

Hispanic Community Counseling Services

INTAKE NEW REOPEN TRANSFER
 Self-referred Referred by _____

DATE/FECHA: 4/30/15		Age: 36		<input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Male <input type="checkbox"/> Child <input type="checkbox"/> Female	
Client's Name: (b) (6) Privacy		Date of Birth: (b) (6) Privacy			
Social Security #: (b) (6) Privacy		Fecha de nacimiento: (b) (6) Privacy			
Ethnicity: <input type="checkbox"/> Hispanic/Hispano(a) <input type="checkbox"/> White/Blanco(a) <input type="checkbox"/> African American <input checked="" type="checkbox"/> Other: Mixed		Relationship Status: <input type="checkbox"/> Single/Soltero(a) <input type="checkbox"/> Married/Casado(a) <input type="checkbox"/> Separated/Separado(a) <input type="checkbox"/> Co-habiting/Co-habitando Relación Civil: <input checked="" type="checkbox"/> Divorced/Divorciado(a) <input type="checkbox"/> Widowed/Viudo(a)			
Primary language: <input checked="" type="checkbox"/> English <input type="checkbox"/> Español		Gender/Sexo: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQI		Religion/Religión: N/A	
Client Address: (b) (6) Privacy		Philadelphia, PA. 19103		Phone #: (b) (6) Privacy	
# of person(s) living with client: NA		Children: N/A		Relationship: _____	
Emergency Contact: _____		Relation: _____		Phone: _____	
Primary Care Doctor: _____		Address/Agency: _____		Phone: _____	

FOR CHILDREN ONLY: (COMPLETE THIS SECTION IF CLIENT IS UNDER AGE 18)
 PARA NIÑOS SOLAMENTE: (COMPLETE SI ES MENOR DE 18 AÑOS)

Parent/Custodial Guardian: _____		Relation: _____		Phone: _____	
DHS Involvement: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SI <input type="checkbox"/> NO		School Grade: _____		Special Education? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IEP Request?	
Client's Therapist Preference: _____		Language: <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Either		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
referencia de Terapeuta: _____		Idioma: <input type="checkbox"/> Español <input type="checkbox"/> Inglés <input type="checkbox"/> Cualquier		Sexo: <input type="checkbox"/> Mujer <input type="checkbox"/> Hombre <input type="checkbox"/> Otro	

* FOR CLINIC STAFF USE ONLY:
 * PARA USO DEL PERSONAL DE LA CLINICA SOLAMENTE:

Insurance: _____		CIS or MA #: _____		Living Status Code: _____	
Preliminary Axis I Diagnosis: _____				Educ/Voc Code: _____	
Intake Specialist: _____		Signature: _____		Start Time: _____	
Assigned Therapist: _____		Appointment Date: _____		End Time: _____	
Clinical Director: _____		Date: _____		CBE-A Date: _____	

JUN 29 2015

In all, All I requested is to correct my insurance to Keystone First to attend Hispanic Community Counseling Service at 3156 Kensington Av. Phila. Pa. 19134. For my (b) (6) Privacy Issue's, it didn't have to come this fare to resolve this issue by the Capricious Disregarded employee at the public assistance office.

CLIENT GRIEVANCE FORM

Exhaustion of Administrative Remedies

Title 55:Pa.C.S. Sec. 121.3 – Requirements (a)(2)(vi)

Providing each client with the opportunity to carry his grievances to higher authorities.

From: (b) (6) Privacy
[REDACTED]
Phila, Pa. 19103
Record ID: (b) (6)

From: Louie Mouratidis, A, Pro se
Congressional & Legislative Litigator
11 South 36th St.
Phila, Pa. 19104.

Against: Philadelphia County
Assistance Office District 2 South,
1163 South Broad St.
Phila. Pa. 19147,
(215)560-4400,
Miss Walers, a customer service rep.

Direct Violations to:

Title 55: Pa.C.S. Public Welfare Part II. Subpart B. Chapter 121.3(a)(2)(ii) & (vi).

Title 55: Pa.C.S. Public Welfare Part II. Subpart A. Sec. 107 Nondiscrimination

Title 55: Pa.C.S. Sec. 121.3 Requirements (a)(1)-(a)(2)-(a)(2)(i)-(a)(2)(ii)-(a)(2)(iii) & inter alia.

Title 42: U.S.C. Sec. 1997 Definitions - As used in this subchapter,

(1) The term "institution" means any facility or institution,

(A) Which is owned, operated, or managed by, or provides services on behalf of any State or political subdivision of a State;

Pa. Const. Art. 1. Sec. 20: Right of Petition:

The citizens have a right in a peaceable manner to assemble together for their common good, and to apply to those invested with the powers of government for redress of grievances or other proper purposes by petition, address or remonstrance.

