less time, General Assistance already had a positive impact on our community. For instance, M.J., a neighbor who has struggled with homelessness and been frequently on the streets over the past decade, recently applied for and is now receiving General Assistance. She used to have to do sex work, she said, in exchange for a room where she could spend the night. Now she can offer a little cash in exchange for a bed in a girlfriend's apartment. M.J. has been waiting years to be found eligible for SSI, but she will be left in the lurch August 1 with the elimination of General Assistance. I am worried for her safety. Her experience staying in shelters has been so negative that she will likely be back doing whatever necessary to have a room. And there is a good possibility she could end up incarcerated. M.J. is a woman who, despite her struggles and challenges, makes a valuable contribution to our neighborhood, watching out for and helping others.

5. A man in a local recovery program was beside himself with worry when he learned that General Assistance is ending. He did not know how he would be able to support himself in recovery without GA. And he had been making such good progress.
6. One of my son's good friends likewise found General Assistance to be a lifeline. He has suffered horrible trauma in his life, and clearly suffers from Post-Traumatic Stress Disorder, which affects his focus and his ability to work. The prospect of getting GA helped him see a productive path forward, away from a life on the street.

7/19/2019
Date

Patricia Albright
Patricia Albright

Declaration of Pam Auer

I, Pam Auer, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Pam Auer. I am the Director of the Living Well With A Disability Program of the Center for Independent Living of Central PA, CILCP | 207 House Avenue, Suite 107, Camp Hill, PA 17011. We provide innovative **programs** and **services** that empower persons with diverse disabilities to live well, while **advocating** on numerous levels to ensure all people with any type of disability are provided the **opportunity** to live well. Our service area varies for different programs provided by the Center for Independent Living of Central PA. Our core service area covers 5 counties; our Nursing Home Transition program covers 15 counties, and one of our programs is statewide.

2. CILCP's Living Well With A Disability Program (LWWD) provides a wide range of services to enhance quality of life beyond the physical measures of well-being. Often, people with disabilities are unaware or under informed of the vast resources available within their communities. CILCP's experienced staff can *navigate* persons with disabilities through the maze of service confusion and program fragmentation and connect them with services that will enable them to live well. Our Living Well services include Youth Transition Services to provide young adults with tools such as workplace readiness, advocacy and independent living skills; Nursing Home Transition, to coordinate home and community based services, housing search and moving assistance so that nursing home residents can return to living in the community; Consumer Training to learn and practice skills needed to live independently in the community; Peer Support either one on one or group support by people with disabilities who have been trained as peer mentors; Advocacy to remove barriers faced by individuals with disabilities; and Information and Referral to community resources.

3. CILCP serves about 500 consumers with active cases at any one time. Over the course of the last year we received 1360 calls for help through our Information and Referral program. Many of the calls we receive are from people who have disabilities, and are waiting for Social Security Disability or SSI benefits to be approved, and are in need of assistance. Often General Assistance is the only possible source of income for them. It was really hard when General Assistance (GA) was eliminated in 2012, because then there was no source of cash assistance at all for people waiting for Disability benefits to be approved. The reinstatement of GA in 2018 was enormously helpful.

4. There are currently a little over 900 people getting General Assistance (GA) in our 15 county Nursing Home Transition service area, according to data from the state Department of Human Services. Word has been spreading slowly about the availability of the GA program, and more people have been applying as they learn of the program. Often people learn of GA for the first time from us, when they call our Information and Referral line.

5. For the people that are getting GA, it is incredibly important. Cash assistance is extremely important, even though it is only a small amount of income. In Adams, Cumberland, Centre, Dauphin, Lebanon, York and Union Counties, an individual with no other income can get a maximum GA grant of \$205/month. In Lancaster County it is a maximum of \$215/month. In

Fulton, Huntingdon and Juniata Counties it is a maximum of \$174/month, and in Franklin, Mifflin, Perry and Snyder Counties, it is a maximum of \$195/month.

6. Many of the consumers that I work with are eligible for SSI or Social Security Disability, but it can take months or even years to get those benefits. In the meantime, GA is often the only source of income. One of the consumers I am working with currently is in a nursing home. He was hospitalized and then placed in a nursing home in April 2017. He no longer has a home to return to. I am working on transition planning for him, so that he can move back into the community. He needs GA to be able to do that. It is very ironic to me that starting August first, when GA is eliminated, the state will pay for the cost of his nursing home care through Medicaid, but not the small amount of GA that he would need to live in the community, while he is waiting for his Social Security Disability to be approved. He can't even apply for an apartment, without any income at all. He isn't able to work, because of his health. As part of the Nursing Home Transition team, I try to mitigate barriers so that people can come out of the nursing home, but I worry about setting him up for failure; without any income he will not be able to live in the community.

7. Having even a small amount of income is a huge improvement over having no income at all. Medicaid and Food Stamps are very important and helpful, but they can't be used for rent, clothing, heat, lights, water service, or personal hygiene products like soap or shampoo. Most people don't get any kind of housing subsidy, but even for the people who do get subsidized housing, they still need cash assistance for a winter coat, or shoes, or toilet paper, and to pay the utilities or their share of the rent, even if it is reduced. If GA is eliminated, it will be much harder for people with disabilities to survive while they are waiting for Disability benefits from the Social Security Administration.

Pamela K Auer

Pam Auer

7/18/19

Date

Declaration of Marc Cherna

I, Mark Cherna, hereby declare under penalty of perjury, that the following facts are true and correct.

1. My name is Marc Cherna. I am writing this declaration in support of the lawsuit concerning the ending of General Assistance in Pennsylvania.

2. I am the Director of Allegheny County Department of Human Services (ACDHS), which is responsible for administering publicly-funded human services to County residents. The Department meets the comprehensive human service needs of County residents through five integrated program Offices: the Area Agency on Aging and the Offices of Children Youth and Families, Behavioral Health, Community Services, and Intellectual Disability. Every year, ACDHS serves more than 200,000 Allegheny County residents, supporting their health, recovery, independence and well-being through:

- Prevention and early intervention programs for families;
- Child protective services;
- Services for youth who need assistance during their transition to adulthood, particularly youth who have been in foster care and youth experiencing homelessness;
- Behavioral health services, including crisis support, case management, and treatment for people with mental and/or substance use disorders;
- Intellectual disability services;
- Homeless and housing programs, including emergency shelters, rapid re-housing, and permanent supportive housing;
- Older adult protective services;
- Older adult in-home care; and
- Programs to meet basic needs, including food, transportation, and energy assistance.

3. Allegheny County has the second-highest number of residents enrolled in Pennsylvania's General Assistance program. When the program ended in 2012, 7,195 Allegheny County residents – 4,682 of whom were ACDHS clients – were receiving General Assistance. As of July 2019, 1,661 Allegheny County residents were enrolled in the program – 809 of whom are ACDHS clients.

4. Of the 7,195 Allegheny County residents receiving General Assistance in 2012:

- The majority (3,819) were current or previous recipients of mental health services;
- The majority (3,876) were current or previous recipients of substance use disorder services;
- Fifty-five (55) were children and youth with an open child welfare case, or youth ages 14-24 receiving independent living services due to a previous child welfare placement.¹

5. Of the 1,661 Allegheny County residents enrolled in General Assistance in 2019 YTD:

¹ A child/youth with an open child welfare case is eligible for general assistance if the household where they are living is not receiving foster care payments and they are not living with relatives.

- Three hundred and forty-one (341) are current or previous recipients of homeless services and supports;
- Two-thirds (1,107) are current or previous recipients of mental health services;
- Six hundred and thirty-one (631) are current or previous recipients of substance use disorder services;
- Nineteen (19) are children and youth with an open child welfare case, or youth ages 14-24 receiving independent living services due to a previous child welfare placement.²

6. The data presented above clearly demonstrates that the General Assistance program helps those most vulnerable in Allegheny County – most significantly, individuals experiencing homelessness; and individuals with mental health and/or substance use disorders. Populations who would be greatly adversely affected by this move include:

- Adults with disabling conditions who are unable to work and waiting for a decision from the Social Security Administration, which can take two years;
- Youth who are emancipating without ability to rely upon the support of family;
- Individuals entering drug and alcohol rehab who are unable to work; and
- Women leaving domestically violent situations who have no other income.

7. Most people who receive General Assistance rely on it as a temporary safety net in times of crisis. According to the PA Health Access Network, 63% of individuals on this benefit receive it for less than one year. Through anecdotal reports, we know most General Assistance dollars are used for basic needs, such as clothing, shelter, transportation, and personal hygiene products not covered through other public benefit programs.

8. When the General Assistance program was ended in 2012, many County residents and ACDHS clients lost their only source of income, and this had significant impacts, both for individuals' well-being and the human services system as a whole.

9. Examples of impacts to individuals:

- For many people, losing General Assistance meant becoming housing unstable and/or homeless, as they were no longer able to keep up with rent or utilities, or afford security deposits to move into new housing (necessary even when housing may be subsidized).
- Other residents who lost General Assistance in 2012 could no longer afford transportation to access critical human services, such as physical and mental health appointments or treatment for substance abuse, or co-payments for prescriptions and medical care.
- Many receiving General Assistance while in drug and alcohol treatment faced difficulty staying in treatment once they lost that income. Delays and interruptions in treatment mean longer periods of unhealthy use, and a higher risk for relapse, overdose, and incarceration.
- In some cases, children cared for informally by non-relatives entered the child welfare system after their caregivers' loss of General Assistance. In other cases, the loss of General Assistance caused delays in reunification of families with children in placement.

² Data pulled from <https://quickcount.alleghenycounty.us/>.

10. Examples of impacts to the human services system:

- When more individuals become housing unstable, it causes strain across the entire human services system. Limited resources for emergency shelter and rental assistance become more scarce as agencies like ACDHS and the service providers we contract with are expected to meet higher levels of need without additional resources. Waiting lists for housing grow, and shelters reach capacity. Less resources are available to help people escape homelessness (resources like security deposits needed to move an individual from the streets and shelters into new homes). Furthermore, homelessness exacerbates other human service needs such as drug and alcohol, mental health, and child welfare.
- When individuals cannot afford transportation or co-payments for prescriptions and medical care, they are delayed in accessing services they need – such as services for mental health and substance use disorders. When individuals do finally present for services, their situations are more complex and dire than before, and they even require more resources to resolve.

11. Since the General Assistance program was restored in 2018, recipients have been better equipped to maintain stable housing through payment of rent, rental security deposits, and utility bills; and access a wide array of human services – thanks, in part, to their ability to afford (public) transportation. Still, the short amount of time for which the General Assistance program has remained open has stymied the program's impact by limiting the number of individuals who had the chance to enroll/re-enroll.

12. If the General Assistance program ends again in August 2019, ACDHS expects to see similar impacts as in 2012: residents will have a harder time maintaining stable housing, accessing transportation and critical services, and will see overall negative impacts to their health and well-being. This will create strain across the human services system, as agencies like ACDHS work to meet increased need without increased resources. It is my sincere hope that the Commonwealth of Pennsylvania will not end this critical program.



