



Cowlitz County Health & Human Services Departments

1952 9th Avenue
Longview, WA 98632
TEL (360) 414-5599
FAX (360) 425-7531
www.co.cowlitz.wa.us/hhs

Board of County Commissioners

Arne Mortensen	District 1
Dennis Weber	District 2
Joe Gardner	District 3

Veteran's Relief Fund Appeal Process

Cowlitz County Health and Human Services (CCHHS) strives to provide the best possible experience for people receiving services in county funded programs. All appeals submitted will be used as input for continuous quality improvement and program evaluation. Retaliation for submitting an appeal is prohibited. Details regarding appeals will be kept confidential. All appeals are analyzed and tracked for potential trends.

The steps below outline the Veterans Relief Fund Appeal process.

- Submit an appeal to the Veteran's agency in which you applied for assistance by following the agency's internal appeal process
- If unable to achieve a resolution with the agency, submit an appeal to CCHHS by Completing the CCHHS appeal form and submitting it to CCHHS
- HHS will review and provide a written response to the appeal within 14 business days
- Final response will be communicated in writing through mail, email, or in person to you, the client, and the Veteran's agency.

Please feel free to reach out with any questions.

Jamie Hopps
Veterans Relief Coordinator
Cowlitz County Health & Human Services
1952 9th Ave, Longview WA. 98632
Tel: (360) 414-5599 extension 6453
HoppsJ@co.cowlitz.wa.us



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Veterans Relief Fund Appeal

Please use this form to submit an appeal related to assistance from the Veterans Relief Fund program in Cowlitz County.

Applicant Information

Name _____

Date _____

Address _____

City _____

Email _____

Phone Number _____

Original application for assistance was made to:

- VFW Post 1035 Veterans Service Center

Select type of funds requested in the application for assistance that is being appealed:

- Food Utility Miscellaneous
 Rent Medical Assistance/ Counseling Services Housing
 Death/Cremation Natural Disaster

Please describe the reason for the appeal:

*Attach additional materials if needed

Submit to: Jamie Hopps
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