

N.J. Dept. of Institutions and Agencies.
Division of Public Welfare.
Bureau of Assistance.

MUNICIPAL BUDGET MANUAL.

NJ/KA8

I5/A17

copy 1

DO NOT CIRCULATE

State of New Jersey

DEPARTMENT OF INSTITUTIONS AND AGENCIES BUREAU OF ASSISTANCE

ADMINISTRATIVE OFFICES
STATE OFFICE BUILDING
SECOND FLOOR
135 WEST HANOVER STREET
TRENTON, NEW JERSEY



ADDRESS REPLY TO:
STATE OF NEW JERSEY
BUREAU OF ASSISTANCE
P. O. BOX 1627
TRENTON 25, NEW JERSEY

June 1, 1962

TO: MUNICIPAL WELFARE DIRECTORS

RE: Revision of Regulation M.A. 2.302, Municipal Welfare Homes

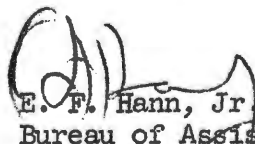
Attached is one copy of the above revised regulation. Additional copies for staff are being forwarded where appropriate.

The primary change is in respect to the maximum allowable rates for care in municipal welfare homes, both domiciliary (boarding) care and patient care in an approved infirmary section.

The former terms "non-ambulatory", "semi-ambulatory" and "ambulatory" have been eliminated. The clients need for care will be evaluated in relation to "room and board without additional personal service", "room and board with extensive personal services on a regular and continuous basis", and "patient care".

Please destroy all copies of M.A. 2.302 dated 6/56 and insert the attached revised regulation.

Very truly yours,


E. F. Hann, Jr., Chief
Bureau of Assistance

EFH:MCRb

Approved
Irving Engelman, Director
Division of Welfare

DEPARTMENT OF INSTITUTIONS AND AGENCIES
BUREAU OF ASSISTANCE

ADMINISTRATIVE OFFICES
STATE OFFICE BUILDING
SECOND FLOOR
135 WEST HANOVER STREET
TRENTON, NEW JERSEY



ADDRESS REPLY TO:
STATE OF NEW JERSEY
BUREAU OF ASSISTANCE
P. O. BOX 1627
TRENTON 25, NEW JERSEY

June 1, 1962

TO: MUNICIPAL WELFARE DIRECTORS

RE: Revision for M.A. 2.300A, section X 7. a. Physicians Services

Attached is one copy of the above revised section of regulation 2.300A Municipal Aid Budget Manual. Additional copies for staff are being forwarded where appropriate.

Explanation

This revision is in accord with a directive from the Division of Welfare authorizing increases in maximum fees for physician's services in all public assistance programs. The increases are effective June 1, 1962 at the discretion of the local assistance board.

The revised section is indicated by vertical marginal line.

Instructions

Remove the following pages from M.A. 2.300A:

✓ Page 8	dated 8/60
✓ " 9-10	" 11/56
✓ " 10a	" 8/60
✓ " 10b	" 8/60

A large, stylized handwritten signature in dark ink, likely belonging to E. F. Hann, Jr.

Insert attached pages 8, 9, 10, 10a, 10b, 10c and 10d.

Only pages 9 through 10a contain revised policy. The other pages have been rerun without change in content.

Very truly yours,

E. F. Hann, Jr., Chief
Bureau of Assistance

EFH:MCRb

Approved
Irving Engelman, Director
Division of Welfare

State of New Jersey

DEPARTMENT OF INSTITUTIONS AND AGENCIES BUREAU OF ASSISTANCE

ADMINISTRATIVE OFFICES
STATE OFFICE BUILDING
SECOND FLOOR
135 WEST HANOVER STREET
TRENTON, NEW JERSEY



ADDRESS REPLY TO:
STATE OF NEW JERSEY
BUREAU OF ASSISTANCE
P. O. BOX 1627
TRENTON 25, NEW JERSEY

January 31, 1962

TO: MUNICIPAL WELFARE DIRECTORS

RE: Revision for M.A. 2.300A, Physical Restorative Services;
M.A. 2.300B, National Health Organizations
M.A. 2.300B, Section I, National Multiple Sclerosis Society

Attached is one copy each of the above revised and new policy material.
Additional copies for staff are being forwarded where appropriate.

These two policy statements correspond to statements being issued to the
county welfare boards for the categorical assistance programs.

Instructions

- ✓ 1) On page #2 of Table of Contents for M.A. 2.300A, under f, change the page number for Public Medical Institutions from 13 to 14.
- ✓ 2) Remove page #3 of Table of Contents for M.A. 2.300A and insert revised pages #3 and #4 (attached).
- ✓ 3) In M.A. 2.300A, Municipal Aid Budget Manual, remove and destroy page 13-14, dated 11/56, and insert revised pages 13, 14, 14a, 14b, 14c, 14d.
- ✓ 4) File Attachment #3, Approved Schools for Physical Therapy and Occupational Therapy, following Attachment #2, Sample Letter dated 8/60.
- 5) File the new regulation M.A. 2.300B, National Health Organizations, and M.A. 2.300B, Section I, National Multiple Sclerosis Society, following Special Supplement to M.A. 2.300A, Visiting Nurse Services.

Any questions about these policies should be directed to your Field Representative.

Very truly yours

A. Wright Poinsett
A. Wright Poinsett, Acting Chief
Bureau of Assistance

AWP/MCRd

Approved
Irving Engelman, Director
Division of Welfare

State of New Jersey

DEPARTMENT OF INSTITUTIONS AND AGENCIES BUREAU OF ASSISTANCE

ADMINISTRATIVE OFFICES
STATE OFFICE BUILDING
SECOND FLOOR
135 WEST HANOVER STREET
TRENTON, NEW JERSEY



ADDRESS REPLY TO:
STATE OF NEW JERSEY
BUREAU OF ASSISTANCE
P. O. BOX 1627
TRENTON 25, NEW JERSEY

January 22, 1962

A. K.
E.F.

TO: MUNICIPAL WELFARE DIRECTORS

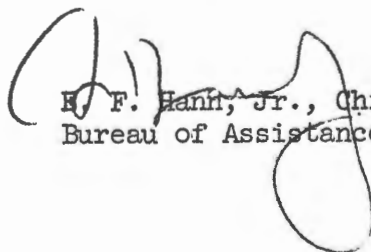
RE: Increases in Maximum Allowances for Patient
Care (Rev. to M.A. 2.300A)

This is to advise you that the Department has authorized increases in the maximum allowances for patient care for all public assistance recipients receiving such care in licensed nursing homes and approved public medical institutional facilities for the care of the chronically ill. These increases are authorized as of February 1, 1962.

Please make the following pen and ink amendments in all copies of Municipal Aid Budget Manual 2.300A, Section X, Variable Needs:

- ✓ On page 12, sub-section 2), Patient Care Rate and Budget Allowances, in (1) Maximum Basic Rate, change the figure \$180 to \$198 and "effective 2/1/62."
- ✓ On page 13, in (2) Alternate Plan, in the third paragraph, change the figure \$190 to \$208, and "effective 2/1/62."
- ✓ On page 13, in b) Public Medical Institution (Chronically Ill), change the figure \$190 to \$208, and "effective 2/1/62."

Very truly yours


H. F. Hanft, Jr., Chief
Bureau of Assistance

EFH/MCR

Approved
Irving Engelman, Director
Division of Welfare



JP

State of New Jersey

DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

September 12, 1960

TO: MUNICIPAL WELFARE DIRECTORS

RE: Revisions to M.A. 2.300A, Municipal Aid Budget Manual

Attached are copies of certain revised pages for regulation M.A. 2.300A; additional copies are being forwarded for staff when appropriate.

The revisions are:

Revised Table of Contents

Page 7 - Revision of item 6, Room and Board, sub-item b, Children. Provides for a maximum of \$65. per month for children regardless of age, to conform with new maximum established for children under the supervision of the State Board of Child Welfare. The new rate is authorized as of September 1, 1960.

Page 8 - No revision in policy; page recut because of a change in organization of content.

Page 10a and 10b - These are new pages which provide a revised policy statement for obtaining diagnostic evaluations of mental conditions. Please observe that the facilities at Menlo Park are to be used only when an examination cannot be arranged locally.

Pages 19, 20, 21 - Have been reorganized. There is no change in Schedule I, Monthly Food Allowances; Schedule II, Monthly Allowances for Restaurant Meals, on page 21, has been revised to conform with revised allowances in the Categorical Assistance Budget Manual.

Attachment 2, Sample Letter - Request for Mental Evaluation. The format of this letter, with appropriate insertions, is to be used when requesting an examination from a local clinic or private practitioner of psychology or psychiatry.

To Municipal Welfare Directors
Re Revisions to M.A. 2.300A,

9/12/60

Instructions for Insertion

Remove and destroy Table of Contents dated 12/10/58 and insert the attached Table dated 8/60

Remove and destroy pages 7, 8, 8a dated 3/11/57 and insert attached pages 7 and 8.

Following page 10, insert attached pages 10a and 10b.

Remove and destroy pages 19, 20, 21 dated 1/1/59, and insert attached pages 19, 20, 21.

Insert Attachment 2, Sample Letter, following Attachment 1, Form PA-4, Authorization for Patient Care.

Pen and Ink Corrections

On page 3, insert the word "grandparent" as a responsible relative in Aid to the Blind.

On page 9 in b, Diagnostic Examination, in listed item starting "Specialist's examination and report," strike out the word "psychiatric."

On page 11, change the outline coding "c." to "d." for Miscellaneous Medical Care Services; and "d." to "e." for Visiting Nurse Services.

On page 12, change the outline coding "e." to "f." for Patient Care (Chronically Ill).

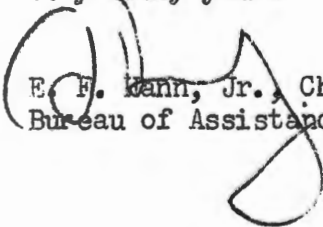
On page 14, change the outline coding "f." to "g." for Physical and/or Functional Occupational Therapy.

On page 15, change the outline coding "g." to "h." for Allowances for Special Services.

On page 18a, item 14, Burial Expenses, in the next to last paragraph, correct the legal citation to read "R.S. 44:1-157."

Should you have any questions regarding the revisions, please consult your Field Representative.

Very truly yours


E. F. Kann, Jr., Chief
Bureau of Assistance

WFH/MCRd

Approved
Elmer V. Andrews, Acting Director
Division of Welfare

TITLE : LAWS

SUBJECT: AFFIDAVITS

156 138 1947

Chapter 28, Section 5d, P.L. 1941, requires that in all municipalities of the State receiving State aid "each applicant for relief shall make an affidavit to the correctness of his or her statement in his or her application for relief." A form suitable for the purpose is appended. The MAA NJR-1 form, used in connection with the New Jersey Relief Plan, includes an affidavit so that a special affidavit is not required when such forms are used.

The Director of Welfare must call to the attention of the applicant Section ¹⁴⁰17, Chapter ¹⁵⁸130, of the Laws of ¹⁹⁴⁷1940, which provides that it is a misdemeanor for a person applying for relief to make a false statement. Should fraud be disclosed, he shall determine whether to make proper charges before the Courts.

An affidavit is required for all cases, and no active relief case shall be serviced without this affidavit in the case record folder.

Att.

STATE OF NEW JERSEY
MUNICIPAL AID ADMINISTRATION

S P E C I M E N

FORM OF AFFIDAVIT

STATE OF NEW JERSEY

COUNTY OF _____

} --SS:

AFFIDAVIT

_____, of full age, being duly sworn according to law, upon _____ oath deposes and says:

I am a resident of _____ in the County of _____ and I hereby certify that all statements and reports to which I affix my signature, in connection with and for the purpose of receiving public assistance, are true and correct.

Sworn to and subscribed before me

(Signature)

this _____ day of _____, 194 .

This form should be attached and become a part of the individual case "Face Sheet" and "Financial Sheet" issued for and signed by the applicant.

TITLE : LAWS

SUBJECT: POLITICAL ACTIVITIES

Chapter 23, P.L. 1941 and Section 8, of Chapter 156, P.L. 1947, clearly express the legislative intent that Directors of Welfare and other employees of local Welfare Departments must refrain from active participation in political campaigns. (Chapter 23, also includes Overseers of the Poor). Conversely, it is the duty of all other municipal officials and employees to refrain from any kind of pressure designed to persuade members of the Welfare Department to engage in "voluntary" political activity, or make "voluntary" contributions for any political purpose whatsoever. Furthermore, the positions of members of the Welfare Department must not be endangered by their strict adherence to the law.

These principles are implicit in the laws divorcing politics and relief.

There are listed below certain acts which the MAA will not tolerate and which, if discovered to exist, will be considered grounds for withholding payment of State aid for relief from the municipality in which the violations occurred.

REGULATIONS AND REQUIREMENTS

Campaign Contributions

1. No Director of Welfare or other employee of the Welfare Department may solicit, collect or receive any contribution for any candidate, group of candidates or party.
2. No municipal official or employee may solicit campaign contributions from any employee of the Welfare Department.
3. No solicitation of campaign contributions by any person whatsoever may be permitted in any office or building of a Welfare Department.

Political Action

4. No Director of Welfare or other employee of a Welfare Department may be a member of a county committee of any party nor occupy a position on any local election board.

Political Action (Cont'd)

5. No Director of Welfare or other employee of a Welfare Department may engage in political activity within the limits of the municipality within which he is employed by:
 - a. Making political speeches,
 - b. Making available for political purposes the names of those receiving public assistance,
 - c. Participating in house-to-house or other types of political canvassing,
 - d. Checking of voter's lists,
 - e. Holding office in a political club within the municipality,
 - f. Participating in political activity on election day, except for the purpose of casting his or her personal ballot,
 - g. Preparing, mailing or distributing campaign literature or materials,
 - h. Doing clerical work connected with the political campaign in behalf of any candidate, group of candidates or party.
6. No official or employee of a municipality may order, request or permit a member of the Welfare Department of such municipality to assist or engage in such political activity as is prohibited by Section 5 of these regulations and requirements.
7. No Director of Welfare or other employee of a Welfare Department may engage in any type of political activity, whether herein specifically enumerated or not, if the purpose is to influence the political action of any other person, or in any way to exploit recipients of relief for political purposes.
8. No member of a Local Assistance Board may order or request a Welfare Director or other employee of a Welfare Department to grant or withhold public assistance for political reasons.

Discrimination in Treatment of Members of the Welfare Department

9. No discrimination may be made against an employee of a Welfare Department in his or her advancement, compensation, type of work assigned or dismissal, because of his or her failure to participate in political activity.

These regulations and requirements affect and apply to every official and employee of the municipality. Therefore the Director of Welfare should make certain that the governing body knows the contents of the preceding paragraphs.

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare
P. O. Box 1627, Trenton 08625

DIRECTORY OF PUBLIC WELFARE AGENCIES

Correction Bulletin No. 8, Released February 14, 1968

Municipal Welfare Officials

<u>Page</u>	<u>Municipality</u>	<u>Column</u>	<u>Correction</u>
15	Northfield City 1-18	2	Strike out entry. Enter 2408 Cedar Bridge Road Northfield 08225 Tel. 641-7192 Off. Hrs.: 9-12
		3	Strike out entry. Enter Mrs. Norma Johnson
17	Allendale Boro 2-1	2	Strike out entry. Enter 7 Crescent Place Allendale 07401 Tel. 327-5889, 327-3441 Off.Hrs.: 9-12, M-F
		3	Strike out entry. Enter Mrs. Elizabeth B. Morton
18	Demarest Boro 2-9	2	Change tel. & off. Hrs. Tel. 768-5858 Off.Hrs.: by appointment
25	Oakland Boro 2-42	3	Strike out entry. Enter Mrs. Janet Hong, Act.
38	Washington Twp. 3-36	2	Strike out entry. Enter River Road, Lower Bank Egg Harbor 08215 Tel. 965-3355 Off.Hrs. 10-11, M or by appointment
39	Berlin Boro 4-5	2	Strike out entry. Enter 15 So. Brill Ave. Berlin 08009 Off.Hrs.: 6:30-7:30 Tel. 767-0894
41	Collingswood Boro 4-12	3	Strike out Acting
42	Haddon Twp. 4-16	3	Strike out entry. Enter Mrs. Mary Smith, Acting
46	Winslow Twp. 4-36	2	Change Off.Hrs.: 10-12, T Th
46	Woodlynne Boro 4-37	2	Change Tel. 962-8510

<u>Page</u>	<u>Municipality</u>	<u>Column</u>	<u>Correction</u>
48	Middle Twp. 5-6	2	Change Off.Hrs.: 7-9, M F
55	Essex Fells Boro 7-6	3	Strike out Acting
58	West Caldwell Boro 7-21	3	Strike out previous entry. Enter Mrs. Rose M. Schiller, Acting
59	Clayton Boro 8-1	2	Strike out entry. Enter 690 N. New Street Clayton 08312 Off.Hrs.: 10-12 F Tel. 881-2882
		3	Strike out entry. Enter Mrs. Edith Christopher, Act.
65	North Bergen Twp. 9-8	2	Change address 1114-43 St.
76	Cranbury Twp. 12-2	4	Change tel. & off. Hrs. Tel. 395-1539 Off.Hrs.: 10-12, M
78	Milltown Boro 12-12	2	Change off.Hrs.: After 5 PM, & Sat.
		3	Strike out entry. Enter Chester J. Leonowicz
78	No. Brunswick Twp. 12-15	2	Change address Mun. Bldg., 611 Herman Road
79	Piscataway Twp. 12-17	2	Change Address 201 Stelton Road
86	Manalapan Twp. 13-26	2	Strike out off hrs. enter Off.Hrs. 7:30PM-8:30PM T; 11-12AM, F
		3	Strike out entry. Enter Eunice Bowers
91	Upper Freehold Twp. 13-51	2	Strike out entry. Enter Imlaystown-Hightstown Rd. Imlaystown Tel. 259-2986 Off.Hrs.: by appointment
		3	Strike out entry. Enter Victor Booth, Sr.

<u>Page</u>	<u>Municipality</u>	<u>Column</u>	<u>Correction</u>
85	Little Silver Boro 13-23	2	Change address to Windsor Drive
86	Marlboro Twp. 13-28	2	Change off. Hrs.: 8:00Pm-9:30PM, M
115	Franklin Twp. 18-8	3	Strike out Acting
119	Byram Twp. 19-4	2	Strike out entry. Enter Lackawanna Drive, Box 314-C1 Stanhope 07874
		3	Strike out entry. Enter Robert Herbst, Act.
122	Ogdensburg Boro 19-16	3	Strike out Acting
126	Rahway City 20-13	3	Strike out entry. Enter Mrs. Dolores Vrancken, Acting
127	Scotch Plains Twp. 20-16	3	Strike out Acting
126	Roselle Park Boro 20-15	3	Change name from Miller to Mawer

DETERMINATION OF LEGAL SETTLEMENT
REGULATION M.A. 0.003

(12/56)

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Determination of Legal Settlement, Regulation N.m. 0.003
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(12/56)

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TITLE: LAWS
SUBJECT: DETERMINATION OF LEGAL SETTLEMENT

INTRODUCTION - PURPOSE

Chapter 357, P.L. 1941 (As amended by Chapter 120, P.L. 1947) governs all municipalities of the State REGARDLESS OF WHETHER OR NOT THEY HAVE APPLIED FOR STATE AID. Therefore, the provisions of this regulation are applicable to ALL municipalities.

The purpose of the settlement requirement of the General Public Assistance Law is to designate the ultimate financial responsibility of the various municipalities of the State and of the State itself in respect to needy persons applying for or receiving general assistance. The legal settlement requirement is established by State law and the policies relating thereto are developed by the Department of Institutions and Agencies, through the Bureau of Assistance and issued to the municipal welfare departments.

A. Immediate Assistance

Section 44:8A-2 of the Revised Statutes, Chapter 357, P.L. 1941, as amended by Chapter 20, P.L. 1947, specifically provides that "Immediate public assistance shall be promptly rendered to any needy person by the director of welfare of that municipality where the person is found at the time of application, subject to determination and adjustment of responsibility."

"Where the person is found" is interpreted as follows:

1. Where the person is living at the time of application, or
2. Where he is actually present under emergency conditions whereby he is not able to return to the place in which he lives for the purpose of making application for general assistance.

This legal principle shall be followed even though the client is lacking either State or municipal settlement as defined in this regulation. (See Sections B through F.) In such instances ultimate financial responsibility is determined by certain procedures described in Section G of this regulation.

B. Settlement Requirements

1. State Settlement:

Every person (except one whose settlement is derived from another person, see Sections D and E) who has resided in the State without interruption for two continuous years, provided that during that time he has resided in one particular municipality for one continuous year, shall have established legal settlement in the State and in a particular municipality of the State for the purpose of general assistance. However, the continuity of residence required for establishing settlement in New Jersey for the purpose of general assistance is considered to be interrupted by the circumstances stated in Section C, below.

2. Municipal Settlement:

Every person (except one whose settlement is derived from another person, see Sections D and E) who has legal settlement in this State shall have municipal settlement for the purpose of general assistance in that municipality in which he has last resided for one continuous year. However, the continuity of residence required for establishing settlement in a municipality is considered to be interrupted by the circumstances stated in paragraph C, below.

A person cannot have municipal settlement unless he has State legal settlement. Also, a person who has State legal settlement must of necessity have a municipal settlement because one of the two years required for State settlement must be spent in one municipality.

C. Restrictions Which Prevent the Acquiring of State and Municipal Settlement

1. State Settlement:

For purposes of general assistance, the law requires that the time spent by a person residing in New Jersey shall be considered as interrupting the continuity of residence necessary for acquiring State settlement in New Jersey while he was or is:

- a. Receiving public assistance, as defined in Chapter 156, P.L. 1947, excluding, however, any assistance which is given by reason of quarantine because of a communicable disease or any assistance which has been repaid in full;
- b. Receiving public aid from any municipality, county, State or Federal agency when that aid could not have been obtained according to law unless the person is in need, whether received in the form of orders, cash or wages;
- c. Receiving assistance under a. or aid under b. for such person or for his wife or a minor child for whose support either such person or his wife is responsible in this or any other state;
- d. In a charitable, custodial or correctional institution in this State or while his wife or minor child is in a charitable, custodial or correctional institution of another State or of the Federal government;
- e. On parole from an institution of this State, another State or of the Federal government;
- f. A fugitive from justice;
- g. Illegally in the United States;
- h. In the armed forces of the United States;
- i. In a veteran's hospital or similar institution.

For purposes of general assistance, the two year period required for State settlement must be continuous and uninterrupted. Whenever interruptions as described above occur, such time shall not be counted and the full two year computation starts anew from the date on which such interruption ends.

2. Municipal Settlement:

For purposes of general assistance, the law requires that the time spent by a person residing in this State under any of the circumstances described above shall not be counted when determining the length of municipal residence needed to establish municipal settlement but the computation does not start anew after such interruption ends.

This means that municipal settlement, unlike State settlement, is acquired on a cumulative basis. In other words, although time spent under any of the above circumstances does not count toward the time required to gain municipal settlement, the length of time spent in the municipality both before and after such interruption counts towards the acquisition of municipal settlement.

The last municipality in which a person has resided continuously for one year or the last municipality in which he has resided continuously or cumulatively for one year is his place of municipal settlement.

D. Settlement of a Married Woman

The settlement of a married woman shall be that of her husband except:

1. If her husband at the time of her marriage does not have settlement in any State, she shall retain her own settlement until her husband acquires one or until hers is lost.
2. A widow or woman who is divorced or separated by judicial decree from her husband shall have the same settlement which she had at the time of her husband's death or of her divorce or of the judicial separation, but may subsequently acquire a settlement in her own right.
3. If a married woman lives outside the State for one year continuously separate and apart from her husband, her settlement is lost until such time as she and her husband voluntarily resume living together, in which event her settlement shall be that of her husband.
4. If a married woman who is deserted by or otherwise separated from her husband remains in New Jersey and her husband's whereabouts are unknown, she retains the settlement she had at the time of the desertion or separation until his whereabouts can be determined.

E. Settlement of Minor Children

1. Settlement of Minor Born in Wedlock:

The settlement of a minor born in wedlock shall be that of his parents, surviving parent, or of the parent having custody.

If both parents die, or the minor is permanently separated from his parents by court order, or if custody of the minor child has been surrendered by an instrument in writing in accordance with law, then the minor's settlement shall continue as at the time of such death or separation until his majority unless he establishes a separate settlement as described in Subsection 3 of this Section.

2. Settlement of Minor Born Out of Wedlock:

The settlement of a minor born out of wedlock shall be that of his mother. However, such minor may acquire a separate settlement as described in Subsections 3 and 4, below.

3. Separate Settlement of a Minor:

A minor establishes a separate settlement in the same manner as a person of full age, if either a or b, below, is applicable.

a. If he (or she) resides separately from his parents, is lawfully employed and is not wholly or partially dependent on his parent(s) or guardian for support. However, if such minor resumes living with either of his parents, his settlement shall be the same as it was before his departure. This provision shall not apply in the case of a minor serving an apprenticeship or securing an education in a regularly organized training school or other educational institution.

b. If a male minor marries and lives apart from his parents. (If a female minor marries, she acquires the settlement of her husband, see Section D).

4. Settlement of Minor Receiving Public Assistance, Upon Marriage of Mother:

In the case of a child who is already receiving care at public expense while in the legal custody of an agency or a person other than the mother, if the mother gains a new settlement through marriage the settlement of the child does not follow that of the mother. The child continues to have the same settlement as existed at the time of the mother's marriage until the child has been returned to its mother's custody and has remained in her care without receipt of public assistance for a period of one year.

5. Settlement of Minor from Outside the State:

A minor who is brought into this State does not gain a separate legal settlement in this State, except as described in the provisions above.

6. Settlement of Minor Placed Apart from Own Parents:

A minor who is placed with any family in this State (other than his own parents or parent) by any person, society, or corporation, public or private, of this or any other state, does not acquire a separate legal settlement except as stated in the provisions above.

F. Loss of State Settlement

1. Continuous Absence for One Year

Every person who has a separate legal settlement (not derived from that of another person as stated in Sections D and E) shall continue to have such legal settlement until he shall remove from this State and remain therefrom continuously for one year. However, a person serving with the armed forces of the United States shall not lose his legal settlement due to absence from the State for one year or more, if the person entered the service while residing in this State.

2. Absence Less than One Year

Every person who has been absent from this State less than one year, upon his return shall have the same municipal settlement which he had at the time of leaving this State.

3. Correspondence Terminates Absence

The initiation of correspondence by another state, or a public agency of another state, requesting acknowledgment of legal settlement in New Jersey of persons living outside the State, who are alleged to have legal settlement in New Jersey, terminates the period of absence from this State for the purpose of determining whether legal settlement has been lost.

G. Procedure When Client Lacks Settlement

When it has been determined that the client lacks settlement, either State or municipal, a municipal welfare department shall follow the procedure stated below.

1. Cases Lacking State Settlement

a. Resettlement a State Responsibility

The law vests in the Bureau of Assistance the sole authority for resettling persons who lack settlement in this State. Therefore, the Bureau is responsible for all negotiations and correspondence with another state in this connection.

b. Reimbursement by State

Reimbursement will be allowed (through the Bureau of Assistance of the Department of Institutions and Agencies) to any municipal welfare department for assistance granted to non-state resident cases to the extent of 80% of the total cost of such assistance, provided, however, that such assistance is given in accordance with the standards and regulations of the Bureau.

The State of acknowledged legal settlement is not responsible for any portion of the assistance costs to such persons while in New Jersey.

c. Notice to Bureau (Form NR-1)

A municipal welfare director who grants assistance to a person not having legal settlement in this State shall notify the Bureau of Assistance not later than twenty (20) days after acceptance of the case by completing "Non-State Resident Referral." (See sample Form NR-1, attached.) The form shall be prepared in triplicate and all copies sent to the Bureau. One copy will be returned to the municipal welfare department indicating Bureau action.

d. Effect of Failure to Notify Bureau

If a municipal welfare director fails to notify the Bureau within twenty (20) days after the first grant of assistance to a person lacking legal settlement in this State, such case will be considered as reimbursable only from the date of notification unless there is a showing of cause acceptable to the Bureau.

If a municipal welfare director fails to notify the Bureau within twenty (20) days after the first grant of assistance to a person lacking legal settlement in this State and the person loses settlement in another state by reason of such failure, no reimbursement whatsoever will be made for the assistance rendered. Responsibility for the care of such person even if he moves to another municipality continues to be that of the municipality failing to notify the Bureau within the required time.

e. Communication with Other State

The Bureau of Assistance will communicate with the welfare department of the State where the client is presumed to have legal settlement in order to verify the residence of the client in the other state and to obtain from the other state official acknowledgment of settlement responsibility.

All cases properly referred to the Bureau will be classified as PENDING during the period the State is endeavoring to establish settlement responsibility in another State.

f. Legal Settlement Established

When the State of alleged settlement acknowledges the client's legal settlement there, the Bureau will send a copy of the letter to the municipal welfare department.

The client shall be so notified by the municipal welfare department and given an opportunity to return to such state.

When the client does not wish to return to the State which has acknowledged settlement responsibility, the municipal welfare department shall transmit to the Bureau a statement indicating whether the welfare department is satisfied that social or other considerations make it inappropriate or impossible for the client to be returned.

If the Bureau approves a plan under which the client's eligibility for General Assistance will not be affected if he remains in this State, the case will be classified as IMPOSED. Three copies of Form NR-2, "Imposed Non-State Resident" will be sent to the municipal welfare department to be completed and submitted to the Bureau. One copy will be returned to the municipal department indicating Bureau approval for purposes of reimbursement. (See sample Form NR-2, attached.)

When a client refuses without good and sufficient cause to return to the State which has acknowledged settlement responsibility for him, he is no longer eligible for assistance until such time as he acquires settlement in this State.

g. Imposed Status for Persons Not Resettled

In any case where the Bureau is unable to establish legal settlement or when the person is not to be resettled in another State, the municipal welfare department will be advised that the case is classified as IMPOSED. Three copies of Form NR-2 will be sent to the municipal welfare department to be completed and submitted to the Bureau. One copy will be returned to the municipal department to indicate approval for purposes of reimbursement.

h. Identification of Records

When it has been established that a client is a non-state resident, the case record, including the social data summary, orders and other pertinent material shall be stamped or otherwise clearly marked NON-STATE RESIDENT.

i. Arrangements and Costs for Return to Another State

1) Municipal Department Makes Plan with the Client

When the Bureau has notified the municipal welfare director that the other State has acknowledged legal settlement, the municipal welfare department is responsible for helping the client with his travel plans.

2) Advance Notice to Other State

Appropriate advance notification with respect to date of client's return shall be sent by the municipal welfare department to the out-of-state agency which has accepted responsibility for the client so that satisfactory arrangements and further planning for the client may be made.

3) Precautions for Safe Arrival

When the non-State resident (such as children, aged, ill) are incapable of assuring their own safe movement to their destination, sufficient precautions shall be taken by the municipal welfare department to assure safe arrival. Where possible, the services of the Travelers Aid Society (or similar agency) shall be used to arrange for the complete travel plans of the client at minimum rates.

4) Transportation Costs Reimbursable

Transportation costs incurred in the resettlement of a non-State resident in another state wherein legal settlement is acknowledged are reimbursable to the extent of eighty (80) per cent. Full advantage shall be taken of all available special or other family reduced rates.

Reimbursement will not be allowed for transportation costs incurred by a person acting as a convoy to a client being resettled unless it is demonstrated that such convoy is essential and prior approval has been obtained from the Bureau.

j. Statistical Reporting

Non-State resident cases are listed on the "Monthly Commitment Report" in the same way as any other case for which the municipality is financially responsible.

k. Forms

Forms NR-1 and NR-2 are provided by the Bureau without cost to the municipality.

2. Cases Lacking Municipal Settlement

a. Interpretation of Law

Section 44:8A-17 of the Revised Statutes, Chapter 357, P.L. 1941 as amended by Chapter 120, P.L. 1947, specifically provides that "When a person alleged to have a settlement elsewhere in the State than in the municipality in which he is found is in need of public assistance, the director of welfare of the municipality where such person is found shall provide the assistance necessary."

"In which he is found" is interpreted as follows:

- 1) Where the person is living at the time of application, or
- 2) Where he is actually present under emergency conditions whereby he is not able to return to the place in which he lives for the purpose of making application for general assistance.

This legal principle shall be followed even though the client lacks municipal settlement as defined in Sections B2 and C2 of this regulation.

b. Responsibility of Municipal Welfare Director Where Client Is Living

1) Notice to Municipality of Alleged Settlement (Form UM-1)

The municipal welfare director shall as promptly as possible send Form UM-1, "Notice to Municipality of Alleged Settlement," by registered mail, to the welfare director of the municipality in which the client is alleged to have settlement. (See sample Form UM-1, attached.)

2) Determination of Amount of Assistance

The municipal welfare director issuing the assistance to the client shall determine the amount of assistance needed according to State regulations and bill the responsible municipality for the assistance granted.

3) Obtaining Reimbursement from Responsible Municipality

Upon receipt of Form UM-2, "Acknowledgement of Responsibility" from the municipality of settlement, (see sub-section c.1) which follows) the welfare director where the client is receiving assistance shall bill the responsible municipality for the assistance granted from the date the "Notice," (Form UM-1) was sent to such municipality. It is the usual practice for the welfare director of the responsible municipality to send a supply of the official vouchers of his municipality to the welfare director where the client is living. This facilitates the billing and payment process when two municipalities are thus involved.

The procedures governing billing and payment between the municipalities can only be settled at the local level; it varies municipality by municipality. It is recommended that at the time of accepting responsibility for a case serviced by another municipality the Directors of Welfare agree upon a schedule of billing and payment to accommodate operating plans of the respective municipalities.

It is recommended that the procedures provide for billing and payment on a monthly basis where the transactions include more than one case. In instances where the transactions include only one case, the plan of operation might be completed by calendar quarters.

Should the responsible municipality fail in its financial obligation, the cost of the assistance may be recovered through legal action by the municipality granting it.

4) Reports to Responsible Municipality

The Welfare director of the municipality where the client is living and receiving assistance shall furnish the welfare director of the responsible municipality each month with the information required to maintain basic case records, and to provide information required for proper reporting on monthly commitment reports. [To facilitate reporting of the information required on the monthly commitment reports, a memorandum set of the forms could be supplied the director of welfare of the responsible municipality.] Whenever it is considered advisable to provide additional information, or if such information has been requested and mutually agreed to by the welfare directors of the two municipalities, supplemental sheets may be attached to the form or forms.

If the welfare director of the municipality where the client is living prefers, he may forward the necessary information in a narrative report. In this instance, it would be necessary to include at least the following.

- a) The date on which the case was opened [this item is supplied only once during the period the case is active for assistance payments.];
- b) Reason client is receiving General Assistance;
- c) Number of persons in the household group receiving GA under the same registration (case) number; and
- d) A breakdown of the total monthly commitments for the subject case to indicate the amount of assistance provided for each item.

In addition to the above information, when assistance is discontinued, the final report should include the date on which the case was closed and the reason.

5) Identification of Records

The case record, including the social data summary, orders and other pertinent material, shall be stamped or otherwise clearly marked "NON-MUNICIPAL RESIDENT."

c. Responsibility of Municipal Welfare Director Receiving Notice

1) Investigation and Acknowledgement (Form UM-2)

The municipal welfare director receiving the "Notice," Form UM-1, shall immediately investigate the residence information provided thereon.

If he finds that the client does have settlement he notifies the welfare director of the municipality where client is living by sending Form UM-2, "Acknowledgement of Responsibility" by registered mail. (See sample form UM-2, attached.)

2) Liabile for Cost of Assistance

The responsible municipality is liable for the cost of all assistance granted the client from the date the "Notice," (Form UM-1) was sent by the municipality where client is living and receiving assistance.

3) Choice of Methods for Continuing Assistance

The welfare director of the responsible municipality may elect

a) To be charged by the welfare director of the municipality in which the client is living for the cost of assistance which shall be granted for a period of not more than four months after the date of the "Notice" and for such further period or periods, if any, which shall be agreed to by the welfare director of the municipality in which the client is living, or

b) To order the client returned to the municipality of legal settlement at the expense of the municipality in which assistance is being granted.

The welfare director of the responsible municipality shall not grant assistance directly to a client living in another municipality without first securing written permission to do so from the welfare director of the municipality in which the client is living. However, the welfare director of the municipality in which the client is living and the welfare director of the responsible municipality may mutually agree that such an arrangement is desirable when the client has been receiving assistance from the welfare department of the municipality in which he has settlement or for other appropriate reasons.

d. Return of Client to Responsible Municipality

The welfare director of the municipality in which the client is living may elect to have the client returned to the municipality of legal settlement at the expiration of any of the periods which have been determined by mutual agreement of the directors concerned, as described in c, 3) of this Section. In such event, he must assume responsibility for the expense of returning the client to the municipality in which he has settlement.

A client should not be moved from one municipality to another without adequate planning.

The Bureau believes the municipal welfare directors concerned should consider first the interest of the client from the viewpoint of employment prospects, health and social conditions and other considerations which have a vital bearing on the welfare of the client. Only after all the facts of each case have been carefully weighed should a decision be made to request return to place of legal settlement.

e. Unauthorized Return a Misdemeanor

It is a misdemeanor to send or convey an indigent person into a municipality for the purpose of making him a charge of such municipality or for the purpose of avoiding responsibility of support in the municipality in which he has been living.

f. Alleged Settlement Protested

1) Protest by Municipality of Alleged Settlement

a) Notice of Protest (Form UM-3)

If the municipal welfare director receiving a "Notice" determines, after investigation of the residence information, that the client does not have legal settlement in the municipality of alleged settlement, he shall send a Form UM-3, "Protest of Settlement Allegation" by registered mail to the welfare director of the municipality in which the client is living. (See sample form UM-3, attached.) This "Protest" shall be sent as promptly as possible but in any event within thirty days after receipt of the "Notice," indicating the facts upon which settlement responsibility is denied.

b) Result of Failure to Protest

If a municipal welfare director fails to send a "Protest" within the 30 day period or during any extended time granted by the Bureau, his failure signifies a concurrence in the decision of the Bureau. (See "Bureau Action and Decision," 3), c), below.)

2) Action by Municipality Where Client Is Living

a) Referral to Bureau (Form UM-4)

When the welfare director of the municipality where client is living either

(1) Receives a notice of "Protest" and still has reason to believe the client has legal settlement in the municipality to which "Notice" was sent, or

(2) Fails to receive any reply whatsoever from the municipality to which "Notice" was sent,

he shall send Form UM-4, "Reference to Department of Institutions and Agencies" together with one copy of the Form UM-1 by registered mail to the Bureau as promptly as possible, but, in any event, not later than 40 days after form UM-1, "Notice to Municipality of Alleged Settlement" was sent. (See sample form UM-4, attached.)

In either situation a copy of Form UM-4, "Reference" shall also be sent to the municipality of alleged settlement.

b) Result of Failure to Refer to Bureau

If the welfare director of the municipality where client is living fails to send Form UM-4, "Reference" to the Bureau in the circum-

stances described above within the 40 days specified, then that municipality shall be considered the client's place of legal settlement. The assistance needs of such a client shall be the financial responsibility of that municipality unless and until such settlement is lost as provided in section F of this regulation.

3) Bureau Action and Decision

a) Extension of Time

The Bureau, if the facts so warrant, may extend the time allowed for sending a "Protest" or "Referece."

b) Review; Hearing

The facts in the case will be reviewed. If the Bureau is unable to determine settlement responsibility on the basis of the facts submitted, the respective municipal welfare directors may be notified to appear at a hearing.

c) Final Decision

The decision of the Bureau becomes final upon written notification to the municipalities involved.

As a part of the decision the Bureau may order the client to be returned to the responsible municipality where he shall be granted whatever assistance is necessary.

d) Enforcement of Decision

If a responsible municipality should fail to accept such responsibility, the Bureau may enforce the decision by withholding from such municipality any State aid which it would otherwise receive under the provisions of the General Public Assistance Law.

g. Statistical Reporting

Inter-municipal settlement cases are reported on the "Monthly Commitment Report" by the responsible municipality only.

h. Forms

All forms (UM-1, 2, 3 and 4) referred to in this section shall be sent by registered mail. Supplies of these forms may be secured from the Bureau without cost to the municipality.

H. Resettlement in New Jersey from Other States

1. Bureau Acknowledges Settlement

The Bureau has sole authority for acknowledgement of legal settlement of persons living outside the State who are alleged to have legal settlement in New Jersey and for all inter-state correspondence in this connection. Municipal welfare directors shall not assume any responsibility for communicating with

the other state in such cases.

2. Inquiries Received by Bureau and/or Municipal Welfare Department

When other states direct settlement inquiries to the Bureau, a copy of such inquiry will be forwarded promptly to the municipal welfare director. If, however, the other state should send a settlement inquiry directly to the municipality, the welfare director of such municipality shall immediately forward a copy of the inquiry to the Bureau and proceed according to the instructions which follow.

3. Municipal Director Investigates Settlement

It will be the responsibility of the municipal welfare director to investigate any inquiry regarding a person's alleged settlement in New Jersey and to submit a report promptly to the Bureau.

Such report should include sufficient information to enable the Bureau to make a decision as to whether the person has legal settlement in New Jersey. In this respect, it is recommended that "Settlement Requirements", both State and municipal (B) and "Restrictions...on Acquiring State and Municipal Settlement" (C) be kept in mind in obtaining the data and preparing the report.

4. Notice of Bureau Decision

Upon review of the facts the Bureau will notify the out-of-state agency of its decision, sending a copy to the municipal welfare director.

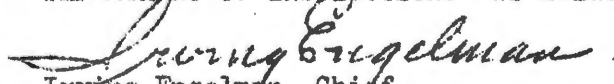
5. Responsibility Following Decision

If the Bureau acknowledges that the person has legal settlement in New Jersey the municipal welfare director shall abide by the decision.

In the event the person wishes to return to New Jersey, the welfare director shall cooperate with the out-of-state agency in planning for such return, and shall promptly grant any assistance which is necessary upon the person's arrival.

The cost of transportation to New Jersey will be met by the out-of-state agency.

DEPARTMENT OF INSTITUTIONS AND AGENCIES


Irving Engelman, Chief

IE/MCRd

Attachments: 6

Approved

Elmer V. Andrews, Director

Division of Welfare

NON-STATE RESIDENT REFERRAL

TO: DEPARTMENT OF INSTITUTIONS AND AGENCIES
 DIVISION OF WELFARE - BUREAU OF ASSISTANCE

Date _____ 19 _____

LAST NAME FIRST	ADDRESS	MUNICIPALITY

I. CHRONOLOGICAL RESIDENCE HISTORY
 (LAST ADDRESS FIRST)

Residence in New Jersey			Residence in Other States			VERIFIED
PERIODS	STREET ADDRESS	MUNICIPALITY	PERIODS	STREET ADDRESS	MUNICIPALITY	

II. FAMILY COMPOSITION
 (ALL PERSONS IN GENERAL ASSISTANCE GROUP)

NAME	RELATIONSHIP	DATE OF BIRTH	PLACE OF BIRTH	COUNTY	STATE	VERIFIED

III. DATA TO PERMIT VERIFICATION OF SETTLEMENT IN OTHER STATES
 (IF DOCUMENTARY PROOF IS AVAILABLE, AFFIX COPIES TO REFERRAL)

OTHER STATE

Employment : _____

Relatives : _____

General Assistance Status: _____

Landlords : _____

References : _____

School : _____

Present Marital Status : _____ Verified

Date and Place of Marriage: _____ Verified

IV. PERTINENT DATA - RE: PERSONS FROM WHOM SETTLEMENT IS DERIVED
 (COMPLETE IF GENERAL ASSISTANCE RECIPIENT IS A MINOR, OR WOMAN LIVING APART FROM HUSBAND AND NOT DIVORCED OR JUDICIALLY SEPARATED).

Name - Date and Place of Birth: _____

Relationship : _____

Present Address : _____

Residence History in Other States: _____

NOTES

1. Residence history should be sufficient to prove settlement status elsewhere or that such status has been lost.
2. Include all persons in General Assistance group. (Use reverse side for additional persons).
3. This information required to permit outside agency to verify settlement without delay.
4. If family is broken, or if deserted, etc., in which case General Assistance persons are incapable of acquiring own settlement—provide name, relationship and residence history of person from whom General Assistance recipients have derivative settlement.

IF CASE HAS BEEN A GENERAL ASSISTANCE RECIPIENT INTERMITTENTLY AND IS RE-OPENED OR IF ADDITIONAL RESIDENCE DATA IS AVAILABLE PLEASE MARK *OVER* AND LIST INFORMATION ON REVERSE SIDE.

I hereby certify that the above captioned non-resident first came to New Jersey _____ 19 _____
 and to this municipality _____ 19 _____
 The First Application for Assistance was made on _____ 19 _____ and Granted on _____ 19 _____
 Present Application was made on _____ 19 _____ and Granted on _____ 19 _____
 Type of Assistance Required _____
 Signed _____ Director of Welfare

DO NOT WRITE BELOW THIS LINE

Reviewed by _____ Date _____ 19 _____
 State of Presumed Settlement _____ Approved for Reimbursement: _____
 Remarks _____ CHIEF, BUREAU OF ASSISTANCE

NON-STATE RESIDENT REFERRAL

TO: DEPARTMENT OF INSTITUTIONS AND AGENCIES
DIVISION OF WELFARE - BUREAU OF ASSISTANCE

Date _____ 19 _____

LAST NAME FIRST	ADDRESS	MUNICIPALITY

I. CHRONOLOGICAL RESIDENCE HISTORY
(LAST ADDRESS FIRST)

Residence in New Jersey			Residence in Other States			VERIFIED
PERIODS	STREET ADDRESS	MUNICIPALITY	PERIODS	STREET ADDRESS	MUNICIPALITY	

II. FAMILY COMPOSITION
(ALL PERSONS IN GENERAL ASSISTANCE GROUP)

NAME	RELATIONSHIP	DATE OF BIRTH	PLACE OF BIRTH	COUNTY	STATE	VERIFIED

III. DATA TO PERMIT VERIFICATION OF SETTLEMENT IN OTHER STATES
(IF DOCUMENTARY PROOF IS AVAILABLE, AFFIX COPIES TO REFERRAL)

OTHER STATE

Employment : _____

Relatives : _____

General Assistance Status: _____

Landlords : _____

References : _____

School : _____

Present Marital Status : _____ Verified

Date and Place of Marriage: _____ Verified

IV. PERTINENT DATA - RE: PERSONS FROM WHOM SETTLEMENT IS DERIVED
(COMPLETE IF GENERAL ASSISTANCE RECIPIENT IS A MINOR, OR WOMAN LIVING APART FROM HUSBAND AND NOT DIVORCED OR JUDICIALLY SEPARATED).

Name - Date and Place of Birth: _____

Relationship : _____

Present Address : _____

Residence History in Other States: _____

- NOTES**
1. Residence history should be sufficient to prove settlement status elsewhere or that such status has been lost.
 2. Include all persons in General Assistance group. (Use reverse side for additional persons).
 3. This information required to permit outside agency to verify settlement without delay.
 4. If family is broken, or if deserted, etc., in which case General Assistance persons are incapable of acquiring own settlement—provide name, relationship and residence history of person from whom General Assistance recipients have derivative settlement.

IF CASE HAS BEEN A GENERAL ASSISTANCE RECIPIENT INTERMITTENTLY AND IS RE-OPENED OR IF ADDITIONAL RESIDENCE DATA IS AVAILABLE PLEASE MARK *OVER* AND LIST INFORMATION ON REVERSE SIDE.

I hereby certify that the above captioned non-resident first came to New Jersey _____ 19 _____
and to this municipality _____ 19 _____
The First Application for Assistance was made on _____ 19 _____ and Granted on _____ 19 _____
Present Application was made on _____ 19 _____ and Granted on _____ 19 _____
Type of Assistance Required _____
Signed _____ Director of Welfare

DO NOT WRITE BELOW THIS LINE

Reviewed by _____ Date _____ 19 _____
State of Presumed Settlement _____ Approved for Reimbursement: _____
Remarks _____ CHIEF, BUREAU OF ASSISTANCE

IMPOSED NON-STATE RESIDENT

NA 48-2

TO..... DIRECTOR OF WELFARE

NAME	NO.	ADDRESS	MUNICIPALITY	DATE

The above captioned non-state resident cannot be legally removed to the state of and therefore may be granted assistance in..... MUNICIPALITY
in accordance with Chapter 357, Section 33, Laws of 1943 and the rules and regulations of
THE DEPARTMENT OF INSTITUTIONS AND AGENCIES.

THE DEPARTMENT OF INSTITUTIONS AND AGENCIES will allow continued reimbursement therefor, upon receipt of the following completed data:

I. VERIFICATION OF RESIDENCE IN NEW JERSEY
(LAST RESIDENCE FIRST)

PERIODS	STREET ADDRESS	MUNICIPALITY	VERIFIED DATE	TYPE OF PROOF
to				
to				
to				
to				
to				
to				

If Documentary Proof is available, affix copies to the form!

I. ADMINISTRATION

(ANSWER IF PERTINENT TO CASE)

- (a) Has application been made for O.A.A., S.B.C.W., or other categorical aid.....
- (b) Have desertion charges been made.....
- (c) Have legally responsible relatives been contacted for contributions to support.....
- (d) Employability and prospects.....

II. RELIEF STATUS

Persons in Relief Group.....
Type of Home.....
Cooking and Heating Facilities.....

TOTAL MONTHLY BUDGET	APPLIED INCOME	RELIEF GRANTS:	(By Type)
\$.....	\$.....	\$.....	
\$.....	\$.....	\$.....	
\$.....	\$.....	\$.....	
\$.....	\$.....	\$.....	
\$.....	\$.....	\$.....	
\$.....	\$.....	\$.....	

DO NOT WRITE BELOW THIS LINE

I. & A. REVIEWED BY:..... DATE..... 19.....

PROSPECTUS OF CASE..... APPROVED FOR REIMBURSEMENT:

.....
Bureau of Assistance

R-E-M-A-R-K-S:

Case should be classified as an IMPOSED NON-RESIDENT
Effective as of 1, 19.....

Approval is provided for reimbursement until
After which the case should be resubmitted for continued approval.

TO: Director of Welfare of .

(P.L. 1941, CHAPT. 357, SEC. 17)

Date

PLEASE TAKE NOTICE thatnow residing at.....
.....applied on theday of19.....to the undersigned for public
assistance and has been found eligible. The following facts indicate that municipal settlement is in

(MUNICIPALITY)

I. FAMILY COMPOSITION - RELIEF GROUP ONLY

Table with 6 columns: NAME, RELATIONSHIP, DATE OF BIRTH, PLACE OF BIRTH, REMARKS, VERIFIED (Check V)

II. CHRONOLOGICAL RESIDENCE HISTORY (LAST RESIDENCE FIRST)

Table with 4 columns: PERIODS, Street Address, RESIDENCE IN NEW JERSEY, Municipality, VERIFIED (Check V)

III. PERIODS OF RESIDENCE NOT TO BE COMPUTED

(P.L. 1941, CHAPT 357, SEC. 5) (COMPLETE ONLY IF PERSON WAS ON RELIEF, ETC. WHILE RESIDING IN PLACES LISTED UNDER II)

*Sufficient data to establish State and Municipal Settlement

Table with 4 columns: PERIODS, Street Address, RESIDENCE IN NEW JERSEY, Municipality, REASONS WHY NOT COMPUTABLE

IV. DATA TO PERMIT VERIFICATION OF SETTLEMENT IN OTHER MUNICIPALITY (IF DOCUMENTARY PROOF IS AVAILABLE, AFFIX COPIES TO NOTICE)

Table with categories: Employment, Relatives, Relief Status, Landlords, References, School, Miscellaneous

V. PERSONS FROM WHOM SETTLEMENT IS DERIVED

(COMPLETE IF RELIEF RECIPIENT IS A MINOR, OR WOMAN LIVING APART FROM HUSBAND AND NOT DIVORCED OR JUDICIALLY SEPARATED.)

Table with 2 columns: Name, Relationship, Present Address, Residence History

REMARKS: (USE OTHER SIDE IF NECESSARY)

To Director Receiving Notice
See P.L. 1941, Chapt. 357
Sections 18, 19, 20, 21, 24 & 29.

SIGNED:

Director of Welfare of

ACKNOWLEDGMENT OF RESPONSIBILITY

(P. L. 1941, CHAPTER 357, SEC. 18a)

To the Director of Welfare of _____ Re: _____ (Name)
_____ (Address)

Please be advised that I hereby accept responsibility for _____
who is now residing in _____, but who has settlement in _____.
You are authorized to return said person to this community at your own expense. You will of course give this
department ample time so that we may properly arrange for his return.

This department will grant reimbursement for such assistance as may have been granted subsequent to
the _____ day of _____ 19____ (date notice mailed pursuant to P. L. 1941, Chapt. 357, Sec. 17) up
to the time of the receipt of this acknowledgment.

Very truly yours,

Director of Welfare of _____

Dated this _____ day
of _____ 19_____

ACKNOWLEDGMENT OF RESPONSIBILITY

(P. L. 1941, CHAPTER 357, SEC. 18b)

To the Director of Welfare of _____ Re: _____ (Name)
_____ (Address)

Please be advised that I hereby accept responsibility for _____
who is now residing in _____, but who has settlement in _____.
You are authorized to charge _____ (municipality) with the cost of all
assistance granted for a period of four months subsequent to the _____ day of _____ 19____ (date notice
mailed pursuant to P. L. 1941, Chapt. 357, Sec. 17) and for such further period or periods, if any, as shall be
agreed to by you as Director of Welfare.

Will you kindly send this department as soon as possible copies of all relief orders which have been issued or
may be issued in this case. By so doing, payment will be made promptly and this department will be able to
accurately inform the State Department of Institutions and Agencies concerning its relief expenditures.

Very truly yours,

Director of Welfare of _____

Dated this _____ day
of _____ 19_____

PROTEST OF SETTLEMENT ALLEGATION

(P. L. 1941, CHAPT. 357, SEC. 19)

To _____ Date _____

DIRECTOR OF WELFARE OF _____ (Municipality)

In reply to a notice received by the undersigned on the _____ day of _____ 19____ relating to the settlement of _____ now residing at _____ please be advised that, as a result of an investigation of the facts, I do hereby deny that settlement of such person is in _____ (Municipality). The facts are as follows:

1. CHRONOLOGICAL RESIDENCE HISTORY (LAST RESIDENCE FIRST)

Table with 4 columns: PERIODS, Street Address, RESIDENCE IN NEW JERSEY*, Municipality, (Check ✓)

*Sufficient data to establish State and Municipal settlement.

II. PERIODS OF RESIDENCE NOT TO BE COMPUTED (P. L. 1941, CHAPT. 357, SEC. 5) (COMPLETE ONLY IF PERSON WAS ON RELIEF, ETC., WHILE RESIDING IN PLACES LISTED UNDER I)

Table with 4 columns: PERIODS, Street Address, RESIDENCE IN NEW JERSEY, Municipality, Reasons why not Computable

III. DATA TO PERMIT VERIFICATION OF SETTLEMENT IN OTHER MUNICIPALITY (If documentary proof is available, affix copies to protest)

Table with categories: Employment, Relatives, Relief Status, Landlords, References, School, Miscellaneous

IV. PERSONS FROM WHOM SETTLEMENT IS DERIVED (Complete if Relief Recipient is a minor, or woman living apart from husband and not divorced or judicially separated)

Table with categories: Name, Relationship, Present Address, Residence History

REMARKS: (Use other side if necessary)

SIGNED _____ DIRECTOR OF WELFARE OF _____

To Director Receiving Protest See P.L. 1941, Chapt. 357 Sections 21, 22 & 24

REFERENCE TO
DEPARTMENT OF INSTITUTIONS AND AGENCIES
(P. L. 1941, Chapt, 357, Sec. 21)

TO Bureau of Assistance

Re: City of _____ vs City of _____
Settlement of _____
Street _____
Municipality _____

1. This matter relating to the settlement of _____ now residing at _____ is hereby referred to you for a decision pursuant to P. L. 1941, Chapter 357.

2. On the _____ day of _____ 19____ said person applied to the undersigned for public assistance which was first granted on the _____ day of _____ 19_____.

3. On the _____ day of _____ 19_____ I sent a notice by registered mail to _____ director of welfare of _____ alleging that settlement of said person was in _____ (municipality) a copy of which is attached hereto. I am also sending a copy of this reference to such director of welfare.

[Use 4 (a) or (b) as the case may be]

4. (a) On the _____ day of _____ 19_____ I received a protest of the settlement allegation which is attached hereto, from said director of welfare in which it is denied that settlement is in _____ (municipality).

(b) To date I have not received an acceptance of responsibility pursuant to P. L. 1941, Chapter 357, Sec. 18, nor have I received a protest pursuant to Sec. 19 of said statute.

5. (State where settlement of person is and give specific reasons for such conclusion. If a protest was sent and case is disputed, affix to reference affidavits of case worker, landlord, relief client, etc., tending to prove settlement and also copies of other documentary proof which may be available). _____

Respectfully submitted

Director of Welfare of _____

Dated this _____
day of _____ 19_____

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance

M.A.O.003
Supp.No.1
5/22/57

TITLE: LAWS

SUBJECT: ELIGIBILITY OF IMMIGRANTS, DISPLACED PERSONS AND REFUGEES

A. Assistance to be Granted on Needs Basis

Assistance shall be granted to all applicants for General Assistance in accordance with the standards and procedures provided in regulation M.A. 2.300A, Municipal Aid Budget Manual.

This includes applicants who are immigrants, displaced persons, Hungarians admitted under the Refugee Relief Act, and any other refugee.

B. Determination of Settlement

Settlement responsibility will be determined in accordance with the New Jersey Settlement Law, Chapter 357, Public Laws of 1941 as amended by Chapter 130, Public Laws of 1947, and the procedures provided in regulation M.A. 0.003, to which this regulation is Supplement No. 1.

Persons who are immigrants, or refugees admitted under special Acts and who lack State settlement will be considered "non-State settled" cases for purposes of State aid reimbursement, and will be reported to the Bureau in the same manner as any other non-State settled case.

C. Consultation on Special Problems

In cases presenting special problems, other than financial assistance, it is recommended that the municipal welfare department consult an appropriate National Voluntary Agency working with these groups by correspondence or telephone as necessary.

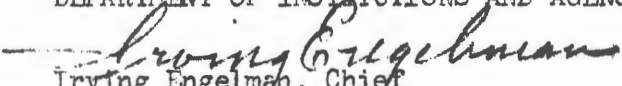
The Bureau of Assistance may also be consulted in problem cases.

Consultation with a National agency or the Bureau should always be requested prior to direct contact with the Immigration authorities.

D. Information Attached

Attached to this Supplement are information statements interpreting sponsor obligations for displaced persons generally, special information on the Hungarian Refugee Program, and a Directory of National Voluntary Agencies.

DEPARTMENT OF INSTITUTIONS AND AGENCIES


Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved
Elmer V. Andrews, Director
Division of Welfare

Official Regulation M.A. 0.003
Supplement No. 1, 5/57

INFORMATION ABOUT REFUGEE PROGRAMS

A. INTERPRETATION OF SPONSOR OBLIGATIONS FOR DISPLACED PERSONS

The following statement was prepared by the Director of Resettlement, United States Displaced Persons Commission in 1951:

"Individuals, church groups working in conjunction with our recognized voluntary agencies, and State Committees or Commissions, that provide assurances, the instruments which serve as the basis for the issuance of a visa to the displaced person, and make possible his admission into the United States, do not thereby assume a fixed financial obligation. The assurances, including the provision of employment, housing and that the displaced person will not become a public charge, constitute a moral responsibility, not a legally enforceable one. Consequently, the U.S. Displaced Persons Commission cannot require that the cooperating religious agency or any individual shall defray all medical expenses that may accrue against the displaced person or his family.

"Generally speaking, once the displaced person is in the United States his relationship with his sponsor is the same as that which exists between an employer-employee in this country.

"As legally admitted residents of this country these former displaced persons are bound by the same laws, regulations, and business practices that are binding on all of us. They are legally responsible for any bills they incur to the same extent that you and I are when we incur them. Their sponsor is, therefore, under no legal obligation to meet any expenses incurred by the displaced person, excepting as he feels morally obligated or personally has committed himself to do so."

B. INFORMATION REGARDING THE HUNGARIAN REFUGEE PROGRAM

The following has been extracted from information received February 1957 from the Department of Health, Education, and Welfare regarding the Federal Government's activities in relation to the Hungarian refugees:

"The President's Committee for Hungarian Refugee Relief does not carry any administrative responsibility for a program. Rather, it was created on 12/12/56, to assist, in every way possible, the various religious and other voluntary agencies engaged in work for Hungarian refugees, and to coordinate the efforts of voluntary agencies with the work of interested governmental departments.

"The President has made it clear that the task for fitting the Hungarian refugees into useful and satisfying places in American life should be primarily a job for the American people acting through their voluntary agencies, with the Federal government standing by, and being prepared on request to furnish help to the voluntary sponsoring agencies without interfering with their responsibilities. Accordingly, this

Department [Federal Dept. of Health, Education, and Welfare] has assigned a representative to Camp Kilmer, the reception center for the Refugees, to work with and facilitate voluntary agency effort.

"The national voluntary agencies that are sponsoring the Hungarian refugees have had long experience in refugee operations abroad and in resettlement of immigrants under the Refugee Relief Act. Likewise, States, local communities, and individual citizens have understood their role in being hosts to immigrants admitted under the Refugee Relief Act.

"The first Hungarian refugees were admitted under Public Law 203, the Refugee Relief Act of 1953, which expired the end of 1956. The additional refugees have been admitted under a section of the Immigration and Nationality Act of 1952 which provides the Attorney General with authority to 'parole into the United States temporarily,' at his discretion, 'under such conditions as he may prescribe for emergency reasons or for reasons deemed strictly in the public interest, any alien applying for admission into the United States.'

"Under this provision of law some persons have been admitted who normally would be excluded for admission for health or other reasons. To assist the voluntary agencies in caring for such cases, the Immigration and Naturalization Service is presently meeting the cost of hospitalization required for any of the specified 'excludable' health conditions. This arrangement does not, however, extend to the payment of any medical bills for illness arising during the normal course of living and unrelated to conditions listed as excludable. Such costs are expected to be met, as they are for citizens, by the people themselves, or in unusual situations by the voluntary agencies, or through such arrangements as either may make. [Would include public assistance agencies.]

"In addition to the payment of transportation of the refugees from Hungary, the Federal government is assisting the voluntary agencies in the defrayal of domestic transportation costs. These payments to voluntary agencies for domestic transportation costs are an exception to customary practices decided upon by reason of the fact that the decision to admit the large number of refugees within so short a period of time was made in the national interest, and to carry out its decision the Government required the assistance of voluntary agencies in the resettlement of the refugees concerned. As such, the payments do not in any way constitute a precedent for giving payment to the voluntary agencies for similar costs for other refugee movements.

"Beyond the provision of financial assistance to care for excludable health conditions and transportation costs, there is no present expectation that additional special provisions for Federal financial assistance will be needed. By and large, the Hungarian refugees represent a high level of educational and vocational attainment, and it is expected that the voluntary sponsoring agencies will be able to make provision for any immediate assistance and service that might be required. As the refugees are absorbed into the community, any needs presented by them are expected to be met as for any other person on the basis of individual circumstances and eligibility for services from resources available. [Would include public assistance.]

"The Bureau of Public Assistance is interested, as we know State public assistance agencies are, in seeing that individual and family needs are met in a manner that recognizes the dignity and respect of the individual and that utilizes the professional skill in established welfare agencies in meeting these needs. While in--

formation received to date does not indicate any substantial need for State and local provision of financial assistance, it does indicate that problems and needs are likely to be presented which may require services of public welfare departments in assisting individual sponsors in planning for the utilization of community resources in effecting successful resettlement.

"The Lutheran Refugee Service has prepared a handbook for those interested in assisting immigrants to become integrated into American life, entitled 'A Song in a Strange Land.' This document presents, in brief and concise form, information about the variety of help that may be needed and resources available; includes an interpretation of the 'public charge' provision of the immigration and naturalization laws; and contains an excellent chapter on psychological and social aspects of resettlement and a directory of Lutheran Refugee Service area offices. Copies of the publication may be obtained from the national office of the Lutheran Refugee Service, 235 Fourth Avenue, New York 3, New York."

C. DIRECTORY OF CENTRAL OFFICES OF NATIONAL VOLUNTARY AGENCIES SPONSORING REFUGEES

The following agencies will provide advice and cooperation regarding problems affecting refugees:

Church World Service, Inc. (Department of
National Council of Churches of Christ in U.S.A.)
215 Fourth Avenue
New York 3, New York

(Oregon 9-3373)

International Rescue Committee
62 West 45th Street
New York 36, New York

(Murray Hill 2-4672)

Lutheran Refugee Service
235 Fourth Avenue
New York 3, New York

(Gramercy 3-4750)

National Catholic Welfare Conference
Resettlement Division - Catholic Relief Services
149 Madison Avenue
New York 16, New York

(Oregon 9-3373)

Tolstoy Foundation, Inc.
989 Eighth Avenue
New York 19, New York

(Circle 7-2922)

United Hebrew Immigrant Aid Society, Inc.
425 Lafayette Street
New York 3, New York

(Oregon 4-6800)

United Ukrainian-American Relief Committee
866 N. Seventh Street
Philadelphia 23, Pennsylvania

(Lombard 3-8096)

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance
Trenton 8

N.A. 0.003
Sup. No. 2
8/5/57

TITLE: LAWS

SUBJECT: RESPONSIBILITY FOR CASES OF UNATTACHED CHILDREN REFERRED
FROM OUT-OF-STATE

INTRODUCTION

There has been increasing concern within the Department regarding requests from other states related to planning for the care in New Jersey of unattached children found in need while living in other states. These requests often concern minor children who leave New Jersey on their own initiative and become stranded; children who may be reunited with a parent or parents now residing in New Jersey; children whose parents or others with whom they left this State are no longer available to care for them; or, children born in other states who are without parents or others to care for them, and for whom plans are being considered for care in New Jersey.

A. DEFINITION OF UNATTACHED CHILD

For purposes of this regulation, an "unattached child" shall mean any person under 21 years of age who is unaccompanied by a parent or spouse.

B. STATEMENT OF POLICY

Because of special competence in the field of child welfare, the State Board of Child Welfare will assume complete responsibility for developing plans for unattached children from out-of-State whose care in New Jersey is requested. This will include financial assistance from the State Board of Child Welfare when eligibility is established for one of the programs administered by that agency.

C. PROCEDURES

In order to carry out this policy the following procedures shall be observed:

1. Referral to Central Office of State Board of Child Welfare

All referrals or requests from out-of-State concerning unattached children (whether received by letter, telephone or other means), shall be immediately referred to the Division of Inter-Agency Services, State Board of Child Welfare, 163 W. Hanover Street, Trenton 25.

2. Reports to Central Office, SBCW

The municipal welfare department making the referral shall transmit to the Division of Inter-Agency Services, SBCW, the original inquiry (if by letter), and a summary statement of any information available in agency records. The municipal welfare department is not required to make any investigation of the facts, nor to enter into correspondence or other negotiations with individuals or agencies out-of-State prior to the referral to SBCW.

In certain instances, in referrals received by SBCW from sources other than a municipal welfare department, the SBCW will wish to consult the municipal welfare department to obtain any information which may be available in agency records. In such instances the available information shall be furnished the SBCW.

3. Unattached Children Found in Need of General Assistance

In the rare instance when it is found that the unattached child, or children, will require General Assistance because of ineligibility for financial assistance from SBCW, the SBCW will advise the Bureau of Assistance of the facts.

In such a case the Bureau will communicate with the appropriate municipal welfare department, and advise them of the facts and the status of the plan for the child's care.

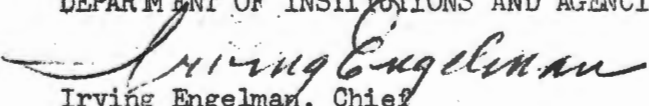
4. Effective Date of Regulation

This regulation shall be effective immediately.

Regulations consistent with this policy are being issued concurrently to the District Offices of the State Board of Child Welfare and the County Welfare Boards.

Any out-of-State referrals or requests concerning unattached children presently under consideration by a Municipal Welfare Department shall be immediately referred to the Division of Inter-Agency Services, SBCW, in accordance with above instructions.

DEPARTMENT OF INSTITUTIONS AND AGENCIES


Irving Engelman, Chief
Bureau of Assistance

IE/ICRd

Approved
Elmer V. Andrews, Director
Division of Welfare

Official Regulation M.A. 0.003
Supplement No. 2, 8/5/57

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance

M.A. 0.003
Supp. No. 3
4/20/61

TO: MUNICIPAL DIRECTORS OF WELFARE

TITLE: LAWS

SUBJECT: SUPPLEMENT NO. 2 to M.A. 0.003, Cuban Refugee Program

On the order of the President of the United States the Federal Department of Health, Education, and Welfare has established an emergency program for assistance and services to the many refugees from Cuba currently in Florida and arriving daily.

While it is not anticipated that many, if any, of these persons will be coming to New Jersey, part of the program involves resettlement of refugees where jobs can be located for them. It is therefore possible that persons in this group may be located in New Jersey and subsequently become unemployed and in need of assistance.

Refer to County Welfare Board

Any person or family who is or claims to be a Cuban refugee and who requests assistance, shall be immediately referred to the appropriate county welfare board. General Assistance shall not be provided to persons in the Cuban refugee group.

The county welfare boards have been given authority to determine immediate need and, following telephone clearance with the State Bureau, to grant assistance to such persons able to show proper credentials identifying them as Cuban refugees.

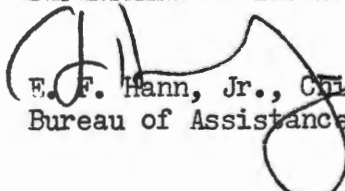
This Federal program is being financed by Federal funds and the county welfare boards will receive total reimbursement for assistance granted.

Other Refugees

The special provisions for aid to the Cuban refugee group is in no way applicable to refugees from other countries or to displaced persons. The provisions of Supplement No. 1 to M.A. 0.003, Eligibility of Immigrants, Displaced Persons and Refugees, issued 5/22/57, remain in effect for all such persons other than those from Cuba.

Any questions which you may have about these instructions now or at a later date should be directed to your Field Representative by telephone or letter.

DEPARTMENT OF INSTITUTIONS AND AGENCIES


E. F. Hann, Jr., Chief
Bureau of Assistance

EFH/MCRd

Approved
Irving Engelman, Director
Division of Welfare

Official Regulation M.A. 0.003
Supplement No. 3, 4/20/61
3

State of New Jersey

DEPARTMENT OF INSTITUTIONS AND AGENCIES BUREAU OF ASSISTANCE

ADMINISTRATIVE OFFICES
STATE OFFICE BUILDING
SECOND FLOOR
135 WEST HANOVER STREET
TRENTON, NEW JERSEY



ADDRESS REPLY TO:
STATE OF NEW JERSEY
BUREAU OF ASSISTANCE
P. O. BOX 1627
TRENTON 25, NEW JERSEY

May 11, 1962

FOR YOUR
INFORMATION

TO: MUNICIPAL DIRECTORS OF WELFARE
RE: Supplement No. 3 to M. A. 0.003, Cuban Refugee Program
(Further Interpretation)

When the above regulation was issued in April 1961 it was not anticipated that New Jersey would receive many Cuban Refugees under the resettlement program. There has been an acceleration of the resettlement of these families in many states, and New Jersey now has a significant number who must seek temporary assistance. In addition, some individuals and families originally from Cuba have come to New Jersey on their own initiative and not through official channels.

In order to clarify the status of these persons, and to avoid delay in granting assistance to them you are requested to observe the following procedures:

- 1) When an individual (or family) inquires about General Assistance and you learn by questioning that he is or may be a Cuban Refugee, ascertain whether he has a blue Registration Card issued by the Cuban Refugee Center in Miami, Florida, and whether he has been resettled in New Jersey by one of the following agencies:
 - a. Catholic Relief Services of the National Catholic Welfare Conference
 - b. Church World Service
 - c. United H I A S
 - d. The International Rescue Committee
 - e. The National Committee for Resettlement of Foreign Physicians, Inc.

Persons with these credentials are eligible for assistance under the Federal program and should be immediately instructed how to apply to the county welfare board.

(o v e r)

To: Municipal Directors of Welfare
Re: Supplement No. 3 to M.A. 0.003

May 11, 1962

- 2) When the individual (or family) came from Cuba but does not have a blue Registration Card, or has not been resettled by one of the above agencies in New Jersey, or he has a Registration Card but was resettled in another State by an agency and subsequently came to New Jersey on his own initiative, you are to immediately telephone the Bureau (Export 2-2131, Extension 8516) and ask for Miss Miriam Griffith, Assistant Social Work Supervisor.

Miss Griffith will clear the case with the New York Regional Office of the Department of Health, Education and Welfare to determine from their records whether or not the refugee is eligible for the Cuban Refugee program.

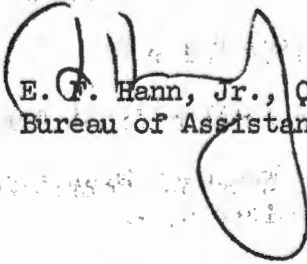
If he is eligible Miss Griffith will telephone you instructions to refer him to the county welfare board. She will also telephone the welfare board to confirm the individual's status. This will enable the welfare board to handle the application promptly.

If Miss Griffith learns from the Regional Office that the individual is not eligible under the Federal program, she will so inform you and authorize you to grant assistance as appropriate to your investigation of need, in the same manner as for any other "non-State settled" person. Thereafter, you will submit Form NR-1 to the Bureau in the usual manner.

These Cuban refugee families will need your particular help and understanding. Their homeland ties have been broken and their lives disrupted through events beyond their control. Many of them have professional and technical backgrounds, but are disadvantaged in finding employment because of the language barrier. Most of them hope to return to Cuba but in the meantime, are anxious to become independent even though they must initially accept employment other than that for which they are trained and experienced.

Please file this letter with Supplement No. 3 to regulation M.A. 0.003.

Very truly yours,


E. F. Hann, Jr., Chief
Bureau of Assistance

EFH:MCRb

Approved
E. F. Hann, Jr., Acting Director
Division of Welfare

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance

M.A. 0.003
Supp. No. 4
5/15/61

TO: MUNICIPAL DIRECTORS OF WELFARE

TITLE: LAWS
SUBJECT: SUPPLEMENT NO. 4 to M.A. 0.003, Temporary Federal
Program for U.S. Citizens Repatriated from Cuba

On the order of the President of the United States a temporary program extending through June 30, 1961 has been established in the Department of Health, Education, and Welfare to provide financial assistance and welfare services to United States citizens and their dependents who have been identified by the Department of State as having been repatriated, or returned, or otherwise brought to the United States since September 1, 1960 - the date when Americans were first advised to leave Cuba.

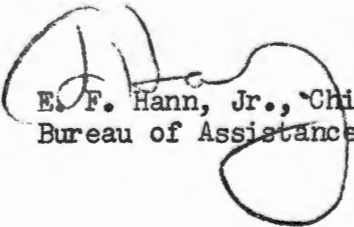
It is believed that few persons will need such help and probably only for a short time until they can reach relatives or previous employers, or otherwise re-establish themselves in the United States.

Refer to County Welfare Board

As in the Cuban Refugee Program (Supp. No. 3 to M.A. 0.003), General Assistance is not to be provided to any such persons inquiring about assistance. Any person or family claiming to be a repatriated or returned U.S. citizen from Cuba should be immediately referred to the appropriate county welfare board.

The county welfare board will clear with the State Bureau by telephone for instructions and grant assistance upon approval, receiving total reimbursement from Federal funds.

DEPARTMENT OF INSTITUTIONS AND AGENCIES


E. F. Hann, Jr., Chief
Bureau of Assistance

EFH/MCRd

Approved
Irving Engelman, Director
Division of Welfare

Official Regulation M.A. 0.003
Supplement No. 4, 5/15/61

TITLE : REIMBURSEMENT

SUBJECT: RELIEF BANK ACCOUNT

Section ¹³⁸ 7, Chapter ¹⁵⁶ 28, P.L. ¹⁹⁴⁷ ~~1941~~ provides that every payment made to a municipality for State aid for relief shall be made to the treasurer of the municipality, DEPOSITED BY HIM IN A RELIEF TRUST FUND ACCOUNT and used only for payment of the cost of relief, excluding the cost of administration; any balance remaining after all costs of the relief year have been paid or provided for shall be used for payment of the cost of relief for the next succeeding year, excluding the cost of administration.

THIS MEANS THAT NO MUNICIPALITY WHICH HAS RECEIVED STATE AID IN THE YEAR LAST PRECEDING SHALL CLOSE OUT ITS RELIEF BANK ACCOUNT. In addition, municipalities which have filed with this Administration reports of commitments made by them for relief during the year last preceding, in anticipation of receiving State aid in succeeding years, are to maintain existing Relief Trust Fund Accounts in order to be eligible for State aid.

1.004 Rev.
2/24/53

TITLE: REIMBURSEMENT
SUBJECT: RELIEF REFUNDS

All monies received by municipalities as a refund, or in restitution of any year's relief, must be deposited in the Municipal Relief Bank Account. Under no circumstances are these receipts to be deposited in the Municipal Current Account; they must be expended for relief purposes only.

The Municipal Welfare Office is required to prepare a statement of these receipts, segregated as to committed and non-committed items, for any month in which monies are received.

The attached Form GA-12 is to be used in reporting all refunds and should accompany the Monthly Financial Report Form GA-100, supporting the Debit entries of Refunds under Item 2, page 4 of this Report.

The State, at the close of each calendar year, makes proper adjustment of these refunds of committed items to reimbursement due the municipality for that year. Failure to submit the above reports will be deemed sufficient cause to withhold future State Aid.

Official Regulation 1.004 Rev.
Destroy Regulation 1.004 previously issued undated.

Approved: 2/24/53
Sanford Bates, Commissioner

[Municipality provides for own supply
See Reg. 1.004]

Form GA-12
2/53

Municipality

County

Refunds of relief granted during 19 ____ were received during
month of _____, 19____ for persons listed
below:

[Chief Financial Officer]

[Director of Welfare]

<u>Date Received</u>	<u>Name of Client</u>	<u>Type of Relief</u>	<u>Commitment Period</u>	<u>Amount</u>
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TITLE : REIMBURSEMENT

SUBJECT: REIMBURSEMENT PROCEDURE FOR MORRIS AND WARREN COUNTY
MUNICIPALITIES

The Welfare Boards of Morris and Warren Counties render assistance to the Permanent Outdoor Poor within the county, and the local Directors of Welfare of the counties administer relief to the Temporary Relief Cases or employables within each respective municipality. Both types of public aid are reimbursable (within certain provisions) by the State Municipal Aid Administration.

1. RESOLUTION:

The governing body of each municipality in these counties shall, in addition to the regular resolution requesting State aid, adopt at a formal meeting a resolution, a sample of which is attached hereto.

2. RELIEF PROGRAM:

- (a) PERMANENT RELIEF - This category of relief which applies to permanent relief cases serviced by the County Board, which maintains case records, accounts, etc., and administers assistance from a separate county fund, shall be considered reimbursable through the local municipal government.
- (b) TEMPORARY RELIEF - This group of relief recipients commonly known as emergency relief cases, under administration of local Directors of Welfare, shall continue to receive assistance under the present arrangements.

Proper case records, clients' ledgers and other accounting records shall be maintained by the municipal offices for this type of relief, which is also reimbursable.

- (c) WORK RELIEF - Any municipality conducting a program of work for recipients of relief shall be permitted reimbursement for such program providing the cost thereof on an individual basis does not exceed the grants that would normally be made to relief recipients on a direct relief basis after investigation of income or resources. Records similar to those maintained for temporary relief are required for work relief.
- (d) HOSPITALIZATION, WPA SEWING ROOM PROJECTS, ETC. - These phases of relief shall be considered reimbursable in accordance with regulations of this Administration now in effect.

3. COMMITMENT REPORTS TO STATE

The County Director of Welfare will make out a monthly S-6 report covering the P. O. P. of each municipality. This report will be sent directly to this Administration. Therefore, the local Directors of Welfare will not include the statistics of their P. O. P. cases on the monthly S-6 reports. The local S-6 report will cover detailed case figures for only those cases being serviced by the local office.

Although the municipalities will not include detailed case figures and expenditures made by the County Welfare Boards for so-called Permanent Outdoor Poor in the monthly relief report with its own figures, each municipality will, however, under Section F, "Special Data", of the S-6 report indicate the total number of cases and the total amount of the bill rendered by the County to the municipality each month for Permanent Outdoor Poor.

4. INVOICING AND AUDITING

Each month the Municipal Aid Administration will accept requests for reimbursement (Form MAA-100) from Morris and Warren County municipalities-audited and submitted by individual municipalities-covering current monthly expenditures as follows:

- (a) Payments made by the County Board for permanent relief;
- (b) Payments made by the municipality for temporary relief;
- (c) Other reimbursable items such as hospitalization;
- (d) WPA sewing projects, WPA transportation expenditures.
(See regulations).

All expenditures must be properly segregated to permit reconciliation with previously rendered commitment reports. The invoice must be endorsed by the local Director of Welfare, certifying the qualification of all relief recipients, county or municipal. The financial affidavit relative to expenditures shall be sworn to by the chief financial officer of the municipality.

The municipality should be furnished each month with a list of cases and expenditures made by the County Welfare Board covering the Permanent Outdoor Poor; such list should be certified by the Director of Welfare and used by the municipality as supporting evidence of its inclusion in the invoice submitted for reimbursement.

All invoice requests for reimbursement shall be subject to a complete audit by the State Comptroller's Auditor.

5. REIMBURSEMENT

Requests for reimbursement (Invoice Form MAA-100) shall be submitted to the State Municipal Aid Administration in the manner required by regulation, and refunds for such expenditures covered by invoices shall be made payable to the municipality. Each reimbursement check must be deposited by the municipality in a separate bank account maintained for relief.

Municipalities in Morris and Warren Counties will make reimbursement to the county for their Permanent Outdoor Poor at the same percentage that the State reimburses the municipalities. For example, if a municipality received 60% reimbursement from the State, it will reimburse the county for 60% of the cost of the Permanent Outdoor Poor cases of the municipality. In other words, the State will pay the municipality which, in turn, will pay the county. The county will continue to bill each municipality for its P. O. P. cases so that such costs will be included with the request for reimbursement on form MAA-100. Resolution covering this matter is included herewith.

Each month the Municipal Aid Administration will prepare and issue a statement indicating how the remittance monies shall be applied as to municipal and Welfare Board credits, and proper application of such credits shall be checked regularly by the Comptroller's Auditor. The auditor shall in every case notify this Administration if any municipality fails to make proper payment to the County Welfare Board.

Municipalities in Morris and Warren Counties individually and collectively will profit by this arrangement through reduced county tax rates, and it is expected that they will cooperate in the proper establishment of this plan and procedure.

Att.

Date _____

Township)
Borough) of _____ (Morris County)
Town) (Warren County)

New Jersey.

WHEREAS, PERMANENT OUTDOOR RELIEF for this municipality is administered directly by the County Welfare Board and the bills paid by the County Board of Chosen Freeholders on warrants from the County Welfare Board, and

WHEREAS, under Chapter 373 of the Laws of 1931, Section #33, certain permanent poor persons are maintained under the direction of the County Welfare Board and are granted allowances by said Welfare Board, and

WHEREAS, the Department of Conservation and Economic Development will reimburse municipalities for a percentage of the sum of the cost of public assistance given both to temporary and to permanent outdoor poor, NOW, THEREFORE, be it resolved by the governing body of this municipality that, in all instances wherein this municipality receives reimbursement from the Department of Conservation and Economic Development, it will pay to the County Board of Chosen Freeholders, out of such reimbursement, the amount included in the said reimbursement for the permanent outdoor poor.

I, _____, Clerk of the above named municipality do hereby certify the above to be a true copy of a resolution adopted by the Governing Body of said municipality on the _____ day of

, 19 .

(Seal)

(Clerk)

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance

H.A. 1.006
Rev. 3/57

TITLE: REIMBURSEMENT

SUBJECT: EMPLOYABILITY AS A CONDITION OF ELIGIBILITY

A. Citation of Statute and Constitution

Chapter 156, P.L. 1947 (R.S. 44:8-108) defines reimbursable public assistance as "assistance rendered to needy persons not otherwise provided for under the laws of this State, where such persons are willing to work but are unable to secure employment due either to physical disability or inability to find employment."

The Constitution of New Jersey 1947, Article I, paragraph 19, guarantees that "Persons in private employment shall have the right to organize and bargain collectively."

B. Interpretation and Policy

It may be inferred from the quoted section of the statute that persons unwilling to work are ineligible for public assistance. However, for purposes of public administration, the phrase "unwilling to work" must be defined as objectively as possible. For this purpose, therefore, it is interpreted that a person may be considered unwilling to work only when all of the elements of either (1) or (2) following are present:

- (1) He is physically and mentally capable of engaging in remunerative employment or self-employment; and he refuses, without just and reasonable cause, to seek such employment or self-employment, or to make himself available for referral to, or consideration by prospective employers; OR
- (2) He is physically and mentally capable of engaging in remunerative employment or self-employment; and such employment or self-employment is available to him; and he refuses, without just and reasonable cause, to accept such employment or engage in such self-employment.

At the same time, the effect of the Constitutional provision cited above must be considered. The Constitutional guarantee of the "right to organize and bargain collectively" implies the right of the individual to participate in a bona fide labor dispute as between the employer and the collective bargaining unit by which the individual is represented. Moreover, a "strike", when lawfully authorized and conducted, is recognized as an inherent and lawful element of the process of bargaining collectively and of resolving labor disputes. Accordingly, when an individual is participating in a lawful "strike," he may not be considered merely because of such participation, as refusing to work without just cause.

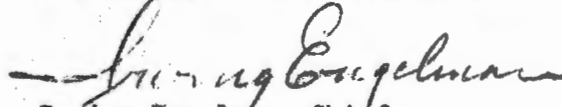
C. Regulations

Based on the foregoing statement of interpretation and policy, the following regulations are established:

1. Employability is a resource to be considered in determining eligibility for public assistance.
2. When it is clearly established that an individual is able to work, and that he refuses, without just and reasonable cause, to seek work, or to make himself available for referral to and consideration by prospective employers, he shall be deemed ineligible for public assistance.
3. When it is clearly established that an individual is able to work, that a specific job within his capabilities is available to him, and that there is no just and reasonable cause for a refusal to accept the job so available, if he nevertheless refuses to accept the employment, he shall be deemed ineligible for public assistance.
4. No individual shall be presumed to be unwilling to work, or to be wrongfully refusing to accept suitable employment, merely because he is participating in a lawful labor dispute.
5. An individual who is participating in a lawful labor dispute, and who is needy, has the same right to apply for public assistance, for himself and his dependents, as any other individual who is needy.
6. In the case of an applicant for public assistance who is participating in a lawful labor dispute, there shall be an investigation of need and other conditions of eligibility, and an evaluation of income and resources, in the same way and to the same extent as in all other cases. In such instances, "strike benefits" or other payments available to the individual from the labor union or other source, shall be considered a resource and shall be determined and accounted for.
7. The right of persons to bargain collectively with an employer does not imply the right to bargain collectively with the public assistance agency; and the right of individuals to apply for public assistance does not carry with it a right to apply collectively for public assistance through an agent or representative.
8. If an individual is found to be disqualified for public assistance because of wrongful refusal to seek or accept available employment (as provided in regulations #2 and #3 above), such disqualification shall not affect the eligibility of his spouse, minor children, or other persons in his household, if they are needy persons.

9. Assistance which is granted consistently with these regulations and all other eligibility conditions, to a needy person, will not be excluded from matching State aid merely because such person is engaged in a lawful labor dispute.

DEPARTMENT OF INSTITUTIONS AND AGENCIES



Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved
Elmer V. Andrews, Director
Division of Welfare

Official Regulation 1.006, revised 3/57
Destroy Regulation 1.006, revised 3/1/48

TITLE : GENERAL ADMINISTRATION

SUBJECT : FINANCIAL PROCEDURE FOR MUNICIPALITIES TAKEN OVER BY THE
DEPT. OF ECONOMIC DEVELOPMENT AND CONTROLLED BY THE
STATE IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 156,
P.L. 1947.

Pursuant to the requirements of the above Act, "all books, records, supplies, equipment or other property in the possession or custody of any boards, body or official of such municipality, relating to relief, shall be delivered forthwith to the Director" (of this administration).

REPORTS

The municipality shall forward to the office of this Administration, invoice forms MAA-100 and commitment forms S-6.

HANDLING OF FUNDS

MUNICIPAL RESPONSIBILITY FOR RELIEF COST

The law requires the municipality to make an appropriation for the cost of ADMINISTRATION of relief in an amount not less than its appropriation for this purpose in the preceding year; it must also make an appropriation for RELIEF, EXCLUSIVE OF ADMINISTRATION, in an amount not less than one mill of its "preceding year's ratables".

The municipality shall deposit in its Relief Trust Fund account the amount appropriated for relief, and, also, if it has not already done so, any reimbursement previously received from the State for relief during the current year.

The municipality shall disburse from said Relief Trust Fund Account only when authorized by the Director of Welfare, and approved by the Director of this Administration, or his accredited Municipal Service Agent, until funds in this account have been exhausted.

At such time as funds in the Relief Trust Fund Account have been entirely disbursed, or adjusted in accordance with specific directions of the Municipal Aid Administration, the Director of Welfare shall then inform all vendors to present claims for payment of goods or services, furnished on relief orders, on State bills forms (MAA-100V). This form, when properly executed with supporting relief orders attached, shall be submitted to the local relief office.

At such time as relief orders are released subsequent to the exhaustion of funds in the Relief Trust Fund Account, they shall be marked with a rubber stamp as follows:

"In presenting vouchers for payment covering this order, State bill form (MAA-100V) must be executed. A supply of these forms may be obtained at the local relief office. Not more than one voucher per month may be presented for payment against the State."

RECEIPT OF INVOICES
RECONCILIATION
CHECK & APPROVAL

Vendors submitting invoices for payment by the State shall be given a receipt (Form MAA-VI). This receipt must be prepared in duplicate, and the Municipal Director of Welfare shall maintain a file of such receipts properly numbered serially. All relief orders are to be prepared in duplicate or triplicate and numbered serially. When the original orders are returned by the vendors with invoices attached, the orders shall be reconciled by the Director of Welfare against duplicate or triplicate copies, previously filed at the time of issuance, or checked against the commitment register.

Each invoice (MAA-100V) and supporting orders must be reviewed and checked by the Director of Welfare to ascertain that orders have been properly issued and filled, and services or commodities received. Each invoice (MAA-100V) must bear the approval signature of the Director of Welfare and be countersigned by the Chairman of the Local Assistance Board, or the accredited Municipal Service Agent. Invoices supported by orders issued prior to the State's taking over the local administration, and which are to be paid directly by the State (outstanding obligations) also must bear the approval signature of the accredited Municipal Service Agent and any other officers required by law.

AUDITING

Detailed instructions and regulations covering the examination and audit of vouchers are formulated by the State Comptroller.

Each invoice must be audited by the Comptroller's Auditors as to extensions, totals and general validity in a manner prescribed by the State Comptroller.

On determination that there are discrepancies, invalid orders, improper signatures or any inconsistencies in vendors' invoices, they may be returned, either in whole or in part, to the vendor. Deletions may be made because of incorrect extensions, additions, etc. In each such instance a deletion notice (Form MAA-V2) shall be sent to the vendor with the invoices or orders returned. This form shall be used if there are any deletions on the submitted invoices, and be prepared in duplicate. The Director of Welfare shall inaugurate a system of filing for record purposes, forms to be numbered serially.

INVOICE SUBMITTALS
TO STATE MUNICIPAL AID ADMINISTRATION

Invoices are to be segregated and accumulated each month by type of relief granted. They are to be further segregated as to the "Relief Month" and an invoice schedule prepared (MAA-V3), to be used in the submittal of approved and audited invoices for payment by the State. The invoice schedule is to be prepared in triplicate with proper serial numbers and the original and duplicate with attached invoices forwarded to the Director of the State Municipal Aid Administration, 150 East State Street, Trenton, New Jersey. The triplicate copy is to be filed in the municipal office. The invoice schedule shall bear the name of the municipality, the

county, date of preparation and the relief month. Invoices for different months must be submitted on separate schedules. The forms must show the type of assistance furnished by the vendor, the name and date of the vendor's invoice, the number of orders supporting the invoice and the amount of the bill originally submitted by the vendor, the deletions thereto and the adjusted and approved amount subject to payment after final audit. The invoice schedule shall be prepared and submitted by the Director of Welfare and endorsed with his signature. It shall bear the stamp and signature of the Comptroller's Auditor.

The Municipal Aid Administration reserves the right to set a deadline for payment of vendors' invoices, beyond which the State's responsibility shall cease, and liquidation becomes the responsibility of the municipality.

**COST OF LOCAL ADMINISTRATION
STATE, MUNICIPAL RESPONSIBILITY
HANDLING OF FUNDS**

The municipality shall be responsible for the cost of local administration, but not in excess of its preceding year's budget appropriation for this purpose.

At such time as funds appropriated for local administration are exhausted, all administration expenses shall be paid directly by the State, vouchers to be submitted on standard forms available for that purpose.

In incurring Administration expense against the State, local municipal officials acting for the State Director shall and, under the law, must adhere to all State regulations.

Att. (3)

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance

M.A. 2.001
Rev. 1/57

TITLE: GENERAL ADMINISTRATION
SUBJECT: Approved or Authorized Vendors

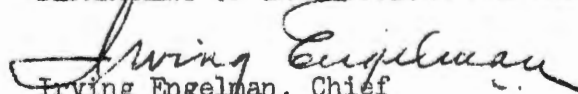
No lists of approved or authorized vendors are to be issued by municipal welfare departments, nor shall recipients be limited to cashing orders with vendors within the municipality.

Commodity orders for food, clothing and fuel shall not be addressed to specifically designated vendors unless the recipient requests such designation and signs a statement to that effect. This prohibition does not apply to orders for utility services which are procurable only from a single vendor, as for example, gas company, electric company, telephone company, etc.

Orders shall be serially numbered when printed. Orders submitted for payment shall bear the signature of the director of welfare, the recipient and the vendor. Rubber-stamp or type-script signatures are not valid unless countersigned by a duly authorized staff member.

Reimbursement to municipalities will be contingent upon compliance with this regulation.

DEPARTMENT OF INSTITUTIONS AND AGENCIES


Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved
Elmer V. Andrews, Director
Division of Welfare

Official Regulation M.A. 2.001, revised 1/57.
Destroy Regulation M.A. 2.001, Approved or Authorized
Vendors, issued without date.

Title : GENERAL ADMINISTRATION
 Subject : Local Assistance Boards:

QUALIFICATIONS FOR DIRECTORS OF WELFARE

These qualifications are divided into three major municipal classifications, namely:

- (a) Municipalities with population over 20,000.
- (b) Municipalities with population of 5,000 to 20,000.
- (c) Municipalities with population under 5,000.

Minimum qualifications for directors of welfare:

GROUP (a): Either (1) education equivalent to that represented by graduation from a college or university of recognized standing, with specialization in social work, and two years' experience in public or private welfare work with a recognized agency, or (2) graduation from a standard high school and three years' experience in public or private welfare work with a recognized agency, one year of which shall have been in a supervisory capacity, and one year's education or credit for at least two courses in in-service training in an accredited extension course on Public Welfare Administration or Social Case Work, or (3) a combination of education and social and administrative experience (of equal or greater length) acceptable to the Commissioner of the Department of Institutions and Agencies.

GROUP (b): Either (1) the minimum qualifications enumerated under Group (a), or (2) education equivalent to four years of a standard high school, and one year's experience in public or private welfare work with a recognized agency, and one year's education or credit for at least two courses in in-service training in an accredited extension course on Public Welfare Administration or Social Work, or (3) - similar to (a-3).

GROUP (c): Either (1) the minimum qualifications enumerated under Groups (a) and (b), or (2) education equivalent to grade school and two years of high school, and one year's experience in welfare work with a recognized public or private agency, and six months' education or credit for at least one course in in-service training in an accredited extension course on Public Welfare Administration or Social Case Work, or (3) - similar to (a-3).

It being further provided that effective immediately the qualifications of each candidate for the office of director of welfare shall be submitted to the Commissioner for review and inspection at least ten days before appointment or re-appointment shall be made by the local Assistance Board; that in the case of all present incumbents a one year probation period is granted and upon the expiration thereof, such persons are obliged to meet the minimum qualifications herein set forth.

6/15/52

TITLE : GENERAL ADMINISTRATION

SUBJECT: LOCAL ASSISTANCE BOARDS

LAW

Chapter 156, P.L. 1947 (R.S. 44:8) provides that each municipality shall appoint a Local Assistance Board for the purpose of administering public assistance. This law is mandatory and applies to municipalities that do not participate in State aid as well as those which are receiving State funds.

CERTIFICATION

Each municipality is required to submit a certification form to this Department signed by the municipal clerk, attesting to the appointment of the Board Members and Director of Welfare. Participating municipalities which do not submit the certification will be subject to suspension of State aid.

DUTIES OF THE BOARD

Local Assistance Boards stand in their relationship to Directors of Welfare much as do Boards of Education to supervising principals of schools and Boards of Health to the health officer. The Boards can be equally helpful by careful exercise of their managerial authority. These Boards may establish local rules relating to the administration of public assistance so long as they are not inconsistent with law and with regulations promulgated by the Department of Conservation and Economic Development. It is desirable that the Boards meet monthly. All matters pertaining to the administration of welfare should be acted upon by the Board at regular or special meetings and recorded in the Secretary's minutes.

As part of the program of their activities, Local Assistance Boards should study community problems such as employment possibilities in local industries; health, housing and social conditions. Analysis of municipal financial needs, insofar as they are related to public assistance, should also be a matter of concern to these Boards.

The numerous functions of the Boards make it desirable to enumerate the more important of them for guidance in the effective administration of public assistance:

1. Conduct hearing of "pressure" groups and other organizations interested in relief matters.
2. Accept and act upon complaints relating to the administration of public assistance submitted to the Board in writing, prior to its meeting.
3. Make recommendations as to the adequacy in number and qualifications of administrative personnel.
4. Review problem cases with the Director of Welfare

2.101

DUTIES OF BOARD (Cont'd)

Any action taken upon matters coming within the purview of Local Assistance Boards should be by the Board as a whole and not by its individual members. It is highly unethical for a member of a Local Assistance Board to act individually upon any case; to conduct independent investigation of cases or to divulge confidential information contained in case histories. No records shall be removed from the Local Welfare Office except upon formal action of the Board.

DIRECTOR OF WELFARE

Under the aforementioned act the Local Assistance Board is solely responsible for the appointment of the Director of Welfare but the salary fixed by the Board must be approved by the governing body. The Director of Welfare is required to meet qualifications for office as promulgated by the Department of Conservation and Economic Development in its regulation 2.100.

The municipal Director of Welfare is the executive officer of the Local Assistance Board and is responsible for the conduct of the local welfare office, including records, accounting and relief administration. He is in direct charge of personnel and is regarded as the liaison officer between the Local Assistance Board and the Department's Bureau of Municipal Aid. More specifically, the duties and the authority of the Director are set forth in the public assistance act, Chapter 156, P. L. 1947 (R.S. 44:8).

TITLE : GENERAL ADMINISTRATION
 SUBJECT : APPOINTMENTS: DIRECTORS OF WELFARE

I. POWER OF APPOINTMENT:

Full authority for the appointment of a municipal director of welfare is vested solely in the local assistance board in accordance with the provisions of the New Jersey statutes, copies of which have been forwarded to every municipal welfare department. Appointments shall be made at a formal meeting of the board and shall be duly recorded in the minutes of such meetings. The term of office for a director of welfare is fixed by law for a period of five (5) years and no fixed appointments may be made for any period or periods contrary to law. Such five year terms shall commence as of the date of formal appointment.

II. QUALIFICATIONS: APPROVAL - STATE AID:

No director of welfare should be formally appointed to the office until his qualifications have been submitted to and reviewed by the Commissioner of the Department of Economic Development, in accordance with the provisions of Regulation 2.100. A municipality which appoints a director of welfare whose qualifications for the office are not approved by the Commissioner may be denied State aid for public assistance. The qualifications shall be prepared by the candidate, certified by the secretary of the board and submitted to the Commissioner at least ten days before formal appointment action is to be taken.

III. VACANCIES:

(a) Acting Directors: The New Jersey statutes (R.S. 40:46-13) read in part:

"Temporary appointments; acts of appointee binding. Wherever duties are imposed by law upon any officer or employee of a municipality, and no person is by law authorized to perform such duties when such officer or employee is temporarily absent, disabled or disqualified, the officer or board having the authority to fill any vacancy in any such office or employment may designate some person to act in place of any such officer or employee during his temporary absence, disability or disqualification. * * * *

The acts of any person so designated shall in all cases be legal and binding as if done and performed by the officer or employee for whom such designated person is acting."

In view of the law cited, in all instances set forth therein, the local assistance board shall appoint an "acting director of welfare" who shall meet as nearly as possible the qualifications and conditions of approval in the same manner as if he were to be appointed for the fixed five year term, recognizing, however, that he shall hold office only during such absence periods or for a period of time which shall not extend beyond the termination date of the office temporarily vacated, whichever is the shorter.

(b) Vacancy Appointments: The statute in this regard (R.S. 40:46-14) reads in part as follows:

"Vacancies; how caused; filling. Whenever an officer of a municipality shall cease to be a bona fide resident therein, or whenever the resignation of any such officer shall have been accepted by the proper authority, a vacancy in his office shall immediately exist, and he

shall not exercise any of the duties of the office theretofore held by him. The municipality, by its proper authority, shall immediately proceed to fill the vacancy in the manner and form prescribed by law."

All appointments to fill the office of director of welfare by reason of any of the circumstances set forth in the above statute shall be for the full term of five years and the appointment shall be subject to the conditions of approval as hereinbefore mentioned.

(c) Temporary Appointments: The statute in this regard (Ch. 156, P.L. 1947) reads as follows:

"In case of vacancy in the office of director of welfare, one temporary or acting director may be appointed to serve for not more than ninety days."

This is a permissive feature of the general public assistance act. The intent is to provide a sufficient period of grace to a local assistance board to permit it to select a regular appointee for the fixed five year term. The ninety day limitation, however, is mandatory.

This provision of the law also may be applied to satisfy a condition of an emergency character when vacancies are created by death, resignation without due notice or any similar circumstances which would require an interim designation to carry out the functions of the office without interruption pending the selection, approval and appointment of a director of welfare. Such appointment may be a member of the local assistance board, preferably the chairman; a subordinate employee of the department of welfare or any other person who may be designated by the local assistance board.

IV. SALARIES:

The salary of the director of welfare in accordance with law "may be fixed" by the local assistance board. However, such action is "subject to approval by the governing body", as stipulated by law.

V. OFFICE: DESIGNATION AND HOURS:

The local Assistance Board shall arrange for and designate a specific public building or office as the official place where the director of welfare shall carry out the functions and duties of the office of director of welfare for the administration of public assistance. It shall also designate specific days and hours when this office shall be open for the administration of public welfare so that the said service may be rendered in accordance with sound public practice.

VI. ADDITIONAL POWERS: DIRECTOR OF WELFARE:

Chapter 110, P. L. 1946 became effective July 1, 1946. The purpose of this law is ultimately to abolish the office of overseer of the poor by the transferral of the functions, powers, duties, records and properties of that office to the office of director of welfare and to vest the latter office with the responsibilities assumed by an overseer prior thereto. The law sets forth the provisions and conditions to effectuate this change in authority.

OFFICIAL REGULATION

Division of Commerce & Municipal Aid
Department of Economic Development

7/1/47

MUNICIPAL BUDGET MANUAL
REGULATION 2.300A

8/60

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TITLE : ADMINISTRATION

SUBJECT: GENERAL ASSISTANCE ALLOWANCES
(Budgets - Income - Resources - Grants)

I. STATE POLICY:

Chapter 156, P.L. 1947, prescribes that need shall be the basic factor for granting public assistance in various forms and stipulates the eligibility as to the recipients thereof. The fundamental purpose of the general assistance standards and schedules as herein set forth is to determine and limit the method and extent of individual grants to assistance recipients. The Bureau of Assistance will not deem as reimbursable budget allowances or direct grants which exceed the maximums established in any given case, item, condition or circumstance herein set forth. The several standard schedules with fixed maximums are all subject to the qualifications outlined under the various sections.

II. BUDGETS:

To determine grants the Director of Welfare, although vested with the authority to "exercise his discretion", must of necessity plan and measure the extent of "need" in each individual case. The approach must be practical and suitable to the case; uniform to preclude discrimination; exacting to conserve the public funds. The preparation of a budget, whereby are computed the particular needs of each and every member of a family or household and against which are applied or matched any and all income or resources, is the only method acceptable in the determination of need. All members of a family within a household shall be considered in one basic budget, whether wholly or partially dependent, and include those self-supporting except where regulations make provision to the contrary. Persons benefiting from Child Welfare, Old Age Assistance, Disability Assistance or Aid to the Blind are to be considered separate and independent of the "relief household", in accordance with the regulations of those agencies, and assessed a proportionate share of the budgetary needs, while that part of the family receiving "General Assistance" is to be budgeted on a pro rata basis.

The basic requirements (constant needs) of an assistance budget include the following items of assistance: food, shelter, fuel for heating and cooking (coal, wood, oil, kerosene, or gas); light (electric, gas or kerosene); limited household necessities; minimum life insurance when carried.

Only those special requirements (or variable needs as identified in the following pages) that are necessary for the health and welfare of the individual will be recognized. This will not include old debts, obligations, loans or past accounts.

If any individual budgets are figured with an item or items included in excess of those permitted under these regulations, or it appears that adjustments have been made in items prior to entry in the budget record, then, and notwithstanding that actual grants are within the limitations established, it shall be incumbent upon the municipality to bear the cost of such "overestimate".

Payments or purchases made from private income by persons for items figured in the basic budget and in lieu of direct grants for same shall not permit such assistance recipient any preferential treatment or special consideration. Employed members of a household shall not be excluded from the budget computation.

III. INCOME:

The budgetary needs described in the foregoing may be considered as home economic liabilities while on the other hand all conceivable income and resources may be described as the family assets. The assets take the form of tangible direct income and indirect resources, with both chargeable to the budgetary needs.

Income may be derived from wages, salaries, part-time or casual employment, rent payments, insurance adjustments or claims, Unemployment Benefit payments, Federal Social Security, Old Age and Survivors Insurance, workmen's compensation, pensions, boarders, alimony, union or lodge benefits, gifts or contributions from individuals, churches or private organizations or any other known source and shall be applied to the budget except as provided by law. It is mandatory that responsible relatives contribute to the needs of a relief recipient as provided in Revised Statutes 44:1. All income must be applied to the budget in full, excepting that reasonable expenses in connection with employment may be deducted from earnings and net income charged.