Marc Cherna, Director



Date

DECLARATION OF KARA R. FINCK

I, Kara R. Finck, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Kara R. Finck. I am making this Declaration in support of the lawsuit concerning the ending of General Assistance in Pennsylvania.
2. I am a Practice Professor of Law and Director of the Interdisciplinary Child Advocacy Clinic at the University of Pennsylvania Law School. I am making this declaration in my individual capacity and the statements in this declaration do not reflect the views or opinion of the University of Pennsylvania.
3. My research and scholarship focus on interdisciplinary legal representation for children and parents in Family Court and the child welfare system including adolescents who “age out” of the foster care system when they reach the legal age of majority or are discharged after remaining in extended foster care. Prior to teaching at Penn Law, I was the Managing Attorney of The Bronx Defenders Family Defense Practice where I represented parents accused of abuse or neglect in Bronx Family Court as part of a holistic public defender office and the first institutional provider of representation for parents in Bronx Family Court.
4. The Interdisciplinary Child Advocacy Clinic (“Clinic”) represents children, youth and parents in Family Court cases including dependency and child custody proceedings. The Clinic pairs law students and graduate level social work students to represent clients under faculty supervision through an interdisciplinary model addressing the legal and social service needs of our clients. Many of our clients are adolescents who have spent years in foster care and will be discharged when they are over eighteen either by their own choice or by the decision of the Court, or will be discharged when they reach the age of 21 and are no longer entitled under Pennsylvania law to remain in extended foster care.
5. In Philadelphia, the Clinic is assigned as child advocate to represent children and adolescents in foster care in their dependency case. As part of our representation, the Clinic attends all court hearings arguing for appropriate placement and services in foster care. We also advocate for our clients at out of court meetings with the youth, foster care agency caseworkers and service providers to ensure that our clients are positioned to succeed in their educational and employment pursuits. In all of our cases, we advocate for clients to receive assistance securing appropriate housing, monetary support for transportation, clothing vouchers, counseling and mental health services, educational assistance, official documents and identification cards. Our young adult clients are often struggling to maintain their independence and stability in the foster care system, graduate from high school, gain admission to college or secure stable employment. While they have access to supportive services while they are in the foster care system, there are

currently no provisions for after care or discharge services for youth exiting the foster care system when they turn eighteen or twenty-one years old when extended foster care terminates.

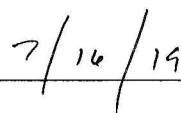
6. There are two situations in which youth exiting the foster care system who are struggling to make ends meet could be eligible for General Assistance. The first is youth who are still in secondary school who will not graduate by the time they are 19. These youth could receive General Assistance benefits to help them care for themselves while finishing secondary school. In the Clinic, we have seen firsthand the difficulties faced by youth in foster care in completing their secondary school education before they turn 19. Many of our clients have significant delays in graduating on time because of the multiple placement moves which often correspond with transferring schools and losing credits. The second situation is youth who have disabilities, and who have not yet been approved for SSI benefits. Unfortunately the process for approval of SSI benefits can be very prolonged, and it can be months or even years while an individual is waiting for a hearing or for a court decision. During that time period, the young adult who is unable to work due to a disability will likely have no other income.
7. The end of General Assistance in Pennsylvania on August 1, 2019 impacts youth who are discharged from the foster care system between the ages of 18 and 21 and who would otherwise be eligible for cash assistance as single young adults. These youth are particularly vulnerable having been raised in the child welfare system, often entering foster care when they were much younger. In many of the cases, the young adults leaving foster care moved between multiple foster care placements, impacting their ability to graduate from high school or higher education and seek meaningful employment. The ability to access cash assistance is critical to their stability and safety as young adults who have lost the supportive services of the foster care system including shelter, food, and access to stipends for clothing and transportation.
8. At the Clinic, we represented young adults who were discharged from foster care and struggled to meet their basic needs as they were unable to find stable employment or safe housing. In some cases, the young adult chose to leave the foster care system after turning 18 or “aged out” when they turned 21 and adamantly believed that they would be able to care for themselves at this young age without a supportive family or additional cash assistance. Speaking with clients, their intention was always to work and to live independently but their history of multiple placements in the foster care system, interrupted schooling and a challenging job market for applicants with a high school diploma or G.E.D. created numerous challenges and hurdles to that goal. As recent research suggests, this is consistent with young adult brain development and the impact of trauma on the stability and functioning of young adults. Those challenges are greatly compounded for young adults with disabilities.
9. The outcomes for youth who leave the foster care system after the age of 18 are troubling and underscore the importance of providing continued assistance to youth formerly in foster care. Youth who remain in care throughout young adulthood are less likely to graduate from high school or higher education programs, and more likely to be

underemployed or unemployed. Youth who remain in foster care into their adolescence and young adulthood are also more likely to be homeless, particularly if they are struggling with mental health disorders. While the child welfare system has made numerous strides towards improving those outcomes for youth in their care including extending foster care till age 21, there are still incredible hurdles for single young adults exiting the foster care system, whether they do so at age 18 or age 21.

10. This population of young adults benefit tremendously from the small monthly cash assistance to ensure that they are able to meet their basic needs. General Assistance provides single adults just \$205 per month in assistance. That small sum begins to fill the critical gap in assistance for this extremely vulnerable population, which often includes people with disabilities, substance use disorders, and victims of domestic violence. Without General Assistance, youth aging out of foster care are left with no means of assistance as they begin their life as adults facing the variety of challenges detailed above.
11. Parents working to reunify with their children who have been placed in foster care are also significantly impacted by the loss of General Assistance. If children are in placement, parents must address the issues that led to placement including mental health concerns and substance abuse. While some parents with children in placement are employed, many others are unable to work due to disability, to participation in drug and alcohol treatment programs, or to other crises, including domestic violence. Parents who have a disability and are waiting for SSI or SSDI benefits, may have no other income and be relying on General Assistance. Parents who are participating in drug and alcohol treatment, or who are survivors of domestic violence and receiving services, may be eligible for General Assistance for up to 9 months in a lifetime. Loss of General Assistance for these parents will make it increasingly difficult to participate in the services and programs geared towards reunifying their families, and as a result, force children to remain in foster care for an unnecessarily longer period of time. It is extremely difficult for a parent without any income to pay bus fare to visit their child, to pay child support for a child in placement, to pay copayments for medication or medical treatment, and to remain in treatment for substance use disorder, let alone to find or maintain suitable housing to reunify their family.



Kara R. Finck



July 16, 2019

Declaration of Eva Gladstein

I, Eva Gladstein, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Eva Gladstein. I am the Deputy Managing Director of Health and Human Services for the City of Philadelphia. I am responsible for the oversight of five City Departments including the following: Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), Department of Human Services (DHS), Office of Homeless Services (OHS), Department of Public Health (PDPH), and the Office of Community Empowerment and Opportunity (CEO). Prior to that, I served as Executive Director of CEO. While there, I developed and implemented a nationally recognized comprehensive citywide plan to address poverty called Shared Prosperity Philadelphia, using a collective impact approach. It became the lead agency for the West Philadelphia Promise Zone, designated by President Obama in January 2014.
2. The City of Philadelphia has a poverty rate of approximately 26 percent, which means that the elimination of General Assistance will have devastating consequences for Philadelphia and its most vulnerable citizens. Ending grants will put added pressure on our already resource constrained system and will hurt the most vulnerable in our city and thwart progress made around the opioid crisis in our City. It will have a particularly devastating impact on those citizens served by the City's Office of Homeless Services, the Department of Behavioral Health and Intellectual disAbility Services and the Department of Human Services. These small cash payments can keep people out of shelters, hospitals, and foster care by meeting their most urgent, and basic needs. And because GA benefits are spent locally, they benefit our neighborhoods.
3. As of May 2019, state wide, there were 11,095 enrollees in the GA program, and 5,635 of them lived in Philadelphia. Those 5,635 individuals included people with disabilities, victims of domestic violence, individuals in drug and alcohol treatment, and children being cared for by neighbors or friends in the context of a family crisis. In order to receive General Assistance, an individual must be completely destitute—they can have no more than \$250 in savings, and the maximum grant for a person with no other income is \$205/month.
4. In addition to being completely without other financial resources, to be eligible, individuals must also fit into a very limited set of categories: people with disabilities, domestic violence survivors who are fleeing abuse and receiving services, individuals in drug and alcohol treatment that precludes employment, and children who are not living with relatives. General Assistance benefits in the categories for domestic violence survivors and for individuals in drug and alcohol treatment which precludes employment, are limited to 9 months in a lifetime. About 80% of people who get General Assistance have permanent or temporary disabilities. By definition, based on the criteria for eligibility, General Assistance recipients are unable to work, because of disability or other crisis.

5. The General Assistance grants these individuals receive—no more than \$205 a month for one person, or \$316 a month for a couple—pays for their life's basic needs that SNAP benefits do not cover: clothing, laundry, transportation, toiletries, hygiene products, toilet paper, and co-payments for medications.
6. Among other departments, I oversee the City's Office of Homeless Services. The Office of Homeless Services serves as the Collaborative Applicant to the Philadelphia Continuum of Care. It partners with over 70 agencies delivering services to over 16,000 clients who are low income and homeless Philadelphians. These agencies provide 327 programs that include Permanent Supportive Housing, Rapid Rehousing, Street Outreach, Emergency Shelter, Transitional Housing and Coordinated Entry and Referral System.
7. In fiscal year 2018, there were 1,801 chronically homeless individuals served in the City of Philadelphia.
8. Some homeless families are able to receive TANF benefits; however TANF is only available to individuals who are pregnant and to families with children to whom they are related. For individuals who are homeless and who are not pregnant, and who do not have children, or whose children are grown, or not living with them, the only source of cash assistance is General Assistance. Many of these individuals have disabilities. Often, they have applied for SSI or Social Security disability, but it can take up to two years to be approved for benefits from the Social Security Administration. Others are veterans, but it can also take a long time to be approved for Veterans Benefits. Individuals who are homeless need affordable housing, and they also need cash assistance.
9. As an example, one OHS program worked with more than 242 households that received General Assistance in fiscal year 2018 to help each household either maintain or achieve housing stability on a month-to-month basis. Of the 242 households receiving General Assistance, 48% (115) had been chronically homeless. GA was crucial to the ability of these households to achieve and maintain housing stability.
10. Another OHS program, a Permanent Supportive Housing Project, included 212 participants who reported receiving General Assistance in fiscal year 2018. Of the 212 participants getting General Assistance, 80% (169) reported that it was their only source of income.
11. In addition to homeless individuals with disabilities, other particularly vulnerable Philadelphians depend on General Assistance. People who are fleeing domestic violence, and people who are in drug or alcohol rehabilitation programs are often displaced from their homes and are in crisis.