Pa. Const. Art. 1. Sec. 26: No Discrimination by Commonwealth & its Political Subdivisions
Neither the Commonwealth nor any political subdivision thereof shall deny to any person the enjoyment of any civil right, nor discriminate against any person in the exercise of any civil right.

Title 42: U.S.C. Sec. 12102: Definition of Disability

Title 28: CFR. Sec. 39.130 – General Prohibitions Against Discrimination

Title 42: U.S.C. Sec. 1983: Civil action for deprivation of rights & inter alia.

Title 42: U.S.C. Sec. 2000d – Prohibition against exclusion from participation in, denial of benefits of & discrimination under federally assisted programs on ground of race, color or national origin.

Affidavit of Support

I, (b) (6) Privacy applied for medical assistant, to enroll in (b) (6) Privacy programs for (b) (6) Privacy disability at Hispanic Community Counseling Service at 3156 Kensington Av. Phila. Pa. 19134.

I was given a medical card Blue Cross Keystone Connect, Member # (b) (6) Privacy in which the Mental Health Counseling Service (DOESN'T ACCPTE Keystone Connect).

I Called Keystone Connect: # 1-855-322-0434, to cancel or change the insurance. The rep. said, you have to change it at your local county assistance office.

I called Keystone First: # 1800-521-6860. to apply for Keystone First. Because the at Hispanic Community Counseling Service will not except my Keystone Connect, only Keystone First.

I was not aware of all the subdivisions of keystone, that is what makes me incompetent & in life in general, that is why I am seeking (b) (6) Privacy help, A.S.A.P. and this facility fits my needs as a full.

On 15-06-2015, at the Philadelphia County Assistance Office District 2 South, 1163 South Broad St. Phila. Pa. 19147, (215)560-4400, Miss Walers, a customer service rep. I have explained my situation to her at the fullest of my level & she insisted by me to call all this numbers & in response, all the numbers provided, stated, the change must be made at your local county assistant office.

There for, I went back to Miss. Walers, to explain again, & she stated, I can't help you!!!!

All I know is that I am in need of (b) (6) Privacy at the Hispanic Community Counseling Service at 3156 Kensington Av. Phila. Pa. 19134.

I have tried all avenues to change my insurance to Keystone First, so I can attend to (b) (6) Privacy health programs at said faculty.

By looking at the events incurred by my the County Assistance Office Rep. via: Miss Walers, I concur that Congress was right in enacting,

Title 42: U.S.C. Sec. 12101 – Findings & Purpose (a) **Findings** - The Congress finds that—

- (1) physical or mental disabilities in no way diminish a person's right to fully participate in all aspects of society, yet many people with physical or mental disabilities have been precluded from doing so because of discrimination; others who have a record of a disability or are regarded as having a disability also have been subjected to discrimination;
- (2) historically, society has tended to isolate and segregate individuals with disabilities, and, despite some improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem;
- (3) discrimination against individuals with disabilities persists in such critical areas as employment, housing, public accommodations, education, transportation, communication, recreation, institutionalization, health services, voting, and access to public services;
- (4) unlike individuals who have experienced discrimination on the basis of race, color, sex, national origin, religion, or age, individuals who have experienced discrimination on the basis of disability have often had no legal recourse to redress such discrimination;
- (5) individuals with disabilities continually encounter various forms of discrimination, including outright intentional exclusion, the discriminatory effects of architectural, transportation, and communication barriers, overprotective rules and policies, failure to make modifications to existing facilities and practices, exclusionary qualification standards and criteria, segregation, and relegation to lesser services, programs, activities, benefits, jobs, or other opportunities.

Miss Walers, with massive intent to discriminate me & acted with MALICE – FRAUD & OPPRESSION. Complete reprehensible conduct & conspired & acted in concerted to SUPPRESS – CHILL & NEUTRALIZE my U.S. Constitutionally Protected activities & abridged my life – liberty & property with deliberately indifference my opportunity to attend the adequate mental health program fit for me.

All she had to do was, transfer/changer or canceled my Keystone Connect to Keystone First or Assist me how to do it, Not by giving me the round around, Call here & there, in which brought me right back to the county assistance office.