Income in the form of assistance, grants or earnings received from any Federal Bureau or Agency must be applied to the budget in total.

Children residing in the home are financially responsible to the family support in the full amount of earnings. Reasonable expenses for carfare, lunches, clothing and personal needs may, within the discretion of the Director of Welfare, be deducted from earnings prior to application to the assistance budget. In no instance shall such expenses exceed one third (1/3) of the total earnings. This shall also apply to earnings received from any Federal Agency or Bureau. The payment of arbitrary board is not recognized.

Net income from a roomer(s) shall be determined by deducting]
from the actual amount paid by the roomer, the roomer's prorated share of]
shelter costs, household supplies, utilities and heating fuel.]

Net income from a boarder(s) shall be determined by deducting]
from the actual amount paid by the boarder, the boarder's prorated share]
of food, shelter costs, household supplies, utilities and heating fuel.]

If it is found that a roomer or boarder is paying less than] Rev.
his prorated share of expenses, prompt efforts should be made to see that] 1/54

1. the roomer or boarder increases his payment to at least]
equal his prorated share; (if his income is insufficient]
to make adequate payment his possible need for assistance]
should be considered), or]

2. the roomer or boarder should be requested to make arrange-]
ments to live elsewhere.]

IV. RESOURCES:

Certain indirect resources shall be calculated both in the need budget and as an asset in the income figures. The resources may include free rent; free light; milk or vegetables from farms; contributions in kind from relatives or agencies, etc.

Relatives, whatever the relationship, are a possible resource. It shall be the obligation of the Director of Welfare to determine the willingness of relatives, because of their close relationship and evidence of interest, to contribute to the support of the client.

Certain relatives are specifically identified by law as legally responsible relatives. The legally responsible relatives as defined by law and according to the assistance programs are:

Child Welfare - Grandparent, parent, spouse, child and grandchild.

Old Age Assistance - Parent, spouse and child.

Aid to Blind - Parent, spouse and child.

Disability Assistance - Parent, spouse and child, *grandparent*

General Assistance - Grandparent, parent, spouse, child and grandchild.

Method for Determination of Capacity to Support

Whenever there are legally responsible relatives living outside the assistance household, their financial ability to contribute to the support of the recipient must be determined. In order to make such determination, select in the following Income Exemption Schedule the appropriate "Family Unit Size" for the relative; note the "Exemption" figure opposite; to this figure add the cost of any authorized "Extraordinary Expenses" of the relative as given below Schedule. If the relative's verified gross income is in excess of the figure so arrived at, the amount of the excess represents the ability of the relative to contribute to the support of the recipient.

Schedule of Exemptions

Rev. 5/58

Family Unit Size	Annual Exemption (Gross Income)	Monthly Exemption (Gross Income)
1	\$3300	\$275
2	4740	395
3	5400	450
4	5880	490
5	7680	640
6	8100	675

For each additional person in the family unit add \$420. to the annual amount or \$35 to the monthly amount.

Extraordinary Expenses of the Legally Responsible Relatives

The following types of extraordinary expenses shall be considered, in the manner specified, as affecting the legally responsible relative's capacity to support the recipient:

1. Medical Obligation

a. If the regular monthly cost for medical, dental, nursing or hospital services necessitated by illness exceed 5% of the basic exemption shown in the schedule, such excess shall be added to his monthly basic exemption.

b. If there is an accrued and unpaid obligation for medical, dental or nursing services necessitated by illness or hospitalization, of an amount equal to or exceeding the monthly capacity to support, the responsible relative shall be deemed incapable of providing support to the client for the period that would be necessary to liquidate the obligation at a monthly rate equal to the monthly capacity to support.

2. Educational Expenses -- If educational expenses are being incurred for a member of the family unit for whom free educational facilities are not available, proceed as follows:

a. When the member of the family unit is being maintained at home, the verified cost of tuition, fees, books and transportation shall, when prorated on a 12-month basis be added to the monthly basic exemption shown in the schedule.

b. When the member of the family unit is being maintained away from home, the verified cost of tuition, fees, books and transportation, plus any cost of maintenance in excess of \$450 per annum, shall, when prorated on a 12-month basis, be added to the monthly basic exemption in the schedule.

3. When a legally responsible relative, on or before the evaluation of his capacity to support, is required to incur debts due to situations over which he had no control (for example, fire, flood, or similar catastrophic events, or the onset of a sudden illness or new and unpredicted educational expenses) his capacity to support shall be reevaluated, and the verified monthly amount of payments necessary to liquidate these debts shall be added to his monthly basic exemption.

4. Whenever a legally responsible relative has been deemed incapable of providing support for a specified period in order to liquidate an indebtedness, the agency shall re-evaluate the legally responsible relative's capacity to support at the date set for full payment of the debt.

V. FOOD ALLOWANCES

The method of budgeting food allowances shall be strictly in accord with Schedule I, Monthly Food Allowances, page 20; Schedule II, Monthly Allowances for Restaurant Meals, page 21; and Schedule III, Allowances for Therapeutic Diets, page 22, as appropriate to the needs of the client.

VI. HOUSEHOLD NECESSITIES:

A monthly allowance for household necessities (which includes such items as soaps, household cleaning supplies, laundry supplies, etc.) may be budgeted on a per person basis, for those persons maintaining, or sharing in the maintenance of a household, as follows:

- Persons living alone.....1.90
- 2 person family.....1.25 per person
- 3 or more person families.....1.00 per person

Person living alone includes one who is living as a roomer, but not one who is living as a boarder or patient.

VII. SHELTER

The responsibility for determining whether the present or prospective dwelling unit is adequate, decent or sanitary, conducive to good health, convenient to school, market and employment, with proper water, lighting, heating, cooking and toilet facilities or service (all within reasonable bounds) must devolve upon the Director of Welfare or his assistants.

Where the general assistance recipient is a person, personally and legally obligated to pay a stipulated rental charge for identified premises, payment of rental being to an owner who is not a legally responsible relative, the authorized allowance for shelter shall be an amount equal to the actual rent paid, as verified.

Premises Owned and Occupied by Applicant:

Assistance may be allowed if the budget deficit is greater than the amount needed for shelter security and when consideration so given will forestall tax sale, or foreclosure, and is more economical than removal to a rented property. The method of calculating the monthly shelter need shall be based upon the following formula:

1. Ascertain current year's taxes
2. Ascertain current assessed valuation
3. Ascertain normal water rent per annum
4. Ascertain annual fire insurance costs

The sum of the current taxes, plus yearly water rent, plus insurance costs, plus 4 1/2 per cent interest on mortgage carried, plus 2 1/2 per cent on the assessed value of the property (for repairs or improvements) will provide an annual total. The annual sum divided by 12 will result in a monthly allowance.

VIII. FUEL FOR HEATING

For policy and schedules of allowances for all types of heating fuel see page 23 and 23a, revised 10/58.

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IX. FUEL FOR COOKING, WATER HEATING, LIGHTING, HOUSEHOLD APPLIANCES AND REFRIGERATION

Fuel for cooking, water heating, lighting and operation of major household appliances and refrigeration are basic requirements and shall be recognized and accounted for in every assistance budget.

In instances where clients have no provision for refrigeration (automatic or ice) and are preparing meals in the home, the municipal welfare department shall assist the client to make some arrangements for preservation of perishable foods. When this cannot be accomplished without purchase or rental of equipment, the policy stated in Section X, item 9, Household Furniture, Furnishings or Equipment, will govern.

The purpose of public assistance is to provide for current need. The public assistance agency does not have a statutory obligation, nor does sound public policy require it to satisfy claims of the client's creditor for prior incurred indebtedness. Allowances for public utilities may include the cost of services rendered for the current billing period. If the client is without service, or the utility company has given final notice that service is to be discontinued, the director of welfare shall confer with the company to arrange for restoration or continuation of service. If the company refuses service without immediate satisfaction of prior incurred indebtedness, even though given assurances that the client will be able to pay for current service or the agency will meet the cost directly, then the minimum amount which the utility company will accept to insure restoration or continuance of service may be included in the client's budget. If such minimum amount is in excess of one month of prior incurred indebtedness the facts shall be reported promptly to the Bureau of Assistance.

The schedule of authorized allowances for utilities is on page 24 of this regulation.

X. VARIABLE NEEDS

General Policy

In addition to the basic requirements which are needed by all clients, many clients have additional needs which are essential for their health and welfare. The agency shall determine whether or not the client has such additional needs. If one or more of such additional needs exists, the agency shall actively assist the client in arranging for such need(s) to be met.

If the need(s) cannot be met through the use of personal resources, or community resources (public or private) which are readily available to the client at his request or the request of the agency, allowances from funds of the General Assistance program are authorized. Allowances for variable needs shall be included within the limitations and subject to the conditions given below. Such allowances shall be included in the assistance budget on a recurring or non-recurring basis, depending on the nature of the item and the circumstances of the case.

When the client is purchasing or receiving an essential service from a charitable or non-profit agency or organization, the amount to be paid or allowed for this service shall not exceed the lowest amount for which such agency or organization is supplying the service to non-assistance individuals. If the agency or organization is under contract to supply the service without charge, or is in fact supplying the service without charge to the community, or to a specified class of persons of which the assistance client is a member, then it shall be considered an available free service for the client and no monetary allowance for the service shall be included in the client's budget.

Whenever an allowance for a variable need is included, the need for the allowance and the basis for the amount of the allowance (standard allowance or verified actual cost where no allowance is specified) shall be explained in the case record.

1. Clothing

Clothing shall be recognized as a basic requirement for all persons applying for and receiving General Assistance, but shall be provided as the need for clothing arises. The clothing needs of an applicant and his family shall be considered and discussed with him at the point of application and thereafter whenever the need arises. In some instances an applicant who has income may be found to be eligible for supplementary assistance or for a clothing allowance only, because of the immediate need for clothing.

Allowances for clothing should be adequate to secure items at reasonable cost and of durable quality.

2. Personal Incidentals

The standards for personal incidentals are based on the Stecker Maintenance Standard for Personal Grooming and Sanitation (which has been revised to current needs), and the New Jersey Department of Health Standard for Medicine Chest Supplies. The standard includes the items required for personal cleanliness and grooming, first aid supplies, proprietary medicines, ointments, antiseptics, aspirin and laxatives, plus an additional allowance for transportation and such necessary miscellaneous expenditures as newspapers, writing paper and stamps, church and other group activities.

Differential standards and monetary allowances are established in relation to age of children, employment, blindness, and for persons living in public and private medical institutions.

SCHEDULE OF MONTHLY ALLOWANCES
FOR PERSONAL INCIDENTALS

(Schedule of Monthly Allowance for Personal Grooming and Sanitation, Medicine Chest Supplies and Miscellaneous)

<u>AGE AND ACTIVITY</u>	<u>(Based on 5/56 pricing)</u> <u>MONTHLY ALLOWANCES</u>
Infant - 3 years	\$1.50
4 - 9 years	2.80
10 - 12 years	3.30
Girls: 13 - 18 years	5.20
Boys: 13 - 18 years	5.20
Adult: Not gainfully employed	5.20
Adult: Blind - not gainfully employed	7.20
Adult: Any client (including blind) living in a Private Medical Institution	3.95*
Adult: Any client (including blind) living in a Public Medical Institution	2.90*
<u>Gainfully employed Person</u>	<u>9.70**</u>

*Medicine Chest Supplies are not included since these items are supplied by public and private medical institutions.

**Gainfully Employed Person - Any person regardless of age, sex or activity whose gross monthly income from employment or self-employment is \$50. or more.

3. Ice Refrigeration

Whenever ice is used for refrigeration, the authorized allowance is the actual cost of the ice, and shall be included in the budget as a utility.

4. Restaurant Meals

Allowances to purchase meals in restaurants shall be made in accordance with conditions and allowances specified on page 21 of this regulation.

5. Therapeutic Diets

An allowance for a therapeutic diet when prescribed in writing by a physician shall be recognized in the budget of the client in accordance with conditions and allowances specified on page 22 of this regulation.

6. Room and Board

a. Adults

- 1) When a client is living in an arrangement in which he is paying his pro rata share of the expenses of the household and may or may not be doing part of the work as a normal member of the family group, or when the client is living in the home of a parent, spouse or child he does

not have a room and board arrangement. In all such situations, the client's budget shall be itemized in accordance with the standard authorized allowances.

2) An allowance for room and board with or without personal services shall be understood to be a flat rate to include the purchase of food, shelter, fuel, utilities, household supplies, bed and bathroom linens and the incidental services and supplies that are necessary for providing these items.

3) When a client is paying or arranging to pay a flat rate for room and board without additional personal service, the monthly allowance shall be the contract amount agreed upon between the client and the proprietor but shall not exceed \$70. per month.

4) When it is necessary for a client who has a handicap or major infirmity (for example, certain blind persons, certain persons discharged from mental institutions, and other handicapped persons who require careful understanding, supervision and attention) to purchase, in addition to room and board extensive personal services on a regular and continuous basis, the monthly allowance for room and board plus such personal services as verified shall not exceed \$85.00.

5) Budget allowances for a client who is purchasing room and board, with or without personal services, shall include in addition to board, personal incidentals, clothing and any other variable need item as needed. Under such arrangements the allowable added cost of a prescribed therapeutic diet is authorized in addition to the allowance for board and care.

b. Children

When it is necessary to pay for room, board and care for a child in the home of unrelated persons, or in the home of relatives other than parents or grandparents, the authorized allowance for this service is the actual amount charged for such service by the person providing it, up to a maximum of \$65. per month.

In addition to the above allowance, appropriate allowances for clothing and other necessary variable needs shall be provided; and the allowable cost, if any, of a prescribed therapeutic diet is authorized.

Exception:

In the event that adequate care arrangements cannot be made at the above rates because of the special care problem presented by the child, the director of welfare may advise the Bureau of the facts in the case (by telephone if placement is urgent) and consideration will be given to approval of a higher allowance. The request for approval of a higher rate should include, whenever possible, a report from the physician, psychiatrist or psychologist, as appropriate, if the problem is related to a physical or mental disability.

6. Room and Board, b. Children (Cont'd.)

Effect of Unauthorized Allowances

When the amount paid for board and care for adults or children exceeds the maximum allowances authorized in this regulation, and regardless of whether or not the agency pays any part of this amount, any assistance payment to or on behalf of such client will not be subject to State matching unless specific prior approval has been secured from the Bureau.

c. Mentally Deficient Person Pending Admission to State Institution

In the instance of a mentally deficient person (child or adult) who has been committed through the county adjustor to a State institution, and who is awaiting placement therein, the municipal welfare department shall consult the Division of Mental Retardation, Dr. Maurice G. Kott, Director, telephone Export 2-2131, extension 511. That division will be able to recommend private institutional facilities suitable for the particular person, and will advise the minimum rate for care charged by the recommended institution.

The municipal welfare department is authorized to arrange for care of the person in any such private institutional facility so recommended at the minimum rate. The final plan should be cleared with the office of the county adjustor of the county of the person's legal settlement. Ascertain whether the county will contribute, toward the cost of the committed person's maintenance in the private institution, the amount which the county would otherwise be obligated to provide for maintenance in a State institution. In some counties it is the practice for the County Adjustor's Office to authorize such contribution.

The municipal welfare department is authorized to pay the minimum rate charged by the institution, reduced by the amount of any contribution by the county, and by the amount of any contribution available from the person's family or other sources. An allowance so arrived at will be subject to State matching as a proper expenditure from General Assistance funds.

7. Medical Care Needs

General Policy: By law [44:8-124] medical care is specifically identified as an item of need authorized to be met. Furthermore the law [44:8-125] provides for the granting of assistance to supplement inadequate income. It shall therefore be understood that individuals or families who are normally self-supporting may receive assistance to defray the cost of medical care and related services, where there is insufficient income to meet such costs as determined by State budgetary standards.

a. Physician's Services

The following policy and procedure shall be understood to govern services rendered by general practitioners and specialists, but does not include fees for diagnostic procedures by specialists. [For fees for Diagnostic Examinations see b. below]

1) Policy and Procedures

a) Eligible services shall be understood to include those provided by fully licensed physicians to assistance recipients in their own or other family homes, in the offices of physicians, or in eligible private medical institutions subject to the conditions specified in 2) e) below.

b) Ineligible services include services rendered to

Recipients after admission to and while confined in public or private general hospitals, or

Recipients in the Out-Patient Department of hospitals, or

Recipients who are residents in any public medical institution, or

Recipients who are residents in licensed nursing homes, or in non-profit or charitable institutions, when the physician is the owner, operator, or stockholder of the nursing home or is employed or retained by the nursing home or by the non-profit or charitable institution, or

Recipients by a municipal physician employed on a salary basis if the nature of such employment requires him to provide such service to assistance clients.

c) The recipient shall, so far as possible and reasonable, be permitted to exercise free choice of physician. In the event a recipient has no physician, or his personal physician is not available, the municipal welfare department may assist him in obtaining a physician.

7. Medical Care Needs, a. Physician's Services (Cont'd.)

2) Maximum Allowances

The allowances stated below are not mandatory but are maxima which shall in no event be exceeded. They shall be interpreted as inclusive of any medications, drugs or supplies provided or administered by, and any treatment given by the physician or his agent (nurse, therapist, etc.).

- a) Office Visit \$4.00
- b) Home Visit 5.00
- c) Night Visit (Home) 7.50 when made between 9 p.m. and 7 a.m.
- d) Distance Allowance 2.00 in addition to Home Visit (or Night Visit, if appropriate) may be allowed when the distance is in excess of five (5) miles one way from physician's home or office.
- e) Multiple Visit - for the first patient the appropriate maximum allowance for Office, Home, or Night Visit plus the Distance Allowance where applicable; for second and third patient served an additional flat allowance for Office Visit \$2.00, Home Visit \$3.00 for each patient. In the rare instance where more than three patients are served during one visit there shall be no allowance made for such additional patients regardless of the number served.

The chart below provides the respective appropriate individual allowances and totals.

Class of Visit	First Patient	Second Patient		Three or More Patients	
		Add'l. Fee	Total Fee	Add'l. Fee	Total Fee
Office	\$4.00	\$2.00	\$ 6.00	\$2.00	\$ 8.00
Home	5.00	3.00	8.00	3.00	11.00
Distance (Home) Visit	7.00	3.00	10.00	3.00	13.00
Night (Home) Visit	7.50	3.00	10.50	3.00	13.50
Night and Distance (Home)	9.50	3.00	12.50	3.00	15.50

7. Medical Care Needs, a. Physician's Services (Cont'd.)

The "multiple visit" fee shall be understood to apply to any situation where two or more clients are served on the occasion of a single visit to the client's home, licensed nursing home, or boarding home, (or two or more clients in the same family are treated during the same office visit) and is allowable only when there is individualized examination and/or service for each client involved. The "multiple visit" fee does not apply to situations where the operator of an establishment (nursing or boarding home) arranges with a physician for "routine visits" or "rounds" involving a periodic and merely cursory check of all or a large group of the house population.

[For additional instructions concerning inclusion of physician's fees in the "inclusive patient care rate" in public and private medical institutions see M.A. 2.300A - p. 13].

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7. Medical Care Needs (Cont'd)b. Diagnostic Examinations

Following are the maximum fees to be allowed when special examinations are recommended by the attending physician and such examinations are not available to the client without cost through public or private facilities:

General medical and report	\$ 5.00
" " " " reexamination	3.00
Specialist's examination and report (all specialties including neurological, ophthalmological, etc.)	10.00
When cardiac report, together with electro-cardiograph examination and interpretation is necessary, an <u>additional</u> fee to that paid for examination and report	5.00
When physical examination by specialist must be made at residence of client because of degree of disability, an <u>additional</u> fee of	5.00

Laboratory Examination

Complete Blood Chemistry, 6 tests	15.00
Blood Chemistry, 4 tests	10.00
Blood Chemistry, 2 tests	5.00
Sugar Tolerance	10.00
Complete Blood Count	5.00
Hemogram CBC, Sed. rate, hematocrit, reticulocyte count	15.00
Sputa study for organisms (Concentrated)	5.00
Culture and exam	5.00
Feces (include occult blood) for organism or fat	5.00
Sternal Puncture	10.00
Urinalysis, complete, including microscopic	3.00

Special Tests

Basal Metabolism	5.00
Spinal fluid	10.00
Gastric content	10.00
Myelogram procedure (Complete diagnosis)	35.00

X-Ray and InterpretationSkull

Skull	15.00
<u>Neck</u> cervical vertebrae	10.00

Chest

Chest survey film anterior, posterior, lateral	10.00
Special chest study for pulmonary, cardiac, rib fractures, barium swallow, stereoscopic, etc. (at least 2 films)	15.00

7. Medical Care Needs, b. Diagnostic Examinations (Cont'd.)Chest (Cont'd.)

Esophagram study and chest survey film	\$15.00
Bronchogram Lipidol	25.00
Angio cardiogram with preliminary films	40.00
" " without " "	25.00
Dorsal spine	10.00

Abdomen

Gastrointestinal tract - Complete X-Ray Study including fluoroscopy and Barium Enema, with cholecystogram	50.00
Without Barium Enema	40.00
Barium Enema	15.00
Gall Bladder Series (Graham Technic)	15.00
Intravenous Urogram	20.00
Pelvis and Hip Joints	15.00
Spine, entire	30.00
Lumbar, sacral, coccygeal	10.00
Extremities, 2 views	10.00

c. Diagnostic Evaluation (Mental)

When it is necessary to secure professional diagnostic evaluation of the mental capacity or condition of a client (child or adult) the agency is authorized to secure the examination from the following facilities in the order of preference named:

1) Local Clinic

Whenever possible the examination should be obtained in an existing psychiatric, mental health or guidance clinic or center which is established to provide a multi-discipline evaluation by a psychiatrist, psychologist and psychiatric or medical social worker as necessary.

In respect to payment for the examination, the principle shall apply that if the clinic provides service without charge to any persons who do not receive public assistance, then public assistance clients are also entitled to the service without charge; if a minimum fee has been established for all persons then such minimum up to a maximum of \$30. may be paid for an assistance client.

Whenever an appointment is made with a local clinic, a form letter entitled "Request for Mental Evaluation" shall be sent. (See Attachment II to 2.300A for sample letter with instructions.)

7. Medical Care Needs, c. Diagnostic Evaluation (Mental) (Cont'd.)

2) Private Psychologist or Psychiatrist

The services of a psychologist (for psychometric examination - measurement of intelligence) or a psychiatrist (for evaluation of emotional or mental problems or behavior) may be purchased for a client at a fee not to exceed \$15.

Whenever an appointment is made with a private psychologist or psychiatrist, a form letter entitled "Request for Mental Evaluation" shall be sent. (See Attachment II to 2.300A for sample letter with instructions.)

3) Diagnostic Center, Menlo Park

When neither of the facilities in 1) or 2), above, is available, or the situation is urgent and an appointment cannot be arranged promptly at a local facility, the agency may request an appointment at the Diagnostic Center, Menlo Park. Any such request shall include an explanation that the examination cannot be arranged locally.

The Diagnostic Center provides analysis of the mental capacity, personality and character of individuals. It's primary function is to study and evaluate offenders referred by the Juvenile Courts. It is authorized by law and will provide service on referrals by public and private agencies in the situations described above.

The in-patient department is open to children between 8 and 18 years of age. The maximum stay is 90 days. The charge is \$15. for the admittance examination plus \$7. per day for care, or \$22. for the first day and \$7. per subsequent day.

The out-patient department is open to children and adults. The charge for diagnostic evaluation in the out-patient department is \$22.

The rates set forth in 1) and 2) and 3) above, are authorized for purposes of State matching for recipients of General Assistance.

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d. Miscellaneous Medical Care Services

The following may be included in the client's budget only when the item or service has been recommended in writing by a licensed physician:

- 1) Drugs (except those otherwise provided in an allowance for patient care [basic or negotiated rate] in a medical institution);
- 2) Blood, blood plasma, infusions
- 3) Hearing aids
- 4) Prosthetics
- 5) Oxygen

The following may be included in the client's budget when recommended in writing either by a licensed physician or an appropriate licensed practitioner:

- 6) Dental service and dentures
- 7) Eyeglasses and other visual prosthetics
- 8) Chiropody service (other than normal pedicure service)

In respect to the above items or service, [1) through 8)], the authorized allowance is

- a) The maximum price or fee established by the local agency as part of a formal medical care plan in association with professional groups, or as the result of working agreement with or notice to the vendors of such goods and services, or
- b) The actual cost of the item or service.

In respect to allowances based on actual cost, if the quoted cost appears to the agency to be unreasonable, or if the item or service is one for which a normal or prevailing cost in the community is not known, it is recommended that two or more estimates be obtained. It is, of course, recognized that emergency situations may arise in which the item or service must be authorized and procured without obtaining estimates in advance. In such situations, every effort shall be made to procure the item or service at minimum cost, or to effect reasonable adjustment of charges which appear to be excessive.

e. Visiting Nurse Services

Allowances for services of Visiting Nurse Associations may be made upon written order of the attending physician provided the client is not entitled to such services without cost. For specific instructions and maximum allowances see Special Supplement to this regulation (2.300A, revised 6/15/56)

Patient Care (Chronically Ill)

1) General Policy

It is recognized that a client because of a defect, disease or impairment, may require care in a proprietary licensed nursing home or public medical institution for the care of the chronically ill. [For patient care in general hospitals (public or private) serving the acutely ill see M.A. 2.301, 2.301A, 2.301B.]

A monthly allowance for patient care in a proprietary licensed nursing home or public medical institution for the care of the chronically ill is authorized only when

a) A physician certifies that the client has a defect, disease or impairment (other than tuberculosis or psychosis) and is in need of patient care, by completion of Form PA-4. [See Attachment No. 1 to this regulation.]

It is recognized that the physician's recommendation is of primary importance. However, the agency shall also evaluate the social situation, and when appropriate, discuss with the physician whether in his opinion the client can receive adequate care in the home of a relative or in a boarding home. Furthermore, the fact that a person is already residing in a proprietary licensed nursing home or public medical institution is not in itself conclusive evidence that he is in need of continuing patient care in such a facility.

b) There is no person available who will perform the necessary care and services without cost to the client.

d) Form PA-4 is completed in duplicate by the attending or staff physician and by the operator of the nursing home or superintendent of the institution, as appropriate, one copy being filed in the agency's case record, the second copy being retained by the nursing home or institution.

2) Patient Care Rate and Budget Allowances

a) Licensed Nursing Homes

(1) Maximum Basic Rate

The maximum allowable basic monthly rate that a client shall pay, regardless of source or sources of such payments, for patient care in a licensed nursing home (in the absence of an authorized special agreement or contract relating to such home - see subsection (2) below) is \$165.00. ~~198~~ (effective ~~2-1-59~~).