12. In 2017, 27.1% of women in Philadelphia lived in poverty, many of whom also experienced domestic violence. Many domestic violence survivors struggle with obtaining and maintaining jobs due to ongoing abuse or harassment by their abuser, ruined credit/rental histories, needing time off to attend court hearings and short and long-term emotional traumas. As a result, survivors often depend on public benefits programs, like General Assistance, to escape an abusive relationship and seek economic independence. In fiscal year 2018, out of 10,270 OHS participants asked if they had experienced Domestic Violence, 1,196 (11.64%) of them responded yes.
13. The City of Philadelphia has developed a coordinated response to combat the opioid epidemic, known as the Philadelphia Resilience Project. In October 2018, Mayor Jim Kenney signed an executive order to combat the opioid crisis, activating 35 City offices for a joint emergency response to the epidemic. General Assistance has been integral to our success getting people into recovery as we deal with the growing opioid crisis. Participants in the low-barrier shelters developed to support the Resilience Project who get GA have reported that it is their only source of income. Individuals who are participating in treatment for substance use disorder often rely on General Assistance. If they lose this financial support, they are at risk of returning to the street and their addiction because they won't have the nominal sums needed to stay in recovery houses and cover incidental expenses.
14. Philadelphia's Department of Behavioral Health and Intellectual disAbility (DBHIDS) provides many services to Philadelphians, including substance use treatment. In 1995, DHBIDS's Office of Addiction Services established a recovery house system for persons enrolled in state-licensed outpatient substance abuse programs. The goal of the Recovery House program is to improve treatment outcomes by placing people in a positive, stable living environment that is conducive to recovery. During fiscal year 2019 Philadelphia increased the number of Recovery House beds from 350 to approximately 500. Once GA is eliminated, an estimated 75% of the 150 individuals who joined the Recovery House program during the fiscal year 2019 expansion will no longer have the financial resources to stay in the program.
15. As an example, after receiving GA earlier this year, Maria Pozzi had the ability to pay to live in a Recovery House. She has been participating in evidenced-based substance use treatment and looking for employment. She is now considering leaving the Recovery House because she received a letter that her GA will be terminated and therefore, she will not be able to pay her rent. "I am scared that not having any income will lead me back to illegal activities and ultimately back to substance use. I am worried that finding a job will make it hard for me to attend my weekly groups and I do not want to get discharged from my treatment program."
16. The consequences of elimination of General Assistance will be devastating, particularly for people in addiction treatment, people with disabilities and survivors of domestic

violence. Of the 242 people receiving General Assistance in FY18 in one OHS program focused on chronically homeless individuals, 78% (189) reported experiencing mental illness; 55% (132) reported a drug addiction; 36% (88) reported alcohol abuse; 32% (78) reported a chronic health condition; and 8% (19) are survivors of domestic violence.

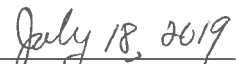
17. Philadelphia is the largest Child Welfare County in the Commonwealth of Pennsylvania. As Deputy Managing Director, I am responsible for the Philadelphia Department of Human Services which provides services to children and families in the contexts of child welfare, juvenile justice, truancy, and prevention. DHS's emphasis is on community engagement, kinship care and right-sizing. We are focused on safely diverting more children from being placed with DHS, safe and timely permanency, working with families to address safety issues so that they can reunify quickly with their children, and reducing use of congregate care. We are trying to provide more community based alternatives to residential care to keep kids close to home whenever possible, to right size the child welfare and juvenile justice systems.
18. There are many demands on DHS's services. Following changes to the Child Protective Services Law in January of 2015, hotline reports increased exponentially. In fiscal year 2018, we received 35,706 hotline reports, as compared to 24,954 in fiscal year 2015. As of July 10, 2019, 5,380 youth were in dependent placement with DHS, 3,293 youth were receiving in home dependent services and 246 were in delinquent placement. While we strive for permanency for all children we serve, there are unfortunately some children and youth who, for a number of reasons, remain in foster care until adulthood.
19. Loss of GA will affect some of the children and families we serve, in several ways. There are several different categories of individuals who can receive GA that may be involved with the child welfare or juvenile justice system.
20. Parents whose children are in placement are generally not able to get TANF until those children are returned. While some parents are employed, others are unable to work due to disability, in order to fully participate in drug and alcohol treatment, or due to domestic violence or other family crises. In order for the family to be reunified, the parents must address the issues that led to placement. Often parents must participate in drug and alcohol treatment, in parenting classes, and possibly in mental health or other medical treatment. They may need to find safer housing and/or get water, electricity and heat service in their home, and they may need to deal with the aftermath of domestic violence that they have experienced. It can be very difficult for parents to do the things they need to do to reunify their families if they have no income. While GA is only a very small amount of income, it can nonetheless be a critical support for parents whose children are in placement and working towards reunification. Loss of GA could delay reunification, harming families and placing greater stress on the child welfare and juvenile justice systems.
21. Youth who age out of the foster care system may need GA while an SSI application is pending. We work hard to achieve permanency for children in our care, but inevitably there are some youth who are unable to reunify with parents or other relatives, and are not adopted. We prepare youth for independent adulthood, for further education and

career possibilities wherever possible. We also assist youth with disabilities in applying for SSI, but it can unfortunately take several years for an SSI application to be approved—especially if an appeal is needed. In this situation, GA is often the only source of cash assistance available. Without GA, these youth with disabilities who are aging out of the foster care system will be at great risk of homelessness.

22. There are children who are in informal arrangements due to a family crisis. As a result of a parent's illness or incarceration, or need for drug and alcohol treatment, a child may be living with a friend of the family or a neighbor without a formal placement. These children cannot get TANF, because they are not living with a relative, and they cannot get foster care payments without a formal placement and child welfare involvement. The caregiver may have legal custody, but even if they have legal custody they cannot get TANF for the child if they are unrelated. These children can however get GA. Loss of GA could force friends or neighbors to turn to the child welfare system because of the loss of the only source of financial support for the children they are caring for. Living with friends or neighbors can lead to better outcomes than placing a child unnecessarily in foster care or congregate care.
23. When GA was eliminated in 2012, we held educational sessions at DHS's Achieving Reunification Center, where we assist parents who are working towards reunification. DHS also provided counselling about public benefits to youth aging out of foster care at our Achieving Independence Center. While those sessions were an opportunity to explain to youth and to parents and to our staff what was happening, and that GA benefits were being taken away, and to encourage individuals with disabilities to apply for SSI, ultimately there was no way to replace the lost income for affected individuals.
24. We saw the harm that was done by eliminating GA in 2012, and the beneficial impact of the return of GA in 2018. We know, therefore, that eliminating GA again will cause harm. There is no effective substitute for having at least a little cash income. A parent cannot use SNAP to pay for bus fare to go visit their children, or to do laundry, or to buy a shirt or pants. Having no income at all makes it much harder to stay in medical treatment, or in drug and alcohol treatment, or to get water or electric service or heat turned back on at your home. It is this lack of ability to provide for basic needs that can create significant risk factors that ultimately can lead to safety issues for families.
25. In summary, eliminating General Assistance will harm the city, our communities, our social service agencies and the individuals who rely on GA. The impact on the homeless and on shelter and support systems will be significant. Our efforts to combat the opioid epidemic, our efforts to stabilize individuals who have been chronically homeless, our efforts to reunify families, our efforts to assist individuals with disabilities, and our efforts to address domestic violence will all be affected.



Eva Gladstein


July 18, 2019

Declaration of Bill Golderer

I, Bill Golderer, hereby declare under penalty of perjury, that the following facts are true and correct:

1. My name is Bill Golderer. I am making this Declaration in support of preserving General Assistance in Pennsylvania. I am the President and CEO of United Way of Greater Philadelphia and Southern New Jersey (UWGPSNJ), a nonprofit organization committed to ending intergenerational poverty in Philadelphia and the surrounding regions. UWGPSNJ works to accomplish this by investing in a two generation approach that supports early learning; opportunity, employment and entrepreneurship; and financial empowerment. Our service area includes Philadelphia, Montgomery and Delaware and parts of Chester Counties in Pennsylvania.
2. Prior to leading UWGPSNJ, I founded Broad Street Ministry, which enables cross-sector collaboration to lift people out of homelessness, and has become known for the inclusive service it extends to community members in need. At Broad Street Ministry, hundreds of individuals and families in need are able to join community meals and, through the ministry's partnerships, access resources such as case management, medical services, behavioral health support, benefits counseling, and legal support. I also co-founded the Rooster Soup Company, the nation's first for-profit, crowd-funded social impact restaurant that creates jobs and returns revenue to Philadelphia's most impoverished citizens, and am Lead Pastor at Arch Street Presbyterian Church.
3. UWGPSNJ is uniquely situated at the intersection of the business, nonprofit and public sectors – a position that enables a distinctive ability to convene stakeholders from these areas to drive real solutions around the most complex issues of poverty facing our region. Poverty is our region's most pressing issue. Philadelphia is our nation's poorest big city, with 26% of residents living in poverty. All across the region, more than 705,000 - including 220,000 children - live in poverty.
4. The poverty trend is simply untenable. The lack of economic empowerment and limited opportunities leaves us uncompetitive as a region, limits our ability to grow and retain talent, and leaves an entire generation of children behind. That's why UWGPSNJ helps our neighbors access the resources they need to thrive by investing in critical interventions to support both our region as a whole, as well as effect change in each local community we serve.
5. UWGPSNJ works with nonprofit regional impact partners, including more than 180 total funded partners. We invested more than \$14 million during our 2019 fiscal year to fight poverty across our region through our Impact Fund. We also distribute millions of dollars through our donor choice program, work with nonprofits on capacity building programs to build strong community leaders, and coordinate advocacy in support of public policies vital to driving change in our communities.
6. We also provide the 2-1-1 SEPA hotline. 2-1-1 SEPA is part of the national 2-1-1 Call Centers initiative that seeks to provide an easy-to-remember telephone number and web resource for finding health and human services – for everyday needs and in crisis situations. Callers can access a vast database of services and providers to find the help they need by dialing 2-1-1 from any landline or cell phone. Navigating social service programs shouldn't be an obstacle in times of need. Between June 2018 and June 2019, 2-1-1 received 30,539 total contacts from the SEPA Region (Bucks, Chester, Delaware, Montgomery and Philadelphia counties), 28,507 of which were related basic needs (utility assistance, rent assistance, shelter, food, etc.). During the same time frame, the PA 2-1-1 System as a whole

answered approximately 186,000 contacts, meaning that approximately 16.4% of contacts for assistance from across the Commonwealth came from the Southeastern region.


7. For many in our Commonwealth, General Assistance (GA) is the only income they have. GA is often the only source of assistance available to individuals with disabilities while they are waiting for SSI or Social Security Disability to be approved. It is also a critical resource for women fleeing domestic violence, and for children who being cared for by neighbors or friends during a family crisis. When GA was eliminated in 2012, we saw the harm that occurred to individuals and communities. And when GA was reinstated in 2018, we saw the beneficial impact for extremely vulnerable individuals. And now, if GA is eliminated again, that will leave many of our most vulnerable neighbors without any resources to pay for basic needs like housing, electricity, heat, water service, or transportation. People will have no way to buy soap, toothpaste and laundry detergent. Often GA enables individuals to stay with family or friends, because they can help at least a little with expenses. We know that losing GA will mean losing housing. It will mean water, gas and electric shut-offs. It will make it much harder for people to get to appointments. And it will mean increased hunger. We know that Food Stamps are not adequate, and individuals often have to use part of their GA to pay for food when their Food Stamps run out.