United States v. Olmstead 277 U.S.438

United States v. Jannotti 673 F.2d 578

I, (b) (6) Privacy person actually have (b) (6) Privacy impairment that substantially limits one or more major life activities are disabled within the meaning of ADA & Rehabilitation Act, See. 42: USC Sec. 12102(2)(a) & W.B. v. Matula 67 F.3d 484, 20 CFR 416.920(d). A person will also be considered disabled if there is a record of such an impairment, 42: USC. Sec. 12102(2)(b).

Respectfully Submitted

Date: 06/18/15

/s/ (b) (6) Privacy
(b) (6) Privacy

Date: 06-18-2015

/s/ Louie Mouratidis
Louie Mouratidis, A pro se,
Congressional & Legislative Litigator

PROOF OF SERVICE

Black's Law:
Proof of Service

A document filed in court as evidence that process has been successfully served on a party.

Also Termed:
Return of Service
Return of Process
See: Service (1): Cases
Process: Key: 127-150

I, certify that a true & current copy of the motion -petition - application - briefs were sent to the persons & in the manner as indicated below by placing the same in the United States Mail Depository, United States Postal Service's,, this certificate of mailing provides evidence that mail has been presented to USPS for mailing, This form may be used for Criminal - Civil - Domestic & International Mail.

Respectfully Submitted

Date: 06/18/15

(b) (6) Privacy

(b) (6) Privacy

Date: 06-18-2015

/s/ Louie Mouratidis
Louie Mouratidis, A pro se,
Congressional & Legislative Litigator

SERVICE BY FIRST CLASS MAIL:

From: (b) (6) Privacy
(b) (6) Privacy
Phila, Pa. 19103
Record ID (b) (6) Privacy

From: Louie Mouratidis, A, Pro se
Congressional & Legislative Litigator
11 South 36th St.
Phila, Pa. 19104.

To: F.B.I. Chief Investigator
Civil Fraud
600 Arch St. 8th Fl
Phila, Pa. 19106

To: Pennsylvania Office of Attorney General
Strawberry St.
Harrisburg, Pa. 17120

To: Philadelphia County
Assistance Office District 2
South, 1163 South Broad St.
Phila. Pa. 19147

To: U.S. Environmental Protection Agency
Office of Civil Rights
1200 Pennsylvania Av. N.W. Rm. 2540
Washington, DC. 20460

To: Pa. Human Relations Comm.
301 Chestnut St. Suite 300
Harrisburg, Pa. 17101

To: Pa. Human Relations Comm.
110 N. 8th St. Suite 501
Philadelphia, Pa. 19107

To: Director, Office of Civil Rights
1400 Independence Av. SW.
Washington, D.C. 20250

To: Citizens Discrimination Complaint
64 New York, Av. N.E. 6th Fl
Washington, D.C. 20002

To: U.S. Dept. of Agriculture
Office of Civil Rights Enforcement
Reporter's Building, Suite 400
Mail Stop 9430
Washington, DC. 20250

To: Commonwealth of Pennsylvania
Bureau of Hearings & Appeals
P.O. Box 2675
2330 Vartan Way, 2nd Fl
Harrisburg, Pa. 17105

To: Secretary of Public Welfare
Dept. of Public Welfare
P.O. Box 2675
Harrisburg, Pa. 17105

To: Keystone Connect
200 Stevens Drive
Phila. Pa. 19113

To: Keystone First
200 Stevens Drive
Phila. Pa. 19113

Respectfully Submitted

Date: 06/18/15

(b) (6) Privacy
/s/ _____
(b) (6) Privacy

Date: 06-18-2015

/s/ Louie Mouratidis
Louie Mouratidis, A pro se,
Congressional & Legislative Litigator

V E R I F I C A T I O N

I hereby verify that the statements made in the forgoing motions are true and correct and

were made in subjection to: Title 18: Pa. C.S. Sec. 4904, relating to unsworn falsified statements

to authorities.

Respectfully Submitted

(b) (6) Privacy

Date: 06/18/15

/s/

(b) (6) Privacy

Date: 06-18-2015

/s/

Louie Mouratidis

Louie Mouratidis, A pro se,
Congressional & Legislative Litigator

PRIORITY MAIL

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INSURANCE INCLUDED*

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* Domestic only

USED INTERNATIONALLY,
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FORM MAY BE REQUIRED.



FROM: U.S. Environmental Protection Agency
Office of Civil Rights
1200 Pennsylvania Av. N.W. Rm. 2540
Washington, D.C. 20460

1201A

TO: U.S. Environmental Protection Agency
Office of Civil Rights
1200 Pennsylvania Av. N.W. Rm. 2540
Washington, D.C. 20460

JUN 29 2015



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 UNITED STATES

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