The maximum allowable basic monthly rate for patient care in a licensed nursing home shall include room and board, bed and bathroom linens, nursing care, laundry of client's personal clothing, (but not dry cleaning costs) personal services, supervision as required by the nature of the client's illness, therapeutic diets, all vitamins, all common medicine chest supplies (such as and

including all mouth washes, all analgesics, all laxatives, all emollients, all burn ointments, all first aid creams, all protective creams and liquids, cough and cold preparations, all simple eye preparations, all antiacids, dressings, the application or administration of all drugs, the administration of intravenous, subcutaneous, and/or intramuscular injections, infusions, etc., and all medical supplies (such as and including gauzes, bandages, tapes, plasters, compresses, cottons, sponges, hot water bags, ice bags, syringes, thermometers catheters, cellu cotton or any other types of pads used to save labor or linen, rubber gloves, etc.).

Under this plan the client's budget shall include in addition to the allowance for patient care, clothing and personal incidentals as needed, prescribed drugs (other than those included in the patient care rate), physician's services (unless the conditions cited in sub-section 7, above, prevail), and may include allowances for other special medical care items authorized in sub-section 7 b and c, above, and g, below.

(2) Alternate Plan - Inclusive Patient Care Rate

Under an alternate plan the Bureau may itself negotiate, and has also authorized each county welfare board, at its discretion, to act as agent for the Bureau in negotiating with any nursing home located in such county, a special agreement for an "inclusive patient care rate." Where a nursing home currently has in residence clients of other county or municipal welfare departments, the welfare board acting as negotiator will so inform and collaborate with such other department(s) in carrying on the negotiations.

Upon approval of any such special agreement, the Bureau will publish the "inclusive patient care rate" applicable to such home, to all public assistance agencies under its supervision, and the rate shall be binding upon them. As a safeguard, when arrangements for the care of a client are being made the agency should ascertain from the operator (and/or check with the County Welfare Board) whether or not an "inclusive patient care rate" has been established for that home.

An "inclusive patient care rate" means a rate of allowance to include all services covered by the basic rate, as defined under (1) above, and to include also prescribed drugs and/or physician's services. The maximum "inclusive patient care rate" which may be negotiated to include both these additional items is \$208.00, effective 2/1/62

b) Public Medical Institution (Chronically Ill)

The maximum allowable monthly rate that a client shall pay, regardless of the source or sources of such payment, for patient care in an eligible public medical institution, shall be one twelfth the annual per capita cost, or \$208.00, whichever is less, effective 2/1/62. The rates for individual institutions are established by the Bureau through a specified procedure.

The maximum allowable monthly rate shall be understood to include all items included in the maximum basic rate for patient care in licensed nursing homes [see a), (1), above], and shall also include all prescribed drugs, physician's services, and any laboratory, diagnostic, x-ray, dental or other services which are available for all patients in the public medical institution.

Budget allowances for clients who are patients in public medical institutions shall include the allowance for patient care, clothing and personal incidentals as needed, and special medical care items or service as authorized in this sub-section 7, b and c, above and g, below, other than those included in the patient care rate as specified in this sub-section.

c) Effect of Unauthorized Allowances

When the amount paid for patient care exceeds the maximum allowances authorized in this regulation, and regardless of whether or not the agency pays any part of this amount, any assistance payment to or on behalf of such client will not be subject to State matching unless specific prior approval has been secured from the Bureau.

g. Physical Restorative Services

(Physical Therapy, Occupational Therapy, Speech Therapy)

1) Physical, occupational and speech therapy may be provided for clients for a maximum period of three months in any one year without prior authorization from the Medical Service Section of the Bureau of Assistance, provided the:

a) Physical Therapy

(1) has been prescribed in writing by a licensed physician and the therapy is given under the direction and supervision of a physician;

(2) treatment is provided by a therapist who is a graduate of a school or approved curriculum of physical therapy approved by the Council on Medical Education and Hospitals of the American Medical Association. [See Attachment #3, 2.300A for list of approved schools.]

(3) is part of a planned physical restoration program for assisting patients in achieving their maximum potential for self-care and independence;

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(4) is not purely palliative such as the application of heat per se, in any form; massage; routine calisthenics or group exercises; assistance in any activity or use of a simple mechanical device not requiring the special skill of a qualified physical therapist;

(5) is not otherwise available without cost to the client.

b) Occupational Therapy

(1) is medically prescribed functional activity to aid recovery from disease or injury;

(2) treatment is provided by a therapist who is a graduate of a school of occupational therapy approved by the Council on Medical Education and Hospitals of the American Medical Association. [See Attachment #3, 2.300A for list of approved schools];

(3) is part of a planned physical restoration program to assist patients in achieving their maximum potential for self-care and independence;

(4) is not provided primarily for diversional, recreational or social purposes;

(5) is not otherwise available without cost to the client.

c) Speech Therapy

(1) is recommended by a physician;

(2) is provided by a speech therapist who has, or is eligible for, a Basic or Advanced Certificate in Speech from the American Speech and Hearing Association;

(3) is part of a planned rehabilitation program, the goal of which is to enhance the patient's ability to communicate because of a speech impairment resulting from a disease or injury;

(4) is not otherwise available without cost to the client.

2) Maximum allowances authorized for such therapies are as follows:

a) Physical Therapy and Occupational Therapy

(1) Where the qualified therapist(s) performing the service is a full time employee of a home or institution (other than a public medical institution) in which the client is receiving care, an allowance to the home or institution of \$3.00 per patient per treatment day is authorized. The maximum allowance to the home or institution shall be \$30.00 per day per qualified therapist regardless of the number of patients treated.

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(2) Where the qualified therapist(s) performing the service is not in residence, on salary, or under contract, but is a fully independent practitioner servicing the patient(s) by visitation to the home or institution (either public or private) "on call", or at client's own home, an allowance for payment to the therapist of \$5.00 per patient per treatment day is authorized. Maximum allowance per qualified therapist per day shall be \$30.00.

(3) "Treatment day," as used above, means any calendar day (but not exceeding five (5) in any calendar week) during which the patient is provided with direct professional service(s) by the therapist(s).

(4) Equipment and/or supplies are to be furnished by the home, institution or therapist(s) whenever necessary and are not to be charged to the assistance agency.

b) Group Occupational Therapy (treatment of two or more patients at the same time):

(1) where the qualified therapist(s) performing the service is a full time employee of a home or institution (other than a public medical institution) in which the client is receiving care, an allowance to the home or institution of \$3.00 per patient per treatment day for the first patient and \$1.50 per patient per treatment day for each additional patient is authorized. Maximum allowance per qualified therapist per day shall be \$30.00.

(2) where the therapist(s) performing the service is not in residence, on salary, or under contract, but is a fully independent qualified practitioner servicing the patient(s) by visitation to the home or institution (either public or private) "on call," an allowance for payment to the qualified therapist of \$5.00 per patient per treatment day for the first patient and \$2.00 per patient per treatment day for each additional patient is authorized. Maximum allowance per qualified therapist per day shall be \$30.00.

(3) "Treatment day," as used above, means any calendar day (but not exceeding five (5) in any calendar week) during which the patient is provided with direct professional service(s) by the therapist(s).

(4) Equipment and/or supplies are to be furnished by the home, institution or therapist(s) whenever necessary and are not to be charged to the assistance agency.

c) Speech Therapy

(1) Where the qualified therapist(s) performing the service is a full time employee of a home or institution (other than a public medical institution) in which the client is receiving care, an allowance to the home or institution of \$4.00

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per patient per treatment hour or \$3.00 per patient per half hour treatment session is authorized. The maximum allowance to the home or institution shall be \$40.00 per day per qualified therapist regardless of the number of patients treated.

(2) Where the qualified therapist(s) performing the service is not in residence, on salary, or under contract, but is a fully independent practitioner servicing the patient(s) by visitation to the home or institution (either public or private) "on call," or at client's own home, an allowance for payment to the qualified therapist of \$5.00 per treatment session is authorized. Maximum allowance per therapist per day shall be \$40.00.

(3) "Per day" as used above means any calendar day (but not exceeding five (5) in any calendar week) during which the patient is provided with direct professional service(s) by the therapist(s).

(4) Equipment and/or supplies are to be furnished by the home, institution or therapist(s) whenever necessary and are not to be charged to the assistance agency.

3) Prior approval is required from the Medical Service Section of the Bureau of Assistance for physical restorative services only when the

- a) Physical, occupational or speech therapy exceeds 65 treatment sessions in any one calendar year.
- b) Physical, occupational or speech therapy treatment is not provided on a continuous (minimum of 4 treatment sessions per week) basis; (i.e., therapy prescribed and provided only once, twice or three times weekly).

4) Authorization Procedure for Municipal Welfare Departments

a) Physical Therapy, Occupational Therapy, Speech Therapy

(1) Request for authorization to the municipal welfare department shall include a signed statement from the attending physician or submission of a copy of the physician's signed prescription for therapy on the treatment or work record form as used by the institution or independent practitioner (therapist).

(2) The following essential information must be provided:

- (a) Name of patient
- (b) Birthdate
- (c) General Assistance case number (if any)
- (d) Diagnosis
- (e) Functional Statue or Degree of Incapacity; Bedridden; chairfast; independently ambulatory; ambulatory with assistance; able to dress self; able to care for toilet needs; etc.

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- (f) Treatment prescribed
- (g) Purpose or goal of treatment
- (h) Frequency and duration of treatments required
- (i) Approximate date of next examination or evaluation by physician
- (j) Progress report to date
- (k) Prognosis

5) Billing Procedure

a) An official invoice voucher must be submitted monthly for each eligible patient receiving therapy during the month.

b) Attached to voucher must be a copy of the physical therapy, occupational therapy, or speech therapy treatment or work record form containing at least the following essential information:

- (1) Name of patient
- (2) Birthdate
- (3) General Assistance Case Number (if any)
- (4) Diagnosis
- (5) Functional Status or Degree of Incapacity: Bedridden; chair-fast; independently ambulatory; ambulatory with assistance; able to dress self; able to care for toilet needs; etc.
- (6) Treatment prescribed
- (7) Frequency and duration of treatment
- (8) Name of attending physician
- (9) First treatment date
- (10) Actual dates of each treatment session
- (11) At least one progress note by treating therapist during each calendar month patient received therapy

c) Every other calendar month in which patient receives therapy, a statement from the attending physician must be attached to voucher in addition to the treatment or work record form indicated above. This statement must be personally signed by the physician and should include a current progress report, a statement as to prognosis and an estimate of the number of additional therapy treatments required.

Allowances for Special Services

1) It is recognized that some clients, or client groups, require special services because of illness, handicap, or infirmity. For the purposes of this regulation, special services include:

Errand Service - which is the cost of employing a person to do shopping, to tend a furnace or stove, to carry coal or wood or to perform similar errands or tasks;

Domestic Service - which is the cost of employing a person to perform part or all of the routine household tasks when the person who customarily performs such duties is ill or temporarily absent from the home;

Homemaker Service - which is the cost of employing a homemaker where a mother or mother person is ill or temporarily absent from the home and the homemaker is necessary in order that the family may continue to function as a family unit.

2) An allowance for any of the special services defined above may be included in the budget as a variable need when all of the following conditions exist.

a) The service is essential to the health and welfare of the client; and

b) The client or member of the client group who usually performs the service is incapacitated, infirm or absent from the home and no other member of the client group is able to perform the service; and

c) There is no other person available who will perform the service without cost; and

d) The allowance is not for wages to be paid to a legally responsible relative who is performing the service.

3) The monetary allowance for special services shall be at the most reasonable rate for which the service can be obtained in the community, plus the social security tax when the client is legally liable to pay the tax. Furthermore, if the service is purchased from an organized Homemaker Service agency, the allowance shall be at the lowest rate charged any person purchasing the service.

4) When it is necessary for the client to provide one or more meals daily for the person who performs the special services, the monetary allowance for such person's food shall be the appropriate portion of the standard allowance based on the number of meals which must be provided. Such allowance shall be calculated by dividing the monthly amount of the appropriate standard allowance by 90, and multiplying the resulting figure by the total number of meals supplied for the period covered by the allowance. Such allowance for meals shall be shown in the budget as a separate variable need and clearly identified.

8. Laundry

If a client cannot do his own laundry because of illness, infirmity, physical handicap, or lack of facilities, and this service is not available to him as an incident of his shelter arrangements, and no one else is assuming this responsibility, an allowance for laundry based on actual cost, but not in excess of the maximum provided in the schedule below, may be included in the budget.

MAXIMUM MONTHLY ALLOWANCES FOR LAUNDRY

<u>Type Finish</u>	<u>Monthly Allowance</u>
Wet Wash	\$1.10 per person
Rough Dry	1.25 " "
Finished	2.00 " "

These maximum allowances provide for 4 lbs. of laundry per person per week.

9. Household Furniture, Furnishings or Equipment

An allowance for the purchase, replacement or repair of essential household furniture, furnishings or equipment is authorized for inclusion in the client's budget if needed to assure the client's health and safety.

Before an allowance is made for such item(s), the agency should examine the situation to determine whether the article if repaired, would continue to give service which would justify the cost of repair, or whether replacement would be more economical and practical.

An allowance for the purchase, replacement or repair of these items shall be equal to the most reasonable minimum cost of items of satisfactory quality and functional value. Whenever feasible three price estimates shall be obtained.

10. Moving Expenses

Moving expenses equal to the verified actual cost may be allowed in cases of eviction, dispossession or legal resettlement, or when more economic quarters are available, or the present quarters are detrimental to the health of the community or to the assistance recipient.

11. Insurance

Life insurance may be carried by assistance recipients and the premiums included in the assistance budget. However, all policies are subject to adjustment through the Life Insurance Adjustment Bureau if the values exceed the following amounts:

Insurance carried by the head of the family may not exceed five hundred dollars (\$500.); the spouse or other members of the family over eighteen years of age, three hundred and fifty dollars (\$350.); and on children under eighteen years of age the insurance shall not exceed two hundred and fifty dollars (\$250.).

12. Telephone

An allowance to pay for telephone service may be included in the client's budget when the agency has established that

- a. The client's physical condition or the remoteness of his home requires telephone service to secure the necessities of life, and is essential for the safety of the client, or
- b. The client needs a telephone to maintain a business or employment, or to secure employment.

The monthly allowance for telephone service shall be the verified minimum exchange rate for rural or four party service, or the client's proportionate share of such minimum charge, whichever is applicable.

13. Transportation

Basic Policy

An allowance for transportation is authorized to be included in the budget when it is established that transportation is needed for any of the following purposes and cannot be otherwise provided without cost to the client:

- a. To clinic, hospital or doctor;
- b. To place of employment, to an employment agency or to see a prospective employer;
- c. To an agency with regard to applying for some form of assistance, or statutory benefits or health and welfare services;
- d. To nearest shopping center;
- e. To school;
- f. To church;
- g. To visit members of client's immediate family who are in a hospital or institution. However, the factor of reasonableness in regard to frequency of visits, distances traveled, and total costs of visits shall be considered in determining the allowances for this requirement.
- h. To return client (or the family group) to place of legal settlement (State or municipal) provided such authorization is in accord with State law and regulations. [See regulation 0.003.]

Transportation by Automobile; Automobile Ownership, etc.

a. Authorized Allowances

An allowance for the actual cost of essential operation of a client's automobile is authorized to be included in the budget if all of the following conditions exist:

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- 1) It is essential that the client have transportation for any of the purposes listed above;
- 2) Public transportation is not available, or, if available, client is unable to use it because of a verified physical condition; or, the cost of public transportation is greater than continued use of client's automobile; and
- 3) No one will provide transportation by private car without charge to the client.

Current payments due on a client's automobile may be considered for inclusion in the budget only when:

- 1) It has been determined that the automobile is essential for transportation,
- 2) The amount of the payment has been verified, and
- 3) Efforts have been made, first by the client, and then, if necessary, by the agency, to defer, reduce or re-finance the debt so as to arrive at the lowest payment required to prevent the loss of the automobile.

b. Automobile Ownership and Eligibility for GA

Ownership of an automobile in itself shall not be a bar to eligibility for General Assistance, and no applicant for or recipient of assistance shall be required to dispose of an automobile as a condition of eligibility.

Only under exceptional circumstances should an owner of an automobile be encouraged to sell the car to obtain funds with which to meet his current needs. The modern industrial practice of building plants and factories in suburban and rural areas is becoming more common every day and the lack of an automobile can seriously handicap both the worker and the person seeking work. Public transportation, when available, is often inadequate, impractical or both.

The fact that there is apparently no pressing need for an automobile at the moment does not mean that this situation will continue. Often the amount realized from the sale of a car is small, compared with the cost of replacement. Therefore, only when the sale will result in some practical benefit to the client and will not result in placing him under a severe financial burden to purchase a necessary replacement in the near or relatively near future, should the automobile be considered as an asset to be liquidated.

Furthermore, no applicant for or recipient of assistance shall be required to surrender his license plates to the director of welfare as a condition of eligibility even though the car is not essential for authorized transportation purposes. Only the State Department of Law and Public Safety, Division of Motor Vehicles, has the authority to require surrender of license plates.

14. Funeral and Burial Expenses

a. For purposes of State aid, the Bureau of Assistance authorizes the payment of funeral and burial expenses provided that:

- 1) Total cost is not in excess of \$350.;
- 2) All available resources (life insurance, OASDI death benefits, contributions by relatives or others, etc.), are explored and taken into account as applicable to the total cost;
- 3) The amount to be paid from General Assistance funds to supplement any such resources is not in excess of \$255.;
- 4) When there are no resources to defray part of the expense the amount paid from General Assistance funds is not in excess of \$255.

b. Classes of persons eligible for consideration of payment of burial expenses according to the above provision are limited to:

- 1) A person who is in active receipt of General Assistance at the time of death;
- 2) A person who had applied within fifteen (15) days prior to death, but for whom no payment of General Assistance had been issued;
- 3) A person who dies while a patient in a general hospital or in any private institution to which he had been admitted for temporary care, and who had been receiving General Assistance at the point of admission to such hospital or private institution;
- 4) A person who had formerly received General Assistance at any time within six months prior to death and who at the time of death is determined to be without resources in an amount sufficient to defray burial expenses.

c. It is recognized that municipal directors of welfare who are also exercising the functions previously charged to the overseer of the poor, encounter situations where burials must be provided at public expense for persons who do not come within the classifications specified in the preceding paragraph. Such burials are governed by R.S. 44:1-157, which states: "When a person shall die in a municipality without leaving money or other means sufficient to defray his funeral expenses, the overseer of the poor of the municipality shall employ some person to provide for and superintend...the burial of the deceased person, and the necessary and reasonable expenses as fixed by the governing body chargeable therewith shall be paid by it upon the order of the overseer...."

Expenditures for such burials are not eligible for State aid under Chapter 156 of the Laws of 1947.

FOOD-STANDARDS AND ALLOWANCES

1. Standards

The 1955 low cost diet plan of the United States Department of Agriculture, Agricultural Research Service, Human Nutrition Research Branch, is the standard for determining the monthly monetary food allowance. The diet plan meets the recommended Dietary Requirement of the Food and Nutrition Board of the National Research Council.

Differential standards and monetary allowances are established in relation to age and sex of children, activity of adults, and according to family size. The per capita monthly food allowances appear in Schedule I, below.

2. Definitions

Age - For purposes of budgeting, the age of a child means the age at his nearest birthday whether in the 6 months past or in the future 6 months. .

Activity Groupings

Adult - Minimal Activity

- a. Refers to any person who is performing the household tasks for a family of not more than two persons (including the client);
- b. Refers to any person whose employment is 8 hours or less per week; or
- c. Refers to any person who is chairfast or bedfast.

Adult - Moderate Activity

- a. Refers to any person who is performing the household tasks for a family of 3-5 members (including the client) or to any person who is performing the household tasks for a family of not more than two persons but who also is giving extensive personal service or patient care to the other person in the home; or
- b. Refers to any person who is employed for more than 8 hours per week and such employment requires only moderate muscular effort as in clerical work, clerking in a store, as a seamstress or tailor, as a factory worker, either sitting or standing; or
- c. Refers to any person who is undergoing a planned program of physical and/or vocational rehabilitation.

Adult - Strenuous Activity

- a. Refers to any person who is performing the household tasks for a family of six or more members; or

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b. Refers to any person who is employed for more than 8 hours per week in an occupation that involves strenuous physical activity such as a laborer, farmer, waiter, laundress, heavy-duty factory worker or any similar work that requires vigorous muscular exertion.

Family Size - Total number of persons for whom marketing and food preparation is done in common. This number will not always be identical with the number of persons in the shelter unit.

3. Special Adjustment for Blindness

Appropriate food allowances shall be increased by 25% for those blind persons responsible for marketing and food preparation.

4. Schedule I - Monthly Food Allowances*

SCHEDULE I		BRS Food Pricing 8/58 Low Cost Diet Plan FEB 4 '55			
FAMILY MEMBERS		FAMILY SIZE			
AGE AND ACTIVITY	Alone	2	3	4 or more	
Infant - 3 years		\$17.60	\$16.20	\$14.70	
4 - 9 years		23.50	21.60	19.60	
10 - 12 years		30.60	28.10	25.50	
Girls: 13 - 18 years		31.20	28.60	26.00	
Boys: 13 - 18 years		38.30	35.10	31.90	
Adult: Minimal Activity	\$33.80	30.00	27.50	25.00	
Adults: Moderate Activity	36.70	32.60	29.90	27.20	
Adults: Strenuous Activity	43.50	38.60	35.40	32.20	

(Fresh milk included in above allowances)

* To convert to semi-monthly amounts, divide appropriate monthly allowance by two (2).

To convert to weekly amounts, divide appropriate monthly allowance by four and one-third (4 1/3).

To convert for allowance for period of less than one week, divide appropriate monthly allowance by 30 and multiply the result by the number of days required.

5. Allowances for Restaurant Meals

a. An allowance for one or more restaurant meals per day shall be included in the client's budget if:

- 1) the client, because of a physical, mental or other limitation, is unable to prepare food; or

- 2) the client's shelter or living arrangement is such that there are no available facilities for food preparation or food service; and
- 3) the client in fact purchases one or more meals in a restaurant.

b. In evaluating the circumstances to determine whether a client requires an allowance to eat all or a portion of his meals in a restaurant, the following questions should be considered:

- 1) Does the client have cooking facilities available to him? If so, are the facilities adequate for preparation of all meals or are they make-shift facilities with which he can prepare only a light meal or snack?
- 2) Is ability to prepare all meals limited by inadequate facilities for storage of food?
- 3) Is the client physically able to prepare his meals? If not, is there a spouse or other person in the household able and willing to prepare the meals for him?
- 4) Does the client know how to buy and cook food or is his skill limited to the preparation of a very limited diet?

c. However, if a client requires a restaurant allowance in accordance with the conditions outlined in 5a, above, and it can be demonstrated by the agency that a satisfactory living arrangement, which includes equal or better shelter and equal or better eating arrangements, is actually available to the client at a more reasonable cost, then the lesser amount shall be the maximum allowance to be included in the client's budget.

d. The schedule of monthly allowances for restaurant meals gives the total food allowance for the client who purchases all his meals in a restaurant and also the total food allowances for the client whose living arrangement is such that he purchases some meals in a restaurant and prepares some meals in his home. Select the appropriate allowance according to the number of meals client purchases in the restaurant and eats at home. The total food allowance to be included in the client's budget shall include an amount for 3 meals per day.

SCHEDULE II - MONTHLY ALLOWANCES FOR RESTAURANT MEALS

<u>Meals</u>	<u>Total Monthly Food Allowance</u>
Client eats all meals in a restaurant	\$60.00
Client eats only dinner in a restaurant	46.90
Client eats breakfast and lunch in a restaurant	46.90
Client eats breakfast and dinner in a restaurant	53.50
Client eats lunch and dinner in a restaurant	53.50
Client eats only lunch in a restaurant	40.40
Client eats only breakfast in a restaurant	40.40

6. Allowances for Therapeutic Diets

a. Therapeutic Diet - a diet necessary for a diagnosed physical condition. Diet must be prescribed and certified by a physician.

b. Current concept is that the therapeutic diet should adhere as closely as possible to a normal diet. Persons receiving therapeutic diets should have their continued need for the diet reviewed every six (6) months except in instances where the physician has previously stated how long the diet should be continued. It is the responsibility of the physician to determine the beneficial effect of the therapeutic diet.

c. When a physician prescribes a diet for which there is no monthly allowance listed, or prescribes two diets for a client, or prescribes for a client who must eat in a restaurant, the agency shall consult the Bureau for advice on the necessary monthly monetary allowance.

SCHEDULE III

(Based on 8/58 food pricing)

MONTHLY ALLOWANCES FOR THERAPEUTIC DIETS

<u>Type of Diet</u>	<u>Additional Monthly Allowances</u>
Bland Low Residue (All ulcer diets)	\$7.10
Diabetic	9.60
High Vitamin, High Caloric, High Protein (Malnutrition, tuberculosis, anemia)	8.30
Low Salt	4.30
Nursing mother	12.30
Pregnancy	6.00
Low Fat, High Protein	8.30

AUTHORIZED ALLOWANCES FOR FUEL FOR HEATING

1. The standards which apply to all types of heating fuel are established on a season-quantity basis with differential allowances for the number of persons in the dwelling unit.
2. The standard provides for an 8 month heating season which extends approximately from the middle of September to the middle of May.
3. When the client, or client group, shares the use of the heating fuel with one or more persons who are not members of the client group, and is obligated to pay his share, the allowance for fuel costs shall be the client's per capita share of the appropriate family size allowance as shown in Schedule A or Schedule B, whichever is appropriate to the operating methods of the agency.
4. During the heating season the client's heating fuel needs shall be recognized on the basis of current need subject to the maximum allowances in Schedule A or B.
5. Schedule A, Monthly Cash Allowances for Heating Fuel, shall be used, during the heating season, in figuring the monthly budgets for all clients, to determine the amount of the budgetary deficit.

Schedule A will also be used when the heating fuel allowance is to be included in direct cash assistance payments to clients.

6. Schedule B, Seasonal Amounts for Heating Fuel, gives the total amount of coal (tons), oil (gallons) and gas (cubic feet) required by the number of persons in a household for heating for the entire heating season.

Schedule B will be used when fuel is provided to clients through the vendor-order system. The amount authorized at any one time will be determined in relation to the client's current need, his storage facilities, and economy of delivery by the vendor.

SCHEDULE A

MAXIMUM MONTHLY CASH ALLOWANCES FOR HEATING FUEL

The monthly cash allowances are based on the monetary amount required for the full heating season divided by 8. (Middle of September to middle of May.)

Family Size	1	2	3	4	5	6	7	8	9	10
Heating Allowances	\$9.00	\$12.00	\$15.15	\$18.00	\$21.00	\$24.00	\$27.00	\$27.00	\$27.00	\$27.00
Per Person Amount	9.00	6.00	5.05	4.50	4.20	4.00	3.90	3.40	3.00	2.70

SCHEDULE B

MAXIMUM SEASONAL AMOUNTS OF HEATING FUEL

No. Persons	Coal *Tons	Oil *Gallons	Gas	
			Natural *Cubic Feet	Manufactured *Cubic Feet
1	3	430		
2	4	575		
3	5	730		
4	6	860		
5	7	1000		
6	8	1160		
7 or more	9	1290		

*It is recognized that the adequacy of the fuel schedules is dependent upon the state of repair of the dwelling. If the client's dwelling is so poorly constructed or in such a state of dilapidation that there is constant exposure to the elements, the standard allowance for fuel will not provide adequate warmth. It is not possible to estimate the amount of fuel needed when cold and dampness can penetrate the dwelling. Such situations may be referred to the Bureau in writing, giving description of the dwelling condition, and the amount of fuel the client finds it necessary to use.