8. But the effect will be felt beyond those community members losing GA. Based on historic perspective from helping the sector and the community navigate other benefit cuts and social challenges, we anticipate the program's end will bring added strain to the health and human services sector, as they will see an increase in traffic and need for their resources and support. Individuals who lose GA will turn to food pantries and soup kitchens to supplement their Food Stamps. Homeless shelters and social service agencies will be stressed by the additional needs. In addition, there will likely be additional pressure on 2-1-1 SEPA, as people who lose GA and those who are trying to help them, call for help.

9. Our volunteers and stakeholders are invested in this community and give their time and talent to make a difference. We will of course do whatever we can to respond to the crisis caused by the elimination of GA. However there is no substitute for cash assistance. Whatever other supports and social services and short term emergency shelter an individual may be able to find, there is still a critically important need for income. Food Stamps can't be used to pay for transportation, or for basic toiletries and household items, or for clothing, or for rent, or for medical co-payments, or for heat or lights or water. Ending GA will mean hardship that we are not able to ameliorate.



Bill Golderer



July , 2019

Declaration of Sharon Gornstein

I, Sharon Gornstein, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Sharon Gornstein. I am a partner at Leventhal Sutton & Gornstein, which limits its practice to Social Security law. Our office is at 3800 Horizon Blvd. Suite 101, Trevoise PA 19053.

2. As an attorney who for 34 years has represented Pennsylvania residents seeking Social Security Disability (SSD) and Supplemental Security Income (SSI) benefits, I write to express my deep dismay that state officials have chosen once again to abandon a program that has provided a crucial lifeline to thousands of the state's most vulnerable adults. I began representing the disabled while employed at Community Legal Services, and, since joining a private practice in 1996, I have limited my practice to representing SSD and SSI disability claimants.

3. At any given time, I represent between 400 and 600 clients, all in various stages of applying for disability benefits and located across Pennsylvania, from the Philadelphia region, to Allentown and Bethlehem, to the Northeast region in such cities as Wilkes-Barre, Scranton, Pottsville, Stroudsburg and Williamsport, to the Harrisburg area, all the way to the Pittsburgh and Johnstown areas. Most of my clients have worked at low wages prior to suffering injuries or developing medical conditions that have rendered them unable to work. As such, most have had no ability to save money to get them through the inevitable delays they face in obtaining benefits, including waiting periods built into federal disability programs. When it has been available, the state's General Assistance (GA) program has enabled my clients to navigate those delays without succumbing to complete destitution. Without it, many have become homeless or worse – sometimes suffering exacerbations of their conditions that lead to needless hospitalizations.

4. For at least the last ten years, the Social Security disability system has had such enormous backlogs that it takes two to three years before an application reaches a hearing before an administrative law judge. It can take even longer if further appeals are required. It is not unusual for my clients to wait five or more years before actually receiving the benefits they qualified for as soon as they legally became disabled.

5. During the years before General Assistance was eliminated in 2012, my clients had the option of receiving General Assistance benefits of about \$200 per month. In exchange for receiving those benefits, they signed an agreement that if they prevailed in their SSI claim, all of the GA benefits they received during the period of time covered by their disability application would automatically be deducted from their retroactive federal benefits and reimbursed directly to the Pennsylvania Department of Human Services (formerly the Department of Public Welfare). Thus, the state's GA benefits were not only temporary, but were like a loan to be repaid.

6. My entire legal practice underwent a noticeable transformation after General Assistance was eliminated in 2012. I would estimate that, on average, my clients changed

residences at least four or five times in the course of their SSD/SSI application processes because they had no money for rent, and family members or friends could not afford to house them for extended periods. Without access to GA, my clients have all too often suffered extended periods of homelessness while searching for the next place to stay.

7. I'll never forget the case of one client who lived in Hazleton and who had given me the name of a son serving in the Air Force in Colorado Springs, Colorado. Without access to the GA lifeline, she suffered repeated episodes of homelessness, and her son and I both would periodically be unable to contact my client. Her son became so desperate at one point that he asked an old friend, a Hazleton police officer, to check the city's shelters and street corners simply to get her a phone so that she could call her son.

8. There are also times where, without GA, my clients' unstable housing situations have caused additional delays in their cases' moving forward. For instance, if a client can only find shelter far enough away from a prior residence that they fall into a geographical territory covered by a different Social Security hearing office, their case will be transferred to the new office, where they will face an additional long delay before their case is assigned to a new administrative law judge.

9. As the Hazleton case illustrates, my clients' difficulties maintaining housing without GA funds are often exacerbated because they cannot afford to maintain a functioning cell phone, and that in turn complicates the process of obtaining their federal benefits. It is not unusual for my clients to have between five and ten different telephone numbers during the course of their SSD/SSI cases, as they are unable to afford to add minutes to their phones. Many times, they go months without any access to a telephone. This has made the process of staying in touch with my clients much more difficult. There have sadly been times when I have been completely unable to locate my client when their case is finally scheduled for a hearing, and I have had no recourse when the judge dismisses the claim due to the claimant's non-appearance at their hearing.

10. The elimination of General Assistance in 2012 also caused many other problems beyond the lack of funds for shelter or phones. Many of my clients reported having repeatedly gone without filling critical prescriptions for medications because they lacked the money to make a copayment. They also have failed to attend regular doctor appointments, due to the lack of copayment funds or money to pay for transit to their doctors' offices. This not only affects their health, but can make their disability harder to establish under the federal rules, because of their lack of regular treatment.

11. When General Assistance was reinstated in the fall of 2018, I undertook a massive, personal effort to reach out to my clients to let them know that they could once again apply for cash benefits. For many of my clients, that reinstatement has meant the difference between homelessness and a couch in the living room of someone willing to allow them to stay in exchange for a small payment from their GA check. It has meant that they have money to take a bus to the doctor and to afford their copays. It may not seem that a check for about \$200 a month would make such a large and crucial difference, but it does. If GA is once again eliminated, all of the small gains made in my disabled clients' quality of life – and in their ability to continue with critical medical treatments – will be lost.

12. If General Assistance is eliminated again, I know that the same harms I saw between 2012 and 2018 will occur again. I know that some of my clients will become homeless. I know that some of my clients will not be able to maintain a connection with their families because they won't be able to keep cell phone service on. I know that some of my clients will not be able to keep in touch with me, or with the Social Security office, or with their medical care providers. I know they will have difficulty getting transportation to appointments, or keeping the lights on, or purchasing basic toiletries or clothing. Some of them will have their medical conditions deteriorate. And all of my clients who have been getting GA will inevitably be worse off. Often people who are no longer able to work because of disabilities feel a sense of stigma and embarrassment. The deep sense of loss they experience because of their inability to work due to medical conditions is exacerbated by the humiliation of having no income at all during the long wait for SSI/SSDI. It is difficult enough for them to apply for GA; enduring the loss of GA and being completely destitute is terribly stressful.

Sharon Gornstein
Sharon Gornstein

7/18/19
Date



Declaration of Geremi James

I, Geremi James, hereby declare under penalty of perjury, that the following facts are true and correct:

1. My name is Geremi James. I am the Director of Concierge Services at Broad Street Ministry. I have worked at Broad Street Ministry since 2015. I currently lead our concierges, who are available Monday through Friday during meal and mail hours. We assist guests in navigating complex systems and services to achieve their goals, including obtaining benefits, identification, medical care, behavioral health care, and housing.
2. At Broad Street Ministry, we believe that we transform our city, our institutions, and ourselves when we embrace the individual needs of our most vulnerable sisters & brothers. Our doors are wide and welcoming to all of our neighbors. In addition to providing social services, we provide warmth and respect and a spiritual home for all who want it. At Broad Street Ministry we believe that the very act of radical hospitality is, in itself, healing. By inviting anyone and everyone into our space, we have the opportunity to connect with them as the unique individuals that they truly are. Broad Street Ministry's commitment to radical hospitality means that hundreds of vulnerable adults are welcomed through our doors each week. And while many of these folks are lacking vital resources and are living outdoors, by no means are these the only "vulnerable" people we receive.
3. We provide a range of services for our guests. **Monday through Friday** we are open from 11:30AM-3:00PM for Meals and Services. **Lunch** is served each weekday from 12:00-1:00. BSM's meals are open to anyone who wishes to dine with us. We are especially focused on creating an inviting and safe atmosphere for men and women who are homeless, at risk of being homeless, or of low-income. Our **mail** service, where guests can register with us to use our address and get mail here, is open from 11:30-2:00. Our clothing service (a large walk-through closet that is continually stocked with donated clothing) is open Monday & Thursday from 12:00-2:00. **Bible Study** is Tuesday from 12:30-1:30. **Personal Care** is Wednesday from 11:30-1:30. One of the many hardships for our guests at Breaking Bread, who are living outdoors in the city or do not have a permanent place to live, involves personal hygiene. Some of the most basic items to maintain this are often difficult for our guests to obtain. This is especially true during the winter months when it is essential to have clean, dry socks and undergarments. Other essentials – like soap, deodorant, toothpaste and toothbrushes and other toiletries – are just that, essential all year round.
4. We also have some health care services on site, provided by partner organizations, including dental screenings, nursing (including mental health and medical nurses), and HIV screening. Other services provided onsite by partner organizations include benefits counseling and clothes mending. Nurses from PHMC and nursing students from Jefferson assist our guests with medications, basic medical issues, a variety of screenings and wellness services, and referrals. A



psychiatric nurse is present on both Tuesday and Thursday to provide psychiatric counseling and evaluations that enable guests to access stabilizing services. For more than five years a wonderful cadre of some sixteen women from several of our partner churches have come to Breaking Bread each Thursday in groups of two or three to offer free mending services to our guests. This has become one of the services our guests count on, not just for the mending, but also for the kind words and encouraging smiles that greet each one who comes to the mending room with a favorite item of clothing that needs attention.

5. We served 6,692 individuals in 2018. We served 63,270 meals and 5,273 guests got clothing from us. We had 2308 guest visits to a medical nurse, and 857 visits to a psychiatric nurse. In 2018, 2,515 participants newly registered for our mail service and we disbursed 154,120 pieces of mail. Our concierges met with 2,320 guests, and worked intensively with 740 of them on 3 or more occasions. We helped over 100 guests successfully enroll in substance abuse treatment (others tried to enroll but were denied by insurance or rejected due to lack of inpatient beds). We helped 290 guests pursue public benefits. We also provided housing counseling to 1,036 guests, and we worked intensively on housing with 359 guests.

6. Eighty-six percent of our guests report high levels of food insecurity. Two-thirds of our guests report having been diagnosed with a mental health condition, and over half identify as a person with a disability. Twenty-one percent have been diagnosed as having a problem with drug use. About 69% of our guests identify as male and 27% identify as female. Ten percent identify as veterans.

7. Many of the individuals we serve are homeless or very precariously housed. Others have housing, but come to us for help getting adequate nutrition, or physical or mental health care services. Others cannot safely get mail where they are staying, and use our mail service. Some of the people we serve are working at low wage jobs, and cannot make ends meet. Many others are unable to work as a result of disabilities. Many of the people we work with have experienced domestic violence, sexual assault, or other traumas. Other have long standing physical or mental health issues which have been exacerbated by living on the street or under very difficult conditions. While some of the people we work with are pregnant or parenting, many are older, or do not have children who are living with them. Some of our guests are homeless youth, and some of them have aged out of the foster care system, or fled abusive living situations.

8. While some of the guests we serve are receiving Social Security or SSI, many have had to wait a very long time to get SSI or Social Security Disability benefits. It can take months or even years—sometimes as long as two years just to get a hearing, if an appeal is needed. Some are veterans who are waiting for Veterans Benefits to be approved, which can also take a really long time. In the meantime, they often have no income at all. Some are estranged from their families or have no living relatives. Others are in contact with relatives, but those relatives are also struggling to make ends meet and cannot provide support. Many of the people we serve are relying on General Assistance (GA) as their only source of income while they wait for SSI or Social Security Disability benefits or VA benefits to be approved.



9. I remember when GA was ended in 2012. Our guests who had been getting GA were devastated. Some who had been staying with friends or relatives had to leave, because they no longer could contribute anything to household expenses. Others who had a place to stay were no longer able to pay for electric or water service and they faced uninhabitable conditions. Some people ended up on the street and some people disappeared. Some returned to abusive relationships to have a place to stay. Others turned to selling their bodies or relapsed into drug usage under the stress of having no income at all. Need for meals at Broad Street Ministry increased, as did the need for personal care toiletries and clothing. The level of desperation and fear that people who lost GA experienced was palpable and terrifying.

10. When GA came back last year, we were so pleased. While \$205/month is a terribly small amount of money, it is critically important to someone who has absolutely nothing. For our guests it is often the difference between a way to survive and absolute destitution. We see an immediate and positive impact in very concrete ways when individuals are approved for benefits. Because of our onsite benefits counselors, concierges and because of our mail service, we often hear from people when their benefits have been approved, and we rejoice with them.

11. There is no substitute for cash assistance. Even if people are getting SNAP/Food Stamps, they still need a bit of cash income. You can't use Food Stamps to buy soap or shampoo or a toothbrush or laundry detergent. You can't pay rent or for electricity or heat with Food Stamps. And even just for food, Food Stamps are not adequate. Most people run out by the middle or third week of the month. We routinely see an increase in demand for meals at Broad St Ministry in the latter part of the month, as people's Food Stamps run out.

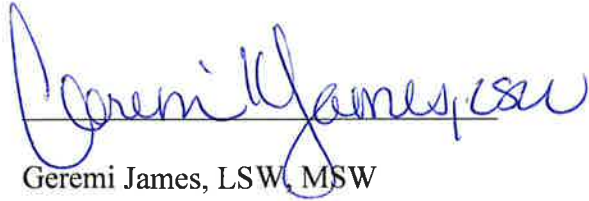
12. Many of the people who turn to Broad Street Ministry for help have diabetes, or kidney disease, or high blood pressure. They are told by the nurses and other medical care providers to eat lots of fresh vegetables and low salt foods. People generally can't buy fresh vegetables or fruit, or a healthy diet with Food Stamps, because those items are too expensive or out of walking distance, and with no income they are unable to travel on the bus. Having a bit of cash assistance helps people try to take care of themselves and their health.

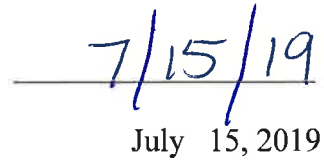
13. Because of our mail service we see people getting notices from the welfare department. We are often asked to help them read those notices, because they can be hard to understand, and some of our guests have difficulty reading. So we know that people just started getting notices after July 1st that their cash assistance is ending at the end of this month. It is truly awful having to tell that to someone who has no other income. This is really crushing news. People have told us that they really don't know what they are going to do without this income and that the elimination of this program did not leave them with enough warning time.

14. Because we saw what happened in 2012 when GA was eliminated before, and because we saw how much difference it made when GA was reinstated in 2018, we know what will happen if GA is eliminated again. People will suffer, and that suffering will begin as soon as GA ends, and will get worse over time. More of our guests will be homeless, and more of our guests will be



even hungrier, and more of our guests will lose the dignity that having any income--even just \$205/month--provides.


Geremi James, LSW, MSW


July 15, 2019

Declaration of Patrick Keenan

I, Patrick Keenan, hereby declare under penalty of perjury, that the following facts are true and correct:

1. My name is Patrick Keenan. I am the Director of Consumer Protections and Policy for the Pennsylvania Health Access Network. PHAN is Pennsylvania's only statewide consumer-driven organization working to expand and protect access to high-quality, equitable, and affordable healthcare for all Pennsylvanians.
2. Since 2007, PHAN has brought together health care consumers and community organizations across the state to advocate for expanded access to health care in Pennsylvania. To achieve this, PHAN blends coalition-building and policy advocacy with our unique model of community health organizing that focuses on supporting and empowering consumers to get the treatment they need and become advocates for better healthcare in their local communities and statewide. PHAN also provides direct assistance to consumers who are in need of health insurance and other public benefits.
4. PHAN impacts individuals by giving them the tools and confidence to navigate the healthcare system, leading to increased continuity of coverage and ultimately, better health outcomes. Over the past six years, PHAN has enrolled over 10,000 Pennsylvanians in healthcare coverage and fielded tens of thousands more questions about health coverage that come in through our toll-free health insurance helpline. Beyond this, PHAN works to ensure that those we have enrolled understand their benefits, know how to access them, and ultimately are empowered to get the care they need.
5. We have staff in different areas of the state who assist individuals in applying for health insurance, often through the Affordable Care Act or through Medicaid. Many of the people we assist in getting health insurance have disabilities. Some people are getting Social Security, or are employed or have other income, but many people with disabilities are unable to work and have not yet been approved for SSI or for Social Security Disability. They may have no income at all during that difficult period when they are waiting for Social Security to approve benefits. When we are assisting an individual to apply for Medicaid, we also offer to help them apply for Cash Assistance, including General Assistance (GA). Since GA was reinstated, we have educated and assisted approximately 200 people with GA.
6. We also have held listening sessions for people who need Long Term Services and Supports, also known as Home and Community Based Care, so that they can continue to live in the community, and not need to go into a nursing home. While many of those people have SSI or Social Security, some of them have not yet been approved for disability benefits from SSA, despite having serious disabilities. Some of those individuals rely on GA as their only source of income while they are waiting for benefits from Social Security.
7. If someone receives GA while they are waiting for SSI, the state gets reimbursed once their SSI benefits are approved. Social Security sends the reimbursement directly to the state out of the person's retroactive SSI benefits. We think of the GA program as a bridge to stability for people with disabilities, and it functions as a revolving loan fund.

8. Another group of people that we work with, who rely on GA, are people who are leaving incarceration and re-entering the community, and who have disabilities, or who are in drug and alcohol treatment programs that preclude them from working. GA not only provides stability for people with disabilities while their applications for disability benefits are pending, but also allows them to pay fines and court costs that they may owe, or child support. For people who are in drug or alcohol treatment programs that preclude employment, it is very difficult to stay in the program, to maintain sobriety and work on developing healthier behaviors, if you have no income. The stress of losing income and fearing homelessness can push people back into relapse, and make it harder to comply with mental health treatment and to keep appointments for all types of medical care.

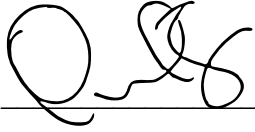
9. We have heard from many of the people we have talked with who get GA about how important it is to them. For example, GA is often the only way they can afford to use public transit to get to important appointments. They also use GA to wash their clothes or afford toiletries and hygiene products they cannot purchase with other benefits affording them basic dignity. GA is also an important part of their ability to maintain stable housing. If they are not using GA to directly afford housing, they are using it to pay for housing-related expenses. Without GA, they are likely to lose their housing, which often exacerbates their medical conditions, and leads them to more costly forms of treatment like hospitals and emergency rooms, and often results in nursing facility care.

10. We also know from the people who we work with that SNAP (Food Stamps) often don't last the entire month. People often tell us how hard it is to get a healthy diet with the small amount of SNAP that they get—fresh vegetables and fruits and other healthy foods are often unaffordable. The maximum for 1 person with no income is \$192/month in SNAP. That is a little over \$2/meal. Most people tell us that their SNAP runs out by the third week of the month, and that they rely on GA to supplement their SNAP, in order to eat. We hear from people who mostly eat a lot of ramen noodles, because they are inexpensive, and from people who end up having to skip meals. If GA is eliminated, we know that hunger will be intensified.

11. Having a little bit of income allows people to stay with friends or relatives, even if it is not sufficient to pay rent for an apartment. Most people do not get any sort of housing subsidy. The data I have seen from DHS are that only 7% of GA recipients live in public housing or get a housing subsidy. Many people PHAN has talked with who get GA are doubled or tripled up with friends or relatives, who also have limited incomes, and who cannot afford to keep them if the individual loses GA and can't contribute to household expenses. If GA is eliminated, more individuals will be homeless.

12. We talk a lot with consumers about ways to improve their health. Having even a small amount of income—and GA is a very small amount of income—is really important to maintaining shelter, accessing health care, having healthy relationships, and being able to engage with the community you live in. All of the social determinants of health connect to, and depend upon, having a stable source of income. If GA is eliminated, it will be harder for people to take

care of themselves, to stay connected to health care providers, to properly eat and take their medications, and to maintain their dignity, self-respect and mental health.

A handwritten signature in black ink, appearing to read 'P. Keenan', written over a horizontal line.

Patrick Keenan

7/19/19

Date

Declaration of Jeannine L. Lisitski

I, Jeannine L. Lisitski, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Jeannine L. Lisitski. I am Executive Director and President of Women Against Abuse (WAA). Our administrative office is located at 100 South Broad St, Suite 1341, Philadelphia, PA 19110. WAA is the largest domestic violence service provider in Pennsylvania. We served 11,684 people in fiscal year 2018. Our services for survivors of domestic violence include two emergency safe havens, transitional housing, community based case management through our Safe at Home program, a hotline assisting people to create safety plans and connect with other resources, early intervention assistance to individuals who have called 911 and are identified by the Philadelphia Police Department as being at greatest risk of being killed by an abusive partner, legal aid for survivors seeking Protection from Abuse orders and other legal protections. We also provide education and training to prevent intimate partner violence, in schools, and to social service agencies, behavioral health providers, and first responders.
2. While domestic violence is an issue across economic groups, it is particularly difficult for victims who have limited income and lack financial resources to respond to a crisis. In a 2012 survey, 3 out of 4 victims surveyed shared they stayed with their abusers for economic reasons (Mary Kay Foundation 2012). The Centers for Disease Control determined that increasing financial independence prevents future violence (Centers for Disease Control and Prevention 2017); and access to economic benefit programs providing direct financial assistance to survivors is critical to providing increased economic stability (Goodman 2018). While some of the survivors who turn to WAA for help are employed, often abuse has made it difficult for a victim to get and keep a job. An abuser may cause them to miss work due to bruises or other injuries, or may come to their worksite and cause trouble, resulting either in termination or in fear that returning to work will further endanger them. In addition to inconsistent work histories, survivors often report ruined credit scores and limited savings due to financial abuse. Victims of violence turn to welfare for financial assistance while fleeing and then rebuilding after abuse, and numerous studies have shown that domestic violence is associated with an increased likelihood of welfare utilization (Tolman 2011).
3. While we work with the people we serve to improve employment, educational and financial prospects, as part of long-term safety, we often find that they need public benefits in the short-term. While SNAP/Food Stamps and Medical Assistance are critically important, access to Cash Assistance is also critically important. For our clients whose children are with them, TANF is an important resource. However some of the survivors we serve are fighting to get their children back from an abusive partner. Until these survivors are reunited with their children, TANF is not available to them, and the only source of Cash Assistance they may be eligible for is General Assistance.

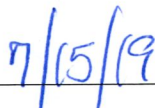
4. In addition to victim parents who are trying to regain custody of their children, we also serve some survivors of abuse who either do not have children, or older survivors whose children are grown. These survivors may also need to rely on General Assistance (GA). There are also young adults who are not parents, some of whom have aged out of the foster care system, who have experienced abusive relationships, and seek counseling, shelter and other services from WAA.

5. GA is only available to individuals in a few categories—including people with disabilities and domestic violence victims who are receiving services. The domestic violence category is limited to 9 months in a lifetime, even though abuse may recur, and it may take repeated attempts before a victim can safely escape an abusive relationship. Some of the survivors we serve have disabilities—either as a result of injuries inflicted by an abuser, or because individuals with disabilities may be especially at risk of experiencing abuse. Whether in the category for domestic violence victims or in the category for people with disabilities, our clients who receive GA rely upon it for their survival.

6. Women Against Abuse saw the harm that the elimination of GA had in 2012. We saw survivors of domestic violence return to an abusive relationship when they lost their cash assistance or other income. The need for emergency shelter, for emergency food assistance, and other social services increased. Then in 2018, we saw the beneficial effect that restoration of GA had for victims who are endeavoring to stay safe. Now we are afraid of the impact of loss of GA again on our clients. As it is, the \$205/month maximum in GA cash assistance is not nearly enough to meet our clients' needs. But the loss of that little bit of money will cut off a critical source of support as survivors take steps towards safety and freedom.



Jeannine L. Lisitski



July 15, 2019

Declaration of Sandra Romeo

I, Sandra Romeo, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Sandra Romeo. I am Vice President for Housing First services of Pathways to Housing PA. Our Mission is empowering people with disabilities to improve their housing stability, achieve better health, and to reclaim their lives. Pathways to Housing PA ends homelessness for people who have been experiencing homelessness for long periods of time, sometime decades. These are people who suffer with serious mental illness, long term substance use, medical frailty, and are marginalized in many other ways. It does so using a Housing First model and a Harm Reduction approach to service. Pathways has an 85+% housing retention rate with people previously thought to be non-compliant and unable to be housed by traditional systems. We have housed and supported more than 400 people who have been marginalized: 25% are seniors, 40% are veterans, and 89% remain housed after 5 years. That's an amazing statistic for people who had been written off by society and the systems designed to help them.

2. Pathways to Housing PA engages in the following activities:

- Providing homes for people who have experienced chronic homelessness and suffer from serious mental illness, substance use disorders, and/or multiple other disabilities
- Restoring health by providing low barrier primary care services, medication management, and the coordination of psychiatric and addictions services to our program participants, while respecting harm reduction as a method for achieving goals
- Reclaiming lives by promoting community inclusion and helping participants to be a part of the community and be valued for their own uniqueness and abilities, just like everyone else
- Operating the Philadelphia Furniture Bank that receives donations of gently used furniture from the public and redistributes it to individuals and families exiting homelessness and in other situations that put them in need
- Disseminating the Pathways Housing First model through training and technical assistance to other communities and organizations nationwide

3. Many of the individuals we serve receive SSI or Social Security Disability benefits. However it can take a very long time for those benefits to be approved—usually many months, and sometimes several years. In the meantime, General Assistance (GA) is usually the only source of cash assistance for these individuals. Once the individual is approved for SSI, the state is reimbursed for the cost of the GA out of the individual's retroactive SSI benefits. We currently have 18 participants who are receiving GA.

4. Supportive housing, funded by PHARE or by other funding sources, is critically important. But so is General Assistance, and supportive housing is not a substitute for GA. While we provide case management and supportive housing, and our clients usually have Medicaid and SNAP (Food Stamps), our clients still need income in order to meet their basic needs. You can't buy soap or toilet paper or laundry detergent with SNAP (Food Stamps). You can't pay for

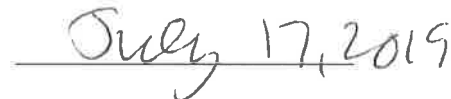
transportation with SNAP (Food Stamps). And you can't buy clothing or pay for medication co-payments.

5. Having income—even a really small income like the \$205/month that GA provides—really helps an individual to become independent and to function in the community. Pathways to Housing believes you must remove the stress of homelessness from people's lives in order for them to make better choices and move forward in life. Similarly, removing the stress of having no income and no financial resources makes it possible for people to move forward in life, and to engage successfully with medical care, with behavioral health services, and with the community around them.

6. Without any income whatsoever, it will be much more difficult for our 18 participants who currently receive GA to stay in housing, and to maintain stability. The stress of losing benefits, and the loss of the dignity that comes with having even a small income, can result in individuals losing sobriety, and in worsening mental and physical health problems.

A handwritten signature in cursive script, reading "Sandra Romeo", written over a horizontal line.

Sandra Romeo

A handwritten date "July 17, 2019" written in cursive script over a horizontal line.

July 17, 2019

Declaration of Ann Sanders

I, Ann Sanders, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Ann Sanders. I am the Public Policy Advocate at Just Harvest. Just Harvest is a non-profit organization that educates, empowers and mobilizes people to eliminate hunger, poverty, and economic injustice in our communities by influencing public policy, engaging in advocacy, and connecting people to public benefits. We are based in Pittsburgh, at 16 Terminal Way, Pittsburgh, PA 15219, and are Southwestern Pennsylvania's recognized authority on hunger and poverty issues. We promote economic justice in public policy at every level of government through both legislative and administrative processes. For over 30 years Just Harvest has worked to ensure that School Breakfast, WIC, SNAP, farmer's market and nutritional programs, and other forms of assistance are available to people who are struggling to get by. Just Harvest has been instrumental in the development of the Pittsburgh Food Policy Council and the Southwestern PA Food Security Partnership. Just Harvest has researched and issued reports on hunger in Allegheny County, and a Welfare Rights Handbook, and has won three Victory Against Hunger awards from the Congressional Hunger Center, the Pennsylvania Public Health Association's Rodale Award for Health Promotion, and the Harry Chapin Food Self-Reliance Award.

2. In addition to policy advocacy and community education about hunger and poverty issues, Just Harvest operates two community food-access interventions, runs a major SNAP outreach and enrollment assistance program, provides tax assistance for low income people, and connects individuals and families to social services and public benefits. Our Fresh Access program provides electronic transaction capacity at 20 local farmers markets, enabling customers to use their SNAP (food stamp) benefits with dignity and a lack of stigma. Our Fresh Corners program works with 10 small "mom-and-pop" grocery stores in food desert neighborhoods to stock and promote affordable fresh produce for their customers, who otherwise face significant barriers to accessing healthy food choices. Just Harvest assists households in applying for SNAP and in navigating through the often complex and intimidating process of eligibility determination. In the past year, we processed more than 1,200 Food Stamp applications. Our tax preparation services are among the largest in the region; in the most recent tax season, we completed federal tax returns for more than 3,200 households. We also assist people who are having difficulty getting access to Cash Assistance—including GA or TANF—or other benefits from the Department of Human Services/County Assistance Offices.

3. As part of our work with individuals who are struggling to get enough to eat, we know how critical General Assistance (GA) is for people with no other income. The only people who are eligible for GA are people with disabilities, survivors fleeing abusive relationships, individuals in drug and alcohol treatment, and children being cared for by people they are not related to—usually friends or neighbors.

4. I have been involved with Just Harvest since 2007, when I was an intern from the School of Social Work. Over the years I have worked at Just Harvest as a tax preparer, a food stamp specialist, and volunteer coordinator before becoming Public Policy Advocate. In each of those positions I have seen first hand the critical importance of having even a little bit of Cash Assistance for people who have no income. SNAP benefits—food stamps—are very important, but they cannot be used to purchase non-food items. So people who have SNAP cannot use it to pay for soap, toothpaste, laundry detergent or use of a laundromat, a winter coat, boots, or bus fare. In addition, people usually find that SNAP runs out by the third week of the month. The maximum SNAP benefit for one person is \$192/month in Pennsylvania, and SNAP benefits are based on the “Thrifty Food Plan”—a USDA plan that was never intended for long term use. People who get SNAP often have to rely on food pantries, soup kitchens, and other sources of emergency food assistance at the end of each month. Cash Assistance is really important as a supplement to SNAP for people who are facing hunger and food insecurity on an all too regular basis.

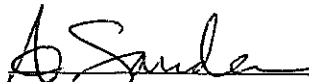
5. When I started at Just Harvest, I quickly saw the importance of GA to people who were able to get it. In the summer of 2012, GA was eliminated, and we quickly saw an increase in the need for emergency food assistance, and an increase in homelessness. While the small amount that people received from GA wasn’t generally enough to cover rent for an apartment, it did make it possible for people to double up with friends or relatives and contribute something to those who were helping them. It also allowed people to more easily access low-income public housing units, which have a minimum rent of \$50 per month, set by HUD and the local Housing Authorities.

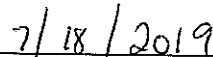
6. When GA was available, it often went to people with disabilities who were waiting to get SSI or Social Security Disability. It can take months or even years for a disability application to be approved, especially if the individual has to appeal. During that time, people have often exhausted whatever savings they may have had, and GA is a lifesaver. When SSI is approved, the state gets reimbursed for the GA benefits.

7. During the years from 2012 to 2018, when GA was not available, it was very difficult to watch people with disabilities struggle with hunger and homelessness because they could not get GA, and had no source of income at all. When we served people who had no income and were unable to work, they were disappointed and discouraged that they could not access financial help unless they had a child in their household. When GA was reinstated in 2018, we worked hard to ensure that people who might be eligible for GA learned about it, and to assist them in applying for it.

8. The opioid epidemic has been a huge public health issue in Southwestern PA. For people participating in drug and alcohol treatment that precludes employment, having access to GA has been incredibly important. When people have no income at all, and no way to get to and from appointments, or to meet basic needs, it is very easy to slide back into unhealthy activities and relapse.

9. If GA is eliminated again, we at Just Harvest know that we will be faced with increased needs here in Southwestern PA. The loss of GA will increase hunger, make it harder for people who are struggling to get the help they need, and make it harder for the social service and volunteer organizations that assist people in need in our communities. We have heard from individuals who have gotten notice that their GA will end on August 1st, and they are frightened and unsure how they will survive, and we are frightened for them.


Ann Sanders


July 18, 2019

DECLARATION OF CAROL E. THOMAS

I, Carol E. Thomas, hereby declare under penalty of perjury that the following facts are true and correct:

1. My name is Carol E. Thomas. I am making this Declaration in support of the lawsuit concerning the ending of General Assistance in Pennsylvania.
2. I am the Director of Homeless Services at Project HOME, a non-profit organization that offers a comprehensive continuum of care to low-income and homeless Philadelphians. This includes street outreach, entry level residences, permanent housing, education and employment opportunities, as well as neighborhood revitalization efforts, economic development, and after school programs. Project HOME operates 18 sites in our residential program of recovery houses, safe-havens for those coming off the streets, and permanent housing.
3. I supervise the Outreach Coordination Center which brings together seven Philadelphia agencies that provide street outreach services to the homeless: Project HOME, Hall Mercer, Horizon House, SELF Inc., One Day at a Time, Prevention Point Philadelphia, and the Mental Health Partnership. I also oversee the Hub of Hope, a walk-in engagement center located Center City Philadelphia, in the concourses under Two Penn Center in Suburban Station. Through a partnership between SEPTA, the City of Philadelphia, and Project HOME, the Hub of Hope offers a safe space that offers hospitality and the opportunity to meet with case managers to begin the process of finding housing. In addition, I support the Ambassadors of Hope program which is comprised of Project HOME outreach workers that partner with stakeholders in the business community to provide services to chronically homeless individuals in key location in Center City Philadelphia. I have worked with homeless men and women, many with mental health and/or substance use disorders for over thirty years. Before I worked at Project HOME, I worked at Resources for Human Development (RHD) in Philadelphia. At RHD, I worked specifically with men who were chronically homeless or involved with the criminal justice system with a multitude of disabilities. The majority of these men received General Assistance at one time or another.
4. I have seen General Assistance eliminated before in my career. The elimination of the General Assistance program on August 1, 2012, left approximately 35,000 of the poorest and most vulnerable people in Philadelphia with no source of income at all. General Assistance is scheduled to be eliminated again on August 1, 2019 for 11,000 Pennsylvanians. In Philadelphia, General Assistance provides a maximum of \$205 per month (25 percent of the poverty level). Recipients of this program are disabled adults, survivors of domestic violence, people caring for a sick or disabled person, those temporarily in drug and alcohol recovery programs, and children in the care of a non-relative.
5. I have seen the impact of the elimination of General Assistance first hand. Back in 2012 when GA was eliminated, every day, people came to see us who were newly homeless because their

General Assistance had ended. Many of them previously lived in single rooms in shared houses. With the loss of General Assistance, they could not afford their rent or utilities.

6. Many of the people I see who are about to lose their General Assistance have disabilities. Many of them have diagnosed mental health disorders and depend on their General Assistance to pay their medication co-pays. The individual co-pays for prescriptions for someone covered under Medicaid are minimal, between \$1 and \$3. But many times a person will take several medications. It's typical for someone to have co-pays up to \$15 per month. When GA was eliminated before, people began to simply stop taking their medications. This increases the severity of their symptoms and can put their lives at risk. I am expecting that the same thing will happen again when GA is eliminated—people will skip doses or completely stop taking medications, and their medical conditions will be exacerbated.
7. Many of the people that I work with who will lose their General Assistance are enrolled in outpatient mental health programs that help support their continued stability. These programs give people a place to get off the street, attend life skills groups, mental health groups, and other services to help them with mental health issues and prevent them from relapsing into using drugs and alcohol. If GA ends, they will no longer be able to afford the transportation expense to go to these programs, and the programs do not have funds to pay for transportation for those who are attending. In 2012, some people who lost their General Assistance stopped going to their outpatient mental health programs, and I expect the same to happen after August 1, 2019.
8. People come to the Outreach Coordination Center every day looking for help with housing. When they come in, we talk with them about why they're homeless. Between 2012 and 2018, many of them had no income and could not afford housing and other basic needs. We attempt to get some people into transitional housing, but it is difficult to get someone into a transitional housing program if they do not have any income to pay for utilities and other costs. We refer some people to shelters. But many people who had lost their General Assistance, especially those with mental health issues, decided not to go to the shelters. Living on the street can be very dangerous, but some people report that life in the shelter can sometimes be even worse. It's even more difficult to get people to go to shelter if they have been robbed or assaulted in a shelter in the past.
9. In June 2012, before the first elimination of General Assistance, approximately 203 people came for our walk-in services. (This does not include the number of people that we meet up with on the street.) In July 2012, 215 people came in for our walk-in services. In August 2012, we saw 258 people, an increase of over 27% from June 2012. Unfortunately, we anticipate a similar trend during this elimination as people who have lost their General Assistance begin to run out of housing options. In 2012, after the elimination of GA, we had an influx of people coming in to wash their clothes because they could not afford to use a laundromat. We had never done this before, but the lack of monetary resources that General Assistance provided necessitated that

we allow this service twice a week. We could not accommodate all of the requests to do laundry at the Outreach Coordination Center though, and we were forced to turn some people away. The volume of requests for laundry and other social services prompted us to work with City government, SEPTA and various advocacy groups to open the Hub of Hope year around. The Hub, as mentioned above, provides hospitality services and linkage to social services including entitlements and housing to such a vulnerable unsheltered population.

10. Project HOME is also affected by the elimination of General Assistance since we now will be forced to dedicate more staff time and resources to working with people who are newly indigent. During the last elimination, due to the increased volume of people walking in and requesting services, our case manager was not been able to conduct her weekly street outreach assignment. Previously, she would go out on Monday and Fridays to talk with people in the street and try to connect them with services. When GA was eliminated in 2012, we could not spare her to be out of the office for those days because of the number of people coming in need of services.
11. In addition, when GA was eliminated in 2012, people who were residing in shelters and transitional housing and were required to pay 30% of their monthly income in shelter fees called or came in to the Outreach Coordination Center with questions asking where they can get help to pay their fees and /or utilities. With the elimination of General Assistance, these individuals were no longer able to pay any shelter fees.
12. When GA was restored in 2018, the Hub partnered with BenePhilly which provides linkage to entitlements, income and other benefits such as SNAP, and started to assist people to apply for GA. Many of those people were living in the subway concourse or on the streets of Philadelphia due to shelters being at capacity or not the best housing options for individuals with disabilities. The restoration of GA enabled these individuals to rent rooms or provide some financial assistance to struggling family members who are living below the poverty level to be able to afford their rent, mortgage or utilities. People could even afford a transit pass instead of walking long distances to medical appointments, outpatient treatment or places to obtain free meals which are spread out over the city. They can pay co-pays for medicines. Women can purchase sanitary products or basic hygiene items that working people who make a living wage take for granted. The assistance that GA provides is immeasurable to people who have no income and very limited resources.
13. Facing the elimination of GA yet again is immeasurable. The impact from the first elimination is still being felt with increased homelessness to middle-aged and older vulnerable people. Those meager benefits give people hope to be connected to housing opportunities they could afford, as well as access to goods and services that only money can buy. The people who did receive GA benefits because of the restoration in 2018 and are now going to lose it means that they will return to homelessness due to non-payment of rent and or utilities. They will go without life-

sustaining medications due to no funds for co-pays. The loss of GA causes harm by further marginalizing and dehumanizing people by thrusting them into extreme poverty and homelessness again.

14. Project HOME is already hearing from people who have been getting GA since it was restored in 2018 and who are afraid of what will happen to them when it ends on August 1st. They are very scared, and we are scared for them. We are already having to divert staff resources to respond to the situations of people who are about to lose their only income. It is also now much harder for us to help people get into housing, because they will not have any income after July 31, 2019.
15. I want to talk about a few of the people who have connected with Project HOME recently seeking help with housing.
 1. D.M. is currently a resident of Project HOME's Women of Change safehaven. Our safehavens provide emergency shelter to individuals who are coming in from living on the street. She has several mental health issues for which she is on medication. She is also a domestic violence survivor. She currently receives General Assistance as her only income. She uses these funds to buy hygiene items, especially feminine hygiene products because she cannot always count on receiving those through donations to the safehaven. She also uses General Assistance funds to pay co-pays on her mental health medication, clothing, and transportation. She has applied for Social Security, but her application has been denied and she is appealing it. She is concerned that she could end up homeless again if she doesn't receive that long-term benefit. Project HOME will adjust her rent, but she will be unable to move out of the safehaven because she will have no income as of August 1, 2019.
 2. J.M. is a 38-year-old woman who has a learning disability and has been unable to keep a job. She has been homeless one and off for the last 8 years. This last winter she was living in a shelter and sleeping on a cot. She started receiving General Assistance in March and it's allowed her to pay rent, buy toiletries, and renew her non-driver's license (a \$30.50 cost). After years of being on the streets and in shelters, she now lives in permanent supportive housing at Project HOME. Having an income and a stable place to live has helped her mental and physical health. She has a hearing scheduled for SSI because of a permanent disability related to neuropathy and diabetes. She prays that her SSI case is settled quickly, because she doesn't know how she will pay for her expenses next month. "How will I afford prescriptions, bus fare to my doctor, or buy laundry detergent? I don't know what I will do. I can't believe this is happening."
 3. W.D., a participant at the Hub or Hope, is currently battling with severe life threatening health issues such as diabetes, cancer, and a bad hip. He uses the General Assistance funds to pay for copays for his medicines, to buy clothing, and pay bills and shelter fees. He's currently applied for SSI, as of right now General Assistance is his only source of income. He has been denied multiple times for disability and currently still trying to

apply; the process of the application has taken more than 12 months already. He is very concerned with the high chance of becoming homeless due to the elimination of cash assistance. His biggest worry is not being able to afford the medicine he needs for his poor health conditions. He states, "How am I going to pay for my cancer and diabetes medicine and get the things I need the most with no source of income now?" Cash assistance helps him with his basic needs in life.

16. The longer these individuals go without General Assistance, the more serious and dangerous their situation becomes. Many of them will suffer from homelessness. Their health issues get worse. They are under serious stress, which is exacerbating their mental health symptoms. They are facing increased stressors to try and maintain their human dignity. While \$205 per month may not seem like much, it was often the essential link to those things that make us move towards self-sufficiency and self-actualization. It's what all human beings should strive for. It is my belief that this is the duty of a humanistic society to provide more than the very basic of needs.