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AUTHORIZED ALLOWANCES FOR UTILITIES

1. For purposes of this regulation utilities include fuel for cooking, water heating, lighting and electrical appliances and automatic refrigeration.
2. Differential standards and monthly monetary allowances for utilities are established in relation to the number of persons in the family actually using the utilities.
3. The allowances are averaged on a twelve-month basis. There is no differential in allowances for winter and summer months.
4. When the client, or client group, shares utilities with one or more persons who are not members of the client group, and is obligated to pay his share, the allowance for utilities shall be the client's per capita share of the appropriate family size allowance(s) as shown in the Schedule below.
5. Explanation of Allowances
 - a. The allowance for cooking provides for any type of fuel.
 - b. The allowance for water heating provides for the use of gas, bottled gas, fuel oil, coal, wood or electricity.
 - c. The allowance for lighting also includes the cost of operating all electrical appliances. This allowance does not include the cost of refrigeration.
 - d. The allowance for refrigeration provides for either electric or gas refrigeration.*

SCHEDULE OF TOTAL MONTHLY ALLOWANCES ACCORDING TO FAMILY SIZE

Size of Family	1	2	3	4	5	6	7	8	9
Cooking	\$2.25	\$2.30	\$3.00	\$3.00	\$3.00	\$3.60	\$4.10	\$4.60	\$5.10
Water Heating	2.15	2.20	3.60	3.60	3.60	4.80	5.40	6.00	6.60
Lighting & Elec. Appliances	3.00	3.00	3.90	3.90	3.90	4.50	5.00	5.50	6.00
*Refrigeration	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50
Totals for Family	8.90	9.00	12.00	12.00	12.00	14.40	16.00	17.60	19.20

*For allowances for ice refrigeration see page 6, item 3.

**AUTHORIZATION FOR PATIENT CARE IN A LICENSED NURSING HOME
OR IN A PUBLIC MEDICAL INSTITUTION FOR THE CHRONICALLY ILL**

To be completed by Public Assistance Agency _____
(Identify Agency)

Case Name _____ Registration No. _____

Home Address _____
Street Municipality County

Birthdate (or age) _____ Sex: M F Veteran: Yes No
(Circle correct letter) (Circle correct word)

Describe Current Living Arrangement _____

Name of Institution _____ Admission Date _____

A. CERTIFICATION OF PHYSICIAN

THIS IS TO CERTIFY THAT THE ABOVE NAMED INDIVIDUAL REQUIRES PATIENT CARE IN A LICENSED NURSING HOME OR PUBLIC MEDICAL INSTITUTION FOR THE CHRONICALLY ILL BECAUSE:

1. **DIAGNOSIS** (Complete) _____

2. DEGREE OF INCAPACITY (Please Check each Applicable Item Below)

BEDRIDDEN	AMBULATORY
<input type="checkbox"/> Bedfast & Helpless	<input type="checkbox"/> Entirely Independent
<input type="checkbox"/> Sits up in bed	<input type="checkbox"/> Only with Wheelchair
	<input type="checkbox"/> With Aid of Appliances
	<input type="checkbox"/> With Other - Specify _____

3. EATING	4. CONTINENCE STATUS	5. MENTAL STATUS
<input type="checkbox"/> Feeds Self Unaided	<input type="checkbox"/> Continent	<input type="checkbox"/> Clear
<input type="checkbox"/> Needs Constant Help to Eat	<input type="checkbox"/> Partially Incontinent	<input type="checkbox"/> Confused occasionally or part of the time
<input type="checkbox"/> Partial Help to Eat	<input type="checkbox"/> Incontinent	<input type="checkbox"/> Confused most of the time
<input type="checkbox"/> Requires Special Diet		

6. NURSING CARE AND SERVICES NEEDED

<input type="checkbox"/> Hypodermic Injections	<input type="checkbox"/> Oral Medication	<input type="checkbox"/> Daily Enemas
<input type="checkbox"/> Dressings	<input type="checkbox"/> External Medication	<input type="checkbox"/> Change Bed Position
<input type="checkbox"/> Temperature and/or Pulse Record	<input type="checkbox"/> Bed Baths Only	<input type="checkbox"/> Rubs and Massages
<input type="checkbox"/> Catherization		

7. CHARACTERISTICS OF MAJOR DISABILITY

<input type="checkbox"/> Static or Stable	<input type="checkbox"/> Progressive	<input type="checkbox"/> Improving
---	--------------------------------------	------------------------------------

8. Is Patient now receiving any Medication or Treatment? (If so, give details) _____

9. Is Surgery or Other Therapy contemplated? (If so, give details) _____

10. Is continued patient care in N. H. or P. Med. Inst. necessary? (Check) YES _____ NO _____

11. Is future discharge contemplated? (Check) YES _____ NO _____

12. Could this patient be adequately cared for now in Boarding Home? YES _____ NO _____
His own Home? YES _____ NO _____ Other facility (describe) _____

13. () 1. I further certify that in my opinion this individual does not require care and treatment for active tuberculosis.
() 2. Does not require care and treatment for a mental disease, defect or impairment in an Institution for the mentally ill or mentally deficient.

M. D.

Date

B. STATEMENT OF INSTITUTION

THIS IS TO CERTIFY THAT:

1. the individual named above entered this institution voluntarily on _____ and is free to leave at any time upon his own decision; Date

2. the individual will receive continuous medical treatment and nursing care in the section of this institution certified for the care of the chronically ill until and unless he is no longer in need of such care;

3. the portion of the monthly assistance payment to the individual which exceeds the allowable monthly inclusive rate due the institution, will be available to the individual for his unrestricted use - and that if any funds belonging to the individual are held in safe keeping by the institution, a current identifiable account will be maintained and be open for inspection by the individual and by representatives of the public assistance agency;

4. if the individual dies, or leaves, or is to leave the institution, or is moved from the certified to an un-certified section of the institution the public assistance agency will be notified promptly; and that

5. if the individual dies, or leaves, or is moved from the certified to a non-certified section prior to the last day of any calendar month, or of other period for which payment has been received in advance, the institution will refund the unearned portion of such payment, the refund to be calculated as follows:

that percentage of the amount allowed the individual by the public assistance agency (for patient care in advance) which the number of unearned days bears to 30 (unearned days calculated from the day immediately following the date of death or removal);

a) the refund will be made to the public assistance agency for any individual who dies or who is removed from the certified to a non-certified section of the institution, or in any instance of an individual who becomes ineligible to receive assistance;

b) the refund will be made to the individual if he leaves the institution but is to continue to receive assistance outside the institution.

6. and that the institution will also refund to the public assistance agency any other funds of a deceased individual (and not subject to any prior claim or lien by the institution) which were in his possession or in the custody of the institution at the time of his death, and that refund of any such funds will be made to any individual who leaves the institution.

DATE _____

SUPERINTENDENT

NAME OF INSTITUTION

ADDRESS

[Use for local clinic, psychologist or
psychiatrist. Prepare in duplicate,
keeping carbon copy on file.]

REQUEST FOR MENTAL EVALUATION

(Date)

FROM: _____
(Title of Municipal Welfare Department)

Re: # _____

(Client's Name) (Age)

TO: _____

(Address)

The above person is receiving General Assistance. It appears necessary to obtain a [insert psychological, psychiatric or both as appropriate] evaluation for the following reasons:

[Explain the basis for the request; e.g., recommended by school or family physician, etc., or worker's knowledge of behavior problems, family relationship problems, etc. Attach copy of any available medical reports or recommendations.]

Please include in your report your recommendations for care, training and/or treatment, including the need for institutionalization.

Return any reports which are attached to this letter together with your report and bill.

Very truly yours

Director of Welfare

APPROVED SCHOOLS FOR PHYSICAL THERAPY AND OCCUPATIONAL THERAPY

PHYSICAL THERAPY

California

Childrens Hospital Society, Los Angeles
Loma Linda University, Loma Linda
Stanford University, Stanford (Palo Alto)
University of California, San Francisco
University of Southern California, Los Angeles

Colorado

University of Colorado Medical School, Denver

Connecticut

University of Connecticut, Storrs

Florida

University of Florida, Gainesville

Illinois

Northwestern University Medical School, Chicago

Indiana

Indiana University Medical Center, Indianapolis

Iowa

State University of Iowa Hospitals, Iowa City

Kansas

University of Kansas Medical Center, Kansas City

Maryland

University of Maryland, Baltimore

Massachusetts

Boston University Sargent College, Boston
Bouve-Boston School, Tufts University, Medford
Simmons College, Boston

Michigan

University of Michigan, Ann Arbor

Minnesota

Mayo Clinic, Rochester
University of Minnesota, Minneapolis

Missouri

St. Louis University, St. Louis
Washington University School of Medicine, St. Louis

PHYSICAL THERAPY (CONTD.)

New York

Russell Sage College - Albany Medical College, Albany
Columbia University, College of Physicians and Surgeons, New York
Ithaca College - Albert Einstein College of Medicine, Ithaca
School of Education - New York University, New York
University of Buffalo, Buffalo

North Carolina

Duke University Medical Center, Durham
School of Medicine, University of North Carolina, Chapel Hill

Ohio

Ohio State University, University Hospital, Columbus

Oklahoma

University of Oklahoma, Medical Center, Oklahoma City

Pennsylvania

University of Pennsylvania, Philadelphia
D.T. Watson School of Physiatrics, Leetsdale

Puerto Rico

School of Physical and Occupational Therapy, Santurce

Texas

Baylor University Medical Center, Dallas
Herrmann Hospital, Houston
The University of Texas Medical Branch, Galveston

Virginia

Medical College of Virginia, Richmond

Washington

University of Washington, Seattle

Wisconsin

Marquette University School of Medicine, Milwaukee
University of Wisconsin, Madison

U.S. Army Medical Service

Brooke Army Medical Center, Fort Sam Houston

OCCUPATIONAL THERAPY

Buffalo, University of, School of Medicine, Buffalo, N.Y.
Colorado State University, College of Home Economics, Fort Collins, Colo.
Columbia University, College of Physicians and Surgeons, New York, N.Y.
Eastern Michigan University, Ypsilanti, Michigan
Florida, University of, College of Health Related Services, Gainesville, Florida
Illinois, University of, College of Medicine, Chicago, Ill.
Indiana University, School of Medicine, Indianapolis, Ind.
Iowa, State University of, College of Liberal Arts and College of Medicine,
Iowa City, Iowa
Kansas, University of, Lawrence, Kansas
Loma Linda University, School of Medicine, Loma Linda, Calif.
Milwaukee-Dowder College, Milwaukee, Wis.
Minnesota, University of, School of Medical Sciences, Minneapolis, Minn.
Mount Mary College, Milwaukee, Wis.
New Hampshire, University of, College of Liberal Arts, Durham, N.H.
New York University, School of Education, Washington Square, New York, N.Y.
North Dakota, University of, Grand Forks, N.D.
Ohio State University, College of Education, Health Center, Columbus, Ohio
Pennsylvania, University of, School of Allied Medical Professions, Philadelphia, Pa.
Puerto Rico, University of, School of Medicine, School of Physical and Occupational
Therapy, Santurce, Puerto Rico
Puget Sound, University of, Tacoma, Wash.
Richmond Professional Institute, Colleges of William and Mary, Richmond, Va.
Saint Catherine, College of, St. Paul, Minn.
San Jose State College, San Jose, Calif.
Southern California, University of, College of Letters, Arts and Sciences.
Los Angeles, Calif.
Texas Woman's University, Denton, Texas
Tufts University, Boston School of Occupational Therapy, College of Special
Studies, Boston, Mass.
Washington University, School of Medicine, St. Louis, Mo.
Washington, University of, School of Medicine, Department of Physical Medicine and
Rehabilitation, Seattle, Washington
Wayne State University, College of Liberal Arts, Detroit, Michigan
Western Michigan University, Kalamazoo, Michigan
Wisconsin, University of, School of Medicine, Madison, Wis.

Physical or occupational therapists, not graduates of an approved school, shall furnish detailed credentials of their training and experience to the municipal welfare departments, which shall forward them to the Bureau Medical Service Section for evaluation.

There is no approved list of schools offering advanced training in speech pathology but most universities offer such training. Preferably the speech therapist should have a Masters Degree, and experience in speech pathology related to brain injuries.

State of New Jersey

State Library 3
ATTENTION Mrs. Prager

DEPARTMENT OF INSTITUTIONS AND AGENCIES
BUREAU OF ASSISTANCE

ADMINISTRATIVE OFFICES

STATE OFFICE BUILDING
SECOND FLOOR
135 WEST HANOVER STREET
TRENTON, NEW JERSEY



ADDRESS REPLY TO:
STATE OF NEW JERSEY
BUREAU OF ASSISTANCE
P. O. BOX 1627
TRENTON 25, NEW JERSEY

April 17, 1962

TO: MUNICIPAL WELFARE DIRECTORS

RE: Authorized Rates for VNA, Atlantic and Passaic County
[M. A. Budget Manual 2.300A Special Supplement]

We have been advised by the Division of Welfare that authorized maximum allowances have been established for the following organizations:

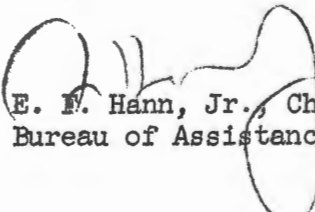
<u>Atlantic County</u>	Atlantic City Visiting Nurse Association	\$3.00
<u>Passaic County</u>	Visiting Nurse Association of Passaic	4.00

These organizations are not under contract with the State Department of Health, and cannot therefore be included in the listing in regulation 2.300A Special Supplement, Visiting Nurse Services, item IV. However, on the basis of relevant data made available by the State Department of Health, the maximum rates stated above are authorized.

We wish to emphasize that the above are maximum allowances, not mandatory; and that the policy and procedure provided in regulation 2.300A, Special Supplement, items II and III are applicable.

Please file this notice with the Special Supplement to 2.300A (Rev. 8/61). Copies for distribution to staff are being forwarded where appropriate.

Very truly yours,


E. M. Hann, Jr., Chief
Bureau of Assistance

EFH:MCRb

Approved
Irving Engelman, Director
Division of Welfare

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance

M.A. Budget Manual 2.300A
Special Supplement (Rev.1/61)
Page 1

TITLE: ADMINISTRATION

SUBJECT: VISITING NURSE SERVICES

I. INTRODUCTION

This regulation supersedes the Special Supplement to Municipal Aid Budget Manual 2.300A, revised 6/15/56, and is effective January 1, 1961.

Payments are authorized to purchase services for General Assistance clients from visiting nurse associations or organizations under the following policy and procedure.

II. STATEMENT OF POLICY

1. Payments or allowances for visiting nurse services provided to General Assistance clients by a non-governmental non-profit association or organization, are authorized only if it has been demonstrated to the satisfaction of the Local Assistance Board that,

a. The association or organization does in fact charge a minimum fee to be paid by or on behalf of all persons (other than persons covered by group contract or agreement) for whom such service is provided; and

b. The General Assistance client for whom the service is provided does not fall within any group or class of persons for whom the association or organization is already under contract or agreement with another party (including another governmental agency or unit) to provide the service.

2. The payment or allowance for the service shall not be greater than the minimum fee which the association or organization otherwise charges for the same service to persons who are not General Assistance clients.

III. PROCEDURE

The Local Assistance Board shall maintain a current list of all visiting nurse associations or organizations which provide service to persons in the municipality, with the following information in respect to each:

1. Whether or not the association or organization is receiving payment through a State agency, or through a county or municipal appropriation, or any combination thereof;

2. If so receiving payment, whether or not there is a written contract, agreement, etc., specifying the class or classes of service to be provided, and identifying the class or classes of persons to whom the service is to be furnished;

3. Whether the association or organization provides service to any person not covered by an existing contract without charging a fee to be paid by such person or on his behalf; and

4. If a specified minimum fee is charged to all persons, the amount of such minimum fee.

[Refer to IV below for Rate Schedule.]

IV. AUTHORIZED MAXIMUM RATE SCHEDULE (EFFECTIVE JANUARY 1, 1961.)

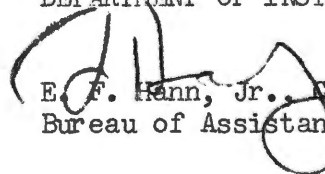
The following nursing associations or organizations are currently under contract with the State Department of Health to provide home nursing visits for clients of the Crippled Children's program at rates respectively listed below. Therefore, in accordance with a directive from the Division of Welfare, and consistent with the policy stated in II, 2, above, the payment or allowance for services provided to General Assistance clients shall in no event exceed the per visit rate listed for the respective association or organization

<u>COUNTY</u>		<u>MAX.RATE</u>
Bergen	Central Bergen Visiting Nurse Services	\$2.77
	Engelwood Hospital Public Health Services	3.63
	Ridgewood Nursing Service, Inc.	4.00
	Visiting Nurses of Northern Bergen County, Inc.	3.50
Burlington	Bordentown Visiting Nurse Association	3.00
	Moorestown Visiting Nurse Association	3.50
	Riverton, Cinnaminson and Palmyra Visiting Nurse Association	3.00
Camden	Camden Visiting Nurse Association (for Camden City and Brooklawn)	3.75
	Camden Visiting Nurse Association (outside Camden City and Brooklawn)	4.25
	Collingswood Community Nursing Service, Inc.	3.00
	Haddonfield Visiting Nurse Association	3.50
	Merchantville-Pennsauken Visiting Nurse Association	2.00
Cumberland	Community Nursing Service of Bridgeton	2.50
Essex	Community Nursing Service of Montclair	3.00
	Neighborhood Association of Millburn Township	3.89
	Public Health Nursing Association of Bloomfield and Glen Ridge	4.00
	Visiting Nurse Association of Newark	4.25
	Visiting Nurse Association of Nutley	4.00
	Visiting Nurse Association of Oranges and Maplewood, Inc.	4.25
West Essex Public Health Nursing Association, Inc.	4.00	
Gloucester	Gloucester County Visiting Nurse Association	3.81
Hudson	Bayonne Visiting Nurse Association	3.25
	Public Health Nursing Service of Hoboken	1.50
	Public Health Nursing Service of Jersey City	2.93
	Union City Public Health Nursing Service	2.00

<u>COUNTY</u>		<u>MAX. RATE</u>
Mercer	Princeton Visiting Nurse Association	3.00
	Trenton Visiting Nurse Association	3.30
Middlesex	Middlesex County Visiting Nurse Association	4.25
Monmouth	Monmouth County Organization for Social Service, Inc.	3.75
Morris	Morris County Visiting Nurse Association	4.00
Salem	Lower Penns Neck Visiting Nurse Association	3.00
	Woodstown-Pilesgrove Visiting Nurse Association	3.00
Somerset	Somerset Valley Visiting Nurse Association	3.15
	Somerset Hills Visiting Nurse Association	4.00
Union	Cranford Visiting Nurse Association	3.15
	District Nursing Association, Westfield	3.50
	Visiting Nurse Association of Eastern Union County	3.92
	Visiting Nurse Association of Plainfield and North Plainfield	3.79
	Visiting Nurse Association of Rahway and Clark	3.98
	Visiting Nurse Association of Summit, New Providence, and Berkeley Heights	4.00

If the Local Assistance Board is called upon to consider payment or allowance for services provided by a visiting nurse association or organization not listed above, the matter shall be referred in writing to the State Bureau for consultation as to the appropriate allowable rate, if any.

DEPARTMENT OF INSTITUTIONS AND AGENCIES


 E. F. Hann, Jr., Chief
 Bureau of Assistance

EFH/MCRd

Approved
 Irving Engelman, Director
 Division of Welfare

Official Regulation M.A. 2.300A, Special Supplement, rev. 1/61.
 Destroy Regulation M.A. 2.300A, (Special Supplement), rev. 6/15/56

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance

Mun. Aid 2 300B, 1/62

TITLE: ADMINISTRATION

SUBJECT: NATIONAL HEALTH ORGANIZATIONS

INTRODUCTION

1. Nature of Regulation

This regulation is designed to provide statements of understanding with various voluntary health organizations (e.g., State or local chapters of national societies, foundations, etc.) regarding availability of services to public assistance clients, and conditions under which allowances to purchase such services by or on behalf of clients may be authorized.

2. Method of Issuance by Sections

When a statement of understanding is developed for a particular organization, it will be issued as a separate section of this regulation with Roman numeral designation.

3. Basic Principle on Payment for Services

The following basic principle shall be observed in respect to all such organizations:

When the client is purchasing or receiving an essential service from a charitable or non-profit agency or organization, the amount to be paid or allowed for this service shall not exceed the lowest amount for which such agency or organization is supplying the service to non-assistance individuals. If the agency or organization is under contract to supply the service without charge, or is in fact supplying the service without charge to the community, or to a specified class of persons of which the assistance client is a member, then it shall be considered an available free service for the client and no monetary allowance for the service shall be included in the client's budget.

I. NATIONAL MULTIPLE SCLEROSIS SOCIETY

1. New Jersey Chapters

There are four chapters of the National Multiple Sclerosis Society serving various areas of the State:

Atlantic-Cape May Chapter, 201 N. Derby Avenue, Ventnor City
Serves - Atlantic and Cape May Counties

Central New Jersey Chapter, 48 N. Overbrook Avenue, Trenton 8
Serves - Burlington, Hunterdon, Mercer, Middlesex and Monmouth Counties

Greater Camden Chapter, 116 North Third Street, Camden
Serves - Camden and Gloucester Counties

Upper New Jersey Chapter, 9 Clinton Street, Newark 2
Serves - Bergen, Essex, Hudson, Morris, Passaic, Somerset, Sussex,
Union, and Warren Counties

2. Multiple Sclerosis Chapters' Policy on Persons Served

The MS chapters provide or secure diagnostic services, and various medical care and ancillary services on a fee basis according to the patient's ability to pay.

Under a policy recently adopted by the Chapters, persons who are recipients of public assistance are not entitled to such services without cost.

However, certain services, such as counselling for the patient and his family, recreational activities, etc. may be provided without cost to medically diagnosed MS patients regardless of their financial status or public assistance status, when these services are included within the program of an individual chapter.

3. Use of Multiple Sclerosis Chapters as a Resource

a. In compliance with the principle stated in the INTRODUCTION to this regulation, assistance allowances cannot be authorized for services provided by the staff of an MS chapter or purchased through an MS chapter.

However, a municipal welfare department may wish to consult an MS Chapter about available health care services for a recipient with multiple sclerosis. Such services may be arranged by a municipal welfare department directly with the vendor subject to the normal limitations on health services.

b. It is suggested that the appropriate MS Chapter be consulted about a recipient who is a multiple sclerosis patient as to whether "free" counselling or recreational services are available from that chapter.

TITLE: STANDARDS

SUBJECT: Hospitalization

I. MAXIMUM REIMBURSABLE ALLOWANCE

The reimbursable allowance for hospitalization is \$10. per diem for a period not in excess of 30 days, and is limited to in-patient care for persons who are currently receiving or who are determined to be eligible for General Assistance.

The \$10. per diem is an all-inclusive rate. Charges for operating room, anaesthesia, x-ray, ambulance and similar "extra" charges are not reimbursable.

II. METHOD OF FINANCING

Reimbursement for hospital costs will be allowed only when financed by one of the following methods:

- a. Commitments made on an individual case basis upon receipt of bills by the municipality; or
- b. Costs for persons charged against a municipal budget appropriation made annually to the hospital. Reimbursement will be limited annually to that part of the appropriation which the municipality has ACTUALLY PAID to the hospital. In cities where appropriations are made to more than one hospital, reimbursement will be limited to the aggregate of actual payments made against these appropriations.

III. PROCEDURE FOR HOSPITAL

Application and referral for hospitalization must be made to the local welfare agency within 3 days of admittance to the institution, and authorization by letter, order or other form of WRITTEN NOTICE, secured within 7 days of date of admittance. This authorization must be properly signed and endorsed by a local welfare authority, on an individual case basis.

Any case which extends or overlaps into a succeeding month must be re-authorized.

IV. RECORDING AND ACCOUNTING PROCEDURE

The recording and accounting of cases and commitment costs must be made each month for ALL CURRENT charges; i.e., cases receiving hospital care during that particular month, not accrued or accumulated costs from previous months. However, any case carried over to the succeeding month as a result of the 7 day period allowed for investigation of eligibility, may be committed in the latter month. Any case delayed in acceptance due to extenuating circumstances deemed valid to the director of welfare, may be committed in the calendar month succeeding admittance and application, provided that the reasons therefor are recorded in the case record. This qualification does not modify the 3 day referral and application provision.

V. REPORTING TO STATE BUREAU

Each month the municipality in rendering Form-6, Monthly Commitment Report, must include the total hospitalization costs.

Where direct payments for hospitalization are made on an individual case basis, the expenditure will be reflected on the Form H-1 and other fiscal records in the same month as the claim on Form 6.

When no direct payment is made (because of municipal hospital budget appropriation) the charges will be reflected on Form H-1 and other records as of the month of commitment, always provided that the amount claimed must not exceed the annual ACTUAL PAYMENTS made by the local treasurer.

No reimbursement will be allowed for hospitalization costs in the following types of cases:

- a. Where costs are collectible through civil suit;
- b. Police cases; e.g., indicted or convicted persons, transients, vagrants, etc.;
- c. Compensable cases;
- d. Persons insured directly, or when costs are recoverable through insurance of others;
- e. Deceased persons with death benefits sufficient to cover burial and all or part of hospitalization;
- f. Persons capable of meeting the obligation on "time payment" basis;
- g. Contagious disease cases where isolation hospitals are available;
- h. "Single phase" cases (not current assistance recipients) UNLESS:
 1. Application for assistance is made by the head of the family or other responsible member, prior to or within 3 days of admittance to hospital;
 2. There is a complete investigation as to resources of responsible relatives, personal assets, income, insurance adjustment, settlement and all other requirements of eligibility;
 3. Economic need is determined according to State assistance standards.

VI. ALLOWANCES FOR HOSPITALIZATION OUT-OF-STATE

- a. Situations may arise in which the type of treatment required is not available to a client in a hospital in New Jersey, or in which a hospital beyond State borders is actually more accessible to the patient.
- b. Allowances for acute patient care in out-of-State hospitals is a matter of policy to be determined by the municipal welfare department. When a municipal

welfare department accepts financial responsibility for such payment, the payment will be subject to State reimbursement limited to \$10. per diem for a period not in excess of 30 days, and provided that eligibility for assistance is established in accord with this regulation.

c. The accounting and reporting procedures set forth in sections IV and V shall be observed in respect to claims for any such payments.

VII. EFFECTIVE DATE

The effective date of this revised regulation is July 1, 1962.

Official Regulation 2.301, revised 5/62
Destroy: Regulation 2.301, revised 1/1/48, and
Regulation 2.301B issued 9/15/55 (Supplement 2.301)

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance

TITLE: STANDARDS
SUBJECT: HOSPITALIZATION

Amendment This regulation is an amendment to, and shall become a part of Regulation 2.301 (Rev. 1/1/48).

In the second paragraph the second sentence shall be amended to read: "In-patient cases receiving care for a period exceeding 30 days must be referred to the Bureau for special approval."

Form H2 To simplify the process of requesting and securing such special approval, and in order to obtain more adequate information as the basis for making a decision, the Bureau has developed the attached Form H2.

An initial supply of this form is being forwarded to you under separate cover. For the present the Bureau will supply additional copies to you upon request. After the form has been tested and revised, if experience so indicates, arrangements will be made for printing of the form by the Bureau of State Use.

Use of Form H2 Approval by the Bureau of Assistance for extension of hospitalization beyond 30 days is requested on Form H2 and submitted in duplicate.

Whenever the hospital wishes authorization for extension of hospitalization beyond 30 days, the hospital shall initiate a request for such authorization not later than the 30th day from the date of initial referral to the agency for hospitalization. The hospital shall complete Section I of Form H2 in duplicate, and it shall be validated by the signature of a licensed physician, employed by or on the staff of the hospital who is familiar with the patient's condition. Both copies shall then be transmitted forthwith to the municipal welfare department.

The director of welfare shall review the report of the hospital on Form H2, and determine for what period of time, if any, he is willing to extend authorization. He will then complete the social information about the client in the box at top of form, and Section II, and submit both copies to the Bureau within 5 days from receipt of the request from the hospital.

The Bureau will record its decision in Section III of Form H2, return one copy to the municipal director, and retain the second for its files.

Use of Form H2 will in most instances make it unnecessary for the hospital, the municipal director and the Bureau to prepare letters in connection with special approval for extended hospitalization.

Hospitalization (Continued)

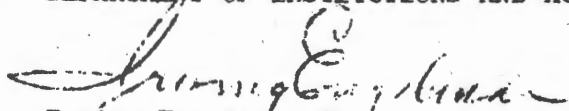
Instructions to Hospitals It will be the responsibility of the municipal welfare department to arrange for making these procedures known, and interpreting them to the respective hospitals to which allowances for hospitalization are made.

It is suggested that the municipal departments make a stock supply of Form H2 available to those hospitals from which it regularly receives referrals, and to other hospitals for individual cases promptly upon request.

Effective Date This amendment shall be effective immediately.

All other provisions of 2.301 (as amended by 2.301A, dated 1/1/53) shall remain in effect without change.

DEPARTMENT OF INSTITUTIONS AND AGENCIES


Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved: 8/25/55
Elmer V. Andrews
Director of Welfare

Official Regulation 2.301B
(Supplement to 2.301 revised 1/1/48)

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance

8/55

Form H2

AUTHORIZATION FOR CONTINUED CARE IN GENERAL HOSPITAL BEYOND 30 DAYS

Name of Hospital _____

(To be completed by Municipal Welfare Department)

Case Name _____ Registration No. _____

Home Address _____

(Street) (Municipality) (County)
Birthdate (or age) _____ Sex: M F Veteran: Yes No
(Circle correct letter) (Circle correct word)

Allowance for hospitalization first granted as of _____.

Describe living arrangements at time of admission to hospital: _____

I. REQUEST AND CERTIFICATION BY HOSPITAL

Authorization by the Municipal Welfare Department is requested for continued hospitalization of this patient on and after _____ for a period of approximately _____

Patient _____ Hospital No. _____

Current Admission Date to Hospital. _____

1. Diagnoses: (Complete)

2. Operation: (Include date, name of operation and part of body involved.)

3. Prognosis:

4. Degree of incapacity: Bedridden _____ Ambulatory _____. If ambulatory indicate: entirely independent _____; only with wheelchair _____, brace _____, crutches _____, cane _____, prosthesis _____, other (specify) _____.

Can patient dress self? Yes _____ No _____. Care for toilet needs? Yes _____ No _____.

5. Characteristics of major disability: Static (stable) _____; Progressive _____; Improving _____.

6. Is patient now receiving any medication or treatment? (If so, give details) _____

7. Is surgery or other therapy contemplated? (If so give details) _____

8. Is continued medical care in hospital necessary? _____

9. Is continued nursing care in hospital necessary? _____

10. When is probable date of discharge? _____

(Over)

11. Will any special arrangements for continued medical or nursing care be necessary at time of discharge? Is so, describe in detail: _____

12. Can this patient be adequately cared for now in: Nursing home _____, Boarding Home _____, Own home _____, Other facility (describe) _____

COMMENTS: _____

_____ M. D.

(Official position)

Date: _____ Name of Institution _____

II. RECOMMENDATION AND REQUEST BY MUNICIPAL WELFARE DEPARTMENT

This department recommends and requests approval by the Bureau of Assistance for allowance of State aid with respect to continued hospitalization of this patient on and after _____ for a period of _____

Date: _____

(Municipal Welfare Director)

III. DISPOSITION BY BUREAU OF ASSISTANCE

Allowance of State aid with respect to continued hospitalization is

- Approved for _____
- Disapproved.
- Additional information is required as follows:

Recommendations and comments: _____

Date _____

(Medical Administrative Consultant)

To: _____, Director

Chief, Bureau of Assistance

State of New Jersey
Department of Institutions and Agencies
Division of Welfare - Bureau of Assistance

M.A. 2.302
Rev. 6/62

TITLE: ADMINISTRATION
SUBJECT: MUNICIPAL WELFARE HOMES

Policy I. POLICY

The Bureau of Assistance will recognize the care of persons who are maintained in Municipal Welfare Homes by Directors of Welfare as a form of General Assistance, in accordance with the provisions of R.S. 44:8-22 and 24.

The cost of such care will be considered as allowable for reimbursement purposes under the general requirements for municipalities participating in State aid and pursuant to the specific conditions stated in this regulation.

Conditions
of
Eligibility

II. CONDITIONS OF ELIGIBILITY

A. The purpose of the General Assistance program is interpreted to promote the primary objective that needy persons shall be enabled, so far as possible, to continue to live in their own or other suitable family homes in a normal community setting, and to maintain normal community relationships. Involuntary commitment to or segregation in a municipal institution for congregate care is not regarded as an appropriate substitute for financial assistance which would enable the person to maintain himself outside such institution.

B. However, it is recognized that some needy individuals have physical, emotional, or social needs which can best be met by residence in a supervised congregate living arrangement. A person being maintained in a "municipal welfare home" shall not be considered a recipient of General Assistance unless there are demonstrated factors in his physical or mental condition, or in his social or emotional adjustment, which require supervised care or attention that is not readily available outside such an institution.

C. A person being maintained in a "municipal welfare home" shall not be considered a recipient of General Assistance unless his admission to such home is specifically requested, or his continued maintenance in the home is specifically approved by the Director of Welfare, after eligibility for assistance has been established in accordance with the regulations of the Bureau of Assistance. A proper case record shall be maintained for each case.

D. The municipal welfare home shall meet all provisions of law relating to standards and methods of operation.

Reimbursement

III. REIMBURSEMENT

State Aid with respect to the cost of maintenance in a municipal welfare home will be limited to the actual payment disbursed from the Public Assistance Trust Fund Account to the account or accounts of the institution, subject to the appropriate maximum rates prescribed in section IV below.

Maximum
Reimbursable Rates

IV. MAXIMUM REIMBURSABLE RATES

A. Domiciliary Care

When an eligible General Assistance recipient is receiving domiciliary care (room and board) in a municipal welfare home the maximum monthly rates recognized as a basis for State Aid are:

1. Room and board without additional personal service - \$70.00.
2. Room and board with extensive personal services on a regular and continuous basis - \$85.00. (e.g. certain blind persons, certain persons discharged from mental institutions, and other handicapped persons who require careful understanding, supervision and attention).

B. Patient Care

When an eligible General Assistance recipient is receiving patient care in an approved infirmary section of a municipal welfare home the maximum monthly rate recognized as a basis for State Aid is \$208.00.

The maximum monthly allowance for patient care in a municipal welfare home shall be understood to include all the items included in the "inclusive patient care" rate for care in a licensed nursing home (see M.A. 2.300A - p. 13), and shall also include any laboratory, diagnostic, X-ray, dental, physical therapy, functional therapy, or other services which are available for all patients in the institution.

Non-Eligible
Cases

V. NON-ELIGIBLE CASES

State aid will not be allowed to any municipality with respect to claims for costs of care in a municipal welfare home to or on behalf of

- A. Any individual receiving Old Age Assistance, Disability Assistance, Blind Assistance, Assistance for Dependent Children, or allowances for maintenance under any program of the State Board of Child Welfare;

B. Any individual, apparently entitled to apply for categorical assistance under any of the programs mentioned in sub-section (A), who has not so applied;

C. Any individual who, having applied for categorical assistance under any of the programs mentioned in sub-section (A), has had such application denied, withdrawn, or dismissed for a reason or reasons related to the "needs" factor;

D. Any individual who has been diagnosed as having psychosis, or tuberculosis or other contagious disease, and is in the municipal welfare home as a result thereof;

E. Any individual who does not qualify as a needy person.

Procedure

VI. PROCEDURE

A. Authorization: A request by the Director of Welfare that the person be admitted to the welfare home, or specific approval by the Director that a person already in the home has been found after investigation to be eligible for General Assistance, shall constitute authorization.

B. Reports: Cases and costs shall be included in the monthly commitment report (Form 6) in the same manner as other assistance cases. All claims for State reimbursement under this regulation for Welfare Home cases shall be accompanied by Form H-1 properly prepared and endorsed. Forms shall have typed in large letters WELFARE HOME CASES and name of the home. The Form H-1 should include separate listings as follows:

Section A - DOMICILIARY CARE

Section B - PATIENT CARE (CHRONICALLY ILL)

C. Refunds: Full payment private cases are non-allowable. Refunds or current payment on behalf of eligible cases shall be reported as a deduction on the H-1 form. If received as refund or repayment such funds must be credited to the Public Assistance Trust Fund Account and reported as refunds in the usual manner.

Official Regulation 2.302 Revised 6/62

Destroy Regulation 2.302 Revised 6/56

MUNICIPAL AID ADMINISTRATION

STANDARDS AND REGULATIONS

NEW JERSEY RELIEF PLAN

GENERAL FOREWORD

USE OF FORMS MANDATORY

Use of the New Jersey Relief Form 3-A (Semi-Monthly Income Statement) IS MANDATORY in all municipal welfare offices participating in State aid.

Use of the New Jersey Relief Form 3 OR New Jersey Relief Form 3-B (Authorization and Case Review Card) also IS MANDATORY.

The Municipal Aid Administration will furnish free a supply of these forms sufficient to cover the local case load at the date of installation of the New Jersey Relief Plan, and will accept orders for future municipal requirements at cost.

Other forms now in existence may be used as long as your supply lasts.

It will not be possible, of course, for all municipalities to adopt the New Jersey Relief Plan and forms simultaneously, but it is already in operation in several municipalities, and the Municipal Aid Administration will supervise installations elsewhere in the order in which requests for this service are received.

The procedures under the New Jersey Relief Plan, outlined in the following regulations, explain the routines necessary for the operation of the local relief agency, and indicate the most efficient use of the Basic Forms. Success will be measured in terms of the percentage of the agency's work carried on under the established routine, which means set standards of performance and sufficient records to make visible the results secured.

The importance of good records cannot be emphasized too strongly.

The New Jersey Relief Plan provides good records. It fixes a standard method of figuring budgets and applying incomes to these budgets. It makes visible the allowances granted, and establishes a standard method of setting up budget deficits.

The Plan makes possible a systematic semi-monthly review of each case BEFORE relief is extended. This assures individual case treatment as a matter of routine, and a "follow up" of the procedure decided upon at the time the case was accepted. It also is an aid to the possible reemployment or rehabilitation of the persons in the case.

The Plan provides for individual allowances to meet special conditions with these special grants recorded and made visible, together with the reasons why they have been extended.

The Plan does NOT limit the amount of relief to be extended, nor the type of service.

Under the operation of the New Jersey Relief Plan great opportunity is afforded for individual case treatment. Basic records also are available for use in the preparation of referrals to other Agencies, thus eliminating the necessity of frequent and time-consuming interviews with the relief recipients involved.

The New Jersey Relief Plan, its forms and procedures, has been worked out and perfected in consultation with, and with the approval of, a committee of local Directors of Welfare appointed by the State League of Relief Directors.

No change will be made in either the forms or procedures without the approval and consent of this committee. The program embraced by the New Jersey Relief Plan is thus assured of continuity, and local Directors of Welfare may install it in their offices, in the confidence that it will continue in operation indefinitely.

NEW JERSEY RELIEF PLAN

BASIC FUNCTIONS FOR THE OPERATION OF THE AGENCY

P L A N "A"

- (1) APPLICATION FOR RELIEF
- (2) VISIT TO THE HOME OF THE APPLICANT
- (3) ESTABLISHING ELIGIBILITY - VERIFICATION OF RESOURCES
- (4) AUTHORIZATION OF RELIEF
- (5) ISSUING THE RELIEF ORDERS
- (6) RECORDING RELIEF EXPENDITURES
- (7) RECONCILING BILLS PRESENTED BY VENDORS
- (8) REFERRALS TO OTHER AGENCIES
- (9) REPORTS FOR LOCAL AND STATE AGENCIES

BASIC FORMS USED IN THE OPERATION OF THE AGENCY

- NJR 1 CASE DATA FORM
- NJR 2 RESOURCE FORM
- NJR 3 AUTHORIZATION AND CASE REVIEW CARD
- NJR 3A SEMI-MONTHLY INCOME STATEMENT
- NJR 4 LEDGER
- NJR 5 COMMITMENT RECORD
- NJR 6 TRIAL BALANCE
- NJR 7 APPLICATION REGISTER

BASIC STEPS TO BE TAKEN IN THE OPERATION OF THE LOCAL RELIEF OFFICE**PLAN "A"****1. APPLICATION FOR RELIEF**

Persons applying for relief will be given an appointment for an office interview, at which time they will present a statement of the income received in the case for the four weeks preceding the date of application.

At the time the appointment is made the applicant will also be given a slip showing the information which he will be required to supply when he calls for the office interview.

The case worker will explain, BEFORE the signature of the applicant is taken, the limitation of the laws under which relief is given and the penalty for making false statements for the purpose of obtaining relief.

If the income shown on the INCOME STATEMENT, FORM NJR 3A, is not sufficient to meet the needs of the family, the worker will take sufficient information on CASE DATA FORM NJR 1 and RESOURCE FORM NJR 2 to establish the apparent eligibility. The applicant will be told to return home and await the visit of the case worker, at which time all persons in the case must be present unless at work or at school.

2. VISIT TO THE HOME OF THE APPLICANT

The interview in the home should take place within twenty-four hours after the application was made at the relief office. This interview should not be hurried, as it is important that the person applying for relief understands the procedure necessary to establish his need for relief. He should be told that it is necessary for the relief office to contact previous employers, relatives and other persons given as references, in order to make sure there are no resources available which have not been used. It is sometimes possible in talking with the family to show the persons in the case that a better use of funds which are available will meet the need and make it unnecessary to extend relief.

Make clear to members of the family the importance of registering with the employment office, and also the benefits to be obtained from assignment to National Youth Administration, or Civilian Conservation Corps by persons who are eligible.

3. ESTABLISHING ELIGIBILITY - VERIFICATION OF RESOURCES

All statements of the applicant as to income or other resources should be verified to establish their accuracy and to assure the full use of all available and potential resources.

If the applicant or members of the family have insurance policies which may be adjusted, follow the instructions for adjustment given by the Service Agent of the Municipal Aid Administration.

There should be a notation in each case record to show that the resources have been checked, for failure to make a thorough review of potential income may result in extending relief to meet the need which could be met by income from other sources. Resources to be reviewed are outlined in a separate memorandum (2.600).

The case is classified at the time of opening, and a code is placed at the top of the card to show the classification and the factors which contribute to the need for assistance.

4. AUTHORIZATION OF RELIEF

When the case is accepted, AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3, is prepared from the information on CASE DATA FORM NJR 1 and RESOURCE FORM NJR 2 and the budget is set up in line with the standards of the agency. The income shown on SEMI-MONTHLY INCOME STATEMENT, FORM NJR 3A, is applied to the budget, in whole or part, and the difference between the budget and the income is the BUDGET deficit, meaning the amount of relief which may be granted by the agency. Relief to be extended is authorized on the AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3 and the card is routed to the clerk who writes the relief orders. When the order is written, the card is filed on the desk of the case worker.

5. ISSUING THE RELIEF ORDERS

All relief orders are numbered when printed, and are made up in duplicate or triplicate. The original is signed by the Director and given to the client, the duplicate is used to prepare the financial records of the agency, and the triplicate is used to verify bills presented by vendors.

When the "Stamp Plan" is used, the "Stamp Voucher" is authorized in the same manner as relief orders and is written from the authorization on the AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3.

Relief orders for food given to the client at the time the case is accepted should be issued from the date of acceptance to the next regular distribution day. (The 1st and 16th of the month.) Other dates may be used for semi-monthly contacts with the clients, and to avoid confusion in the offices, orders may be issued to the clients over a five-day spread, each 15 days.

6. RECORDING RELIEF EXPENDITURES

The records used for this purpose are LEDGER FORM NJR 4, COMMITMENT RECORD, FORM NJR 5, and TRIAL BALANCE, FORM NJR 6. The procedure for recording

the expenditures is as follows:

NJR 4 LEDGER

From the copies of the orders issued, the amount of the order is recorded on the ledger sheet covering the recipient to whom the order is issued. The income in the case is also shown on the ledger and is transcribed from the AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3 at the close of the month.

NJR 5 COMMITMENT RECORD

At the close of the day the copies of the orders are arranged in numerical sequence and listed on this form, and the amount of each order is shown under the column covering the commodity for which the order was issued.

In order to establish the accuracy of the daily records, a "control figure for the day" is established by listing the amount of each order on the adding machine and the total of the adding machine tape is the "control" against which all financial records must balance.

An alternate method of compiling this record is suggested by adding together the amount of the orders on given commodities and showing the total for the day in the column covering the commodity for which the orders were issued.

NJR 6 TRIAL BALANCE

At the close of the month, the total amount of relief given each case for the month and the amount of income in the case are transcribed from the LEDGER FORM NJR 4, to this form.

The total of the TRIAL BALANCE, FORM NJR 6 must balance with the total of the COMMITMENT RECORD FORM NJR 5.

7. RECONCILING BILLS PRESENTED BY VENDORS

When the vendor returns the relief order for payment, it must have been signed by the relief recipient or person designated to sign for the recipient and also by the vendor extending the service.

Vendor's bills are submitted for payment in accordance with the State and local regulations governing payment of bills.

Under this plan all "outstanding relief orders" will be visible and may be followed up to determine why they have not been presented for payment by the vendors.

Mark the date the order was returned for payment and the "Voucher No." of Vendor's name on the COMMITMENT RECORD, FORM NJR 5 in designated column. In the larger offices this information may be shown on the triplicate copy of the order.

8. REFERRALS TO OTHER AGENCIES

SURPLUS MARKETING ADMINISTRATION FOOD STAMP PLAN

These will be issued to persons on relief in accordance with the regulations of the Federal Surplus Commodities Division.

REFERRAL TO WORK PROJECTS ADMINISTRATION, CIVILIAN CONSERVATION CORPS and NATIONAL YOUTH ADMINISTRATION

When a case is accepted for relief and contains an employable person who is to be referred to these agencies, the regulations of the agency to which the person is referred should be followed. When the Relief Director and/or Overseer of the Poor is also the Referral Officer, the referral slips will be prepared from the information on the CASE DATA FORM NJR 1, RESOURCE FORM NJR 2 and the AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3. This transcription may be made by a clerk or typist so that the case worker is relieved of the detail incident to the referral. In addition, the recipient is not required to repeat information which has been previously given.

REFERRAL TO OTHER AGENCIES

In referring persons to the State Board of Child Welfare, Old Age Assistance, Blind Commission or other agency, a slip should be given them showing the address of the office at which they are to make application. The slip is to be returned to the Relief Agency signed by a representative of other agency to show that application or referral has been made.

REFERRAL TO EMPLOYMENT OFFICE

Every effort should be made to return to work the persons temporarily in need through referral to employment agency, and all employable persons on relief must show an identification card indicating they are currently registered with the State Employment Office before the initial relief order is issued. As the date of registration is recorded on the AUTHORIZATION CASE REVIEW CARD, it will not be necessary for the case worker to review the employment cards of employable persons in the case each 15 days.

9. REPORTS FOR LOCAL AND STATE AGENCIES

THE MONTHLY STATE REPORT MUNICIPAL AID ADMINISTRATION S-6 will be prepared from the following records:

SECTION A	APPLICATION REGISTER	FORM NJR 7
SECTION B	TRIAL BALANCE SHEET	FORM NJR 6

9. REPORTS FOR LOCAL AND STATE AGENCIES (Cont'd)

SECTION C	APPLICATION REGISTER	FORM NJR 7
SECTION D	TRIAL BALANCE SHEET	FORM NJR 6
SECTION E	COMMITMENT RECORD	FORM NJR 5
SECTION F	AS REQUESTED BY MAA	
SECTION G	TRIAL BALANCE SHEET	FORM NJR 6
SECTION H	TRIAL BALANCE SHEET	FORM NJR 6
SECTION J	MUNICIPAL FISCAL OFFICER	

ADDITIONAL FUNCTIONS IF NEED FOR RELIEF CONTINUES

- a. Relief recipient is required to show each 15 days his need for continued assistance by presenting SEMI-MONTHLY INCOME STATEMENT, FORM NJR 3A filled in and signed by all persons in the case 16 years of age and over, showing income or stating "no income". This contact with the recipient is made, and income reported on the statement is reviewed in relation to the budget, BEFORE further relief is extended. All deductions from income to cover carfare, lunch or other allowances must be shown on the back of the SEMI-MONTHLY INCOME STATEMENT, FORM NJR 3A.
- b. In addition to the semi-monthly contact, which it is recommended be made in the office, a visit to the home of the recipient is made each month.
- c. If further relief is to be authorized, the routine is outlined under No. 4 of this memorandum above. Order numbers are shown on the AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3, and card is filed on the desk of the case worker.

OFFICE HOURS

In order to carry on the administration of relief in an orderly, systematic manner and with economy of operation, it is desirable to set apart certain hours to receive relief applicants and recipients.

Relief recipients should be given a day to call, semi-monthly, and required to come on the day and at the time stated if they are in need of further relief. The time set should be specified on the SEMI-MONTHLY INCOME STATEMENT, FORM NJR 3A, and appointments spaced so that recipients will not all call at the same time.

NEW JERSEY RELIEF PLAN, MODIFIED

FOR USE IN THE ONE MAN OFFICE

Relief history has shown the need of recording certain social and financial data on each case in order to evaluate the eligibility of persons to receive Public Assistance both at the time of application and semi-monthly thereafter.

The method of granting relief has been simplified by the Municipal Aid Administration under Plan "A" and the forms necessary to properly administer relief have been reduced to the following:

- NJR 1 CASE DATA FORM (Affidavit Included)
- NJR 2 RESOURCE FORM
- NJR 3 AUTHORIZATION AND CASE REVIEW CARD
- NJR 3A SEMI-MONTHLY INCOME STATEMENT
- NJR 4 LEDGER
- NJR 5 COMMITMENT RECORD
- NJR 6 TRIAL BALANCE
- NJR 7 APPLICATION REGISTER

In the smaller offices, where the functions of the agency are usually carried out by the Director with the possible assistance of a clerk-typist, IT IS NOT NECESSARY TO USE ALL THESE FORMS. When one person is handling all the records of the agency, there is no reason for separate records and the CASE REVIEW CARD has been designed to include the data necessary for evaluating eligibility, and TO MAKE VISIBLE ON ONE RECORD the following:

- a. Social data as to composition of the case and the characteristics of persons in the case,
- b. The budget set up at the time of application,
- c. The action taken on the case and reason,
- d. The special needs and reason, i.e., health needs and diagnosis,
- e. The semi-monthly income in the case, source and person contributing,
- f. The budget deficit - against which all relief is charged BEFORE the relief order is written,
- g. The authorization for relief in detail - this serves as ledger entry,
- h. Actions taken in the case by other agencies - referrals, etc.,
- i. Date of home visit, date of distribution of commodities and date income from employment was checked.

CLASSIFICATION OF CASE

The case is classified at the time of opening, and code is placed at the top of the card to show the classification and the factors which contribute to the need for assistance.

BASIC FUNCTIONS FOR THE OPERATION OF THE AGENCY
(NEW JERSEY PLAN "MODIFIED")

- (1) APPLICATION FOR RELIEF
- (2) VISIT TO THE HOME OF THE APPLICANT
- (3) ESTABLISHING ELIGIBILITY - VERIFICATION OF RESOURCES
- (4) AUTHORIZATION OF RELIEF
- (5) ISSUING THE RELIEF ORDERS
- (6) RECORDING RELIEF EXPENDITURES
- (7) RECONCILING BILLS PRESENTED BY VENDORS
- (8) REFERRALS TO OTHER AGENCIES
- (9) REPORTS FOR LOCAL AND STATE AGENCIES

BASIC FORMS USED IN THE OPERATION OF THE AGENCY

- NJR 2 RESOURCE FORM
- NJR 3A SEMI-MONTHLY INCOME STATEMENT
- NJR 3B AUTHORIZATION AND CASE REVIEW CARD *
- NJR 5 COMMITMENT RECORD
- NJR 6 TRIAL BALANCE
- NJR 7 APPLICATION REGISTER

* Combines NJR 1 - 3 - 4

BASIC STEPS TO BE TAKEN IN THE OPERATION OF THE LOCAL RELIEF OFFICE
(NEW JERSEY RELIEF PLAN "MODIFIED")

1. APPLICATION FOR RELIEF

Persons applying for relief will be given an appointment for an office interview, at which time they will present a statement of the income received in the case for the four weeks preceding the date of application.

At the time the appointment is made the applicant will also be given a slip showing the information which he will be required to supply when he calls for the office interview.

The worker will explain, before the signature of the applicant is taken, the limitation of the laws under which relief is given and the penalty for making false statements for the purpose of obtaining relief.

If the income shown on the SEMI-MONTHLY INCOME STATEMENT, FORM NJR 3A is not sufficient to meet the needs of the family, the case worker will take sufficient information on AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3B and RESOURCE FORM NJR 2 to establish the apparent eligibility. The applicant will be told to return home and await the visit of the case worker to the home, at which time all persons in the case must be present unless at work or at school.

2. VISIT TO THE HOME OF THE APPLICANT

The interview in the home should take place within twenty-four hours after the application was made at the relief office