CAROL E. THOMAS



DATE

Declaration of Kathy Wellbank

I, Kathy Wellbank, hereby declare under penalty of perjury, that the following facts are true and correct:

1. My name is Kathy Wellbank. I am Program Director of Interim House, Inc., a position I have held since 1993. Incorporated in 1971, Interim House was one of the first specialized residential treatment programs for women in the nation. We also are the only women specific *outpatient* program in the city of Philadelphia. We are a private 501(c)(3) nonprofit corporation licensed by the Pennsylvania Department of Health, Division of Drug and Alcohol Program Licensure and a credentialed Community Behavioral Health provider. A model for innovative substance abuse treatment for women, Interim House has been transforming lives for almost 50 years. In 1989, Interim House became an affiliate of [Public Health Management Corporation](#), a nonprofit public health institute committed to improving the health of the community through outreach, education, research, planning, technical assistance and direct services. Interim House has received the *Williams Award for Organizational Excellence* from the Philadelphia Foundation, the *GlaxoSmith Community Impact Award*, *The Champions In Action Award*, presented by Citizens Bank and the winner of a \$100,000 grant from *Impact100 Philadelphia*, a woman's philanthropic organization.

2. Interim House provides a specialized, trauma-informed ~~residential~~ treatment program for women that employs a client-centered, holistic approach to treating addiction and promoting recovery. We also provide a continuum of comprehensive services to women with substance abuse and mental health issues that includes five levels of care: Residential short-term and long-term, Halfway House, Intensive Outpatient, and Outpatient Treatment. We provide psychiatric services on site to women with dual diagnoses, and we provide medication assisted treatment for women addicted to opioids. One such specialized and successful component at Interim House is our *Life Skills and Work Readiness Program* that we established in 2008 with the support of the Pew Charitable Trusts Foundation in which they continue to fund. Over the years, this program has also been supported by many other private family foundations such as The Patricia Kind Family Foundation, The Green Family Foundation, The Peggy and Leo Family Foundation and The Forst Family Foundation. One of the primary goals of this program is to empower women to become productive, self-sufficient members of society and break the cycles of unemployment, poverty and incarceration. This program has been very successful since its' inception as women have been able to obtain their GED, complete job training programs while participating in our treatment program and obtain employment upon completion of the program. In fact, there are several current dedicated staff members who participated in this program over 5 years ago. They are excellent role models for our clients and are giving back to the community. In order to fully benefit and complete this program, women need the temporary support of GA cash assistance to provide for their basic needs and/or a recovery house while they are completing drug and alcohol treatment and simultaneously attending job training. If the GA cash is eliminated, many women will not be able to complete the treatment program and the job training and will be forced to enter the workforce without the skills necessary to succeed.

3. Many of the women at Interim House are court-referred and we accept women from across Pennsylvania. County behavioral health agencies in Montgomery, Chester, Philadelphia, Delaware, Bucks, Lancaster and Dauphin Counties refer women to our residential program. Most of the women we serve have dual diagnoses, and face challenges related to serious mental illness as well as addiction. Most of them have experienced abuse, including sexual and physical assaults as adults and in childhood, and domestic violence in abusive relationships. Some of our women also have serious physical illnesses or injuries, sometimes as a result of trauma; their mental and physical health issues have been exacerbated by living on the street or in very precarious housing, and during active addiction.

4. Many women begin drug or alcohol usage in response to abuse, especially in response to childhood sexual abuse, as self-medication in the absence of other resources. Our trauma informed program helps women address their addictions and the effects of the abuse they have experienced, in a holistic way, so that they can heal from both. Women in our residential program have told me that Interim House was the first place they ever felt they could sleep comfortably at night, without worrying about being assaulted.

5. Some of the women at Interim House are getting SSI or Social Security Disability benefits. Others have disabilities, but have not yet been approved for SSI or SSDI. It can take a really long time to get approval. For the majority of our program participants, General Assistance (GA) is the only source of cash assistance available. Still others are hoping to be employed when they complete treatment, and are getting GA only for a limited time, until they are able to work. GA is available to people with disabilities, and also to people who are in drug or alcohol treatment which precludes employment. The GA category for people who are in drug or alcohol treatment is limited to 9 months in a lifetime.

6. GA is a very small amount of money. It is a maximum of \$205/month if you have no other income. However I have seen, over and over, that for participants in our treatment programs, having even that little bit of cash assistance is very important for meeting basic necessities, and for staying in recovery. Even though there is a lot of stigma attached to getting welfare benefits, having a bit of income, and being able to get public benefits, helps our women feel a sense of dignity and self-worth. Losing that little bit of income can really be crushing, and can lead to relapse.

7. Women who are in outpatient and intensive outpatient treatment and living in a recovery house have to be able to pay the recover house in order to remain there. Women who are trying to get into transitional housing cannot do so without at least a little income. The options for women who have no income at all, and who are not able to work due to disability or because of the demands of full participation in a treatment program, are really grim.

8. Many of the women at Interim House traded sex for drugs, or engaged in prostitution, while they were in active addiction. They often were coerced into drug usage or into other illicit activity by an abusive boyfriend or husband. They are working hard to create another future for themselves, one that involves healthy relationships, and a strong sense of their own self-worth, and the possibility of long term sobriety and recovery from addictions, and from the trauma they

have experienced. They are trying to rebuild relationships with their children and are working on reunifying their families.

9. In 2012, I saw first-hand, the impact of losing GA on women who were participating in Interim House programs. Our census declined, as women were unable to sustain housing, and returned to the streets. Women returned to abusive partners to have a place to stay. Women left treatment in order to try and work before they were stable enough in their recovery, and relapsed under the stress.

10. In 2018, when GA was reinstated, we saw the positive impact of having that safety net program available to women in our treatment programs. Having GA makes it possible for women to pay for a recovery house, to apply to transitional housing, to stay with friends or relatives because they can contribute to household expenses, to pay for transportation to appointments, for co-payments for medication, for court costs and fines and for child support. They can buy items for personal hygiene, clothing (often women coming out of prison or off the street do not have a change of clothing), or other basic items, and to buy food when food stamps run out at the end of the month. Women who are trying to reunify with their children who are in foster care placement can use the funds to pay for transportation to visit their children, and to comply with the things they need to do to establish a home that their children can return to.

11. One of the women in our treatment program explained what GA means to her;

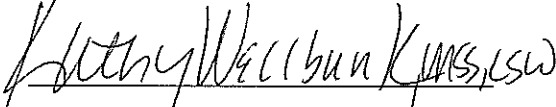
I am grateful for the money provided to me by DPW for helping me by buying my basic hygiene products and feminine products. Also I pay \$61.50 a month to my recovery house. I also am applying for Social Security Assistance as advised by my worker at the welfare office and I need to pay my phone bill to receive calls from Social Security and other appointments. I have chronic illness that I also need to maintain my phone for. I am doing very well in my recovery and I don't want anything so small to be such a big downfall. The \$205 a month is my only source of cash.

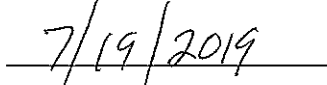
12. Another woman at Interim House said that the thought of losing GA was making her "think of past behaviors I used to get money before. I definitely don't want to go back to that ever. I need this right now to survive."

13. A third woman at Interim House told us:

I am being taught to NOT do the things I did when using drugs—to learn to deal with life, not act out in a negative and harmful way plus not to find ways to make money that caused harm (prostitution or stealing)...This cash assistance...benefited me to be a little independent and continue to work on me (healthy and positive changes)...I am not looking for a long term handout but until I get back into gaining employment. This money really would help in the right way...to do right with it."

14. If GA is eliminated again, I am sure that we will again see women becoming homeless, prematurely leaving treatment, relapsing and losing their recovery, returning to abusive former partners and dangerous situations. We will see children staying longer in foster care, and women whose health conditions are exacerbated by stress, by missed medications, and by the hardships of life on the street. Interim House and other treatment programs will do our best to assist our clients as they struggle to survive this loss, but there is no meaningful substitute for General Assistance, and the positive impact of even a small amount of income.


Kathy Wellbank, MSS, LSW


Date

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

JASMINE WEEKS, VANESSA WILLIAMS,	:	
ARNELL HOWARD, PATRICIA SHALLICK,	:	
individually and on behalf of	:	
all others similarly situated	:	
Petitioners,	:	
	:	
v.	:	
	:	No. _____
	:	CLASS ACTION
DEPARTMENT of HUMAN SERVICES of the	:	Original Jurisdiction
COMMONWEALTH OF PENNSYLVANIA,	:	
Respondent.	:	

CERTIFICATE OF SERVICE

I hereby certify that on this 22nd day of July, 2019, the foregoing Class Action Application for Special Relief in the Nature of a Preliminary Injunction, Consolidated Brief in Support, and Application for Expedited Hearing Schedule and Request to Truncate Response Time has been served upon Respondent, the Department of Human Services, and upon the Attorney General of Pennsylvania, per Pa.R.A.P. 1514(c), by first class mail and by e-mail, satisfying Pa.R.A.P. 121:

JOSH SHAPIRO
Attorney General
Strawberry Square
Harrisburg, PA 17120

DORIS LEISCH
Chief Counsel
Department of Human Services
P.O. Box 2675
Harrisburg, PA 17105

_____/s/_____
MARIA K. PULZETTI

July 22, 2019

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

JASMINE WEEKS, VANESSA WILLIAMS, :
ARNELL HOWARD, PATRICIA SHALLICK, :
individually and on behalf of :
all others similarly situated :
Petitioners, :
v. :
: No. _____
: CLASS ACTION
DEPARTMENT of HUMAN SERVICES of the : Original Jurisdiction
COMMONWEALTH OF PENNSYLVANIA, :
Respondent. :

ORDER GRANTING SPECIAL RELIEF
IN THE FORM OF A PRELIMINARY INJUNCTION

AND NOW, this day of , 2019, upon
consideration of Petitioners' Petition for Review and Application for Special Relief
in the Nature of a Preliminary Injunction, it is hereby **ORDERED** that said
Application is **GRANTED**.

IT IS FURTHER ORDERED that Respondent and their agents, servants,
and officers and others are hereby **ENJOINED** from implementing, enforcing, or
taking any steps to implement or enforce Act 2019-12, Parts 1, 2, & 3, the
elimination of General Assistance, that is the subject of said Petition and
Application, and that no bond is required of Petitioners.

BY THE COURT:

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

JASMINE WEEKS, VANESSA WILLIAMS,	:	
ARNELL HOWARD, PATRICIA SHALLICK,	:	
individually and on behalf of	:	
all others similarly situated	:	
Petitioners,	:	
	:	
	:	
v.	:	
	:	No. _____
	:	CLASS ACTION
DEPARTMENT of HUMAN SERVICES of the	:	Original Jurisdiction
COMMONWEALTH OF PENNSYLVANIA,	:	
Respondent.	:	

**ORDER GRANTING APPLICATION FOR EXPEDITED BRIEFING AND
HEARING SCHEDULE AND TRUNCATING RESPONSE TIME**

AND NOW, this day of , 2019, upon
consideration of Petitioners' Petition for Review and Application for Special Relief
in the Nature of a Preliminary Injunction, it is hereby **ORDERED** that the parties
proceed pursuant to the following schedule for the preliminary injunction
proceedings in this case:

The Court shall hold a status conference on July 23, 2019;

Respondent shall file their responsive pleadings no later than July 25, 2019;

This matter shall be scheduled for a hearing on Petitioners' Application for a
Preliminary Injunction on Friday, July 26, 2019;

Parties shall file post-hearing proposed findings of fact no later than
Monday, July 29, 2019, by noon.

BY THE COURT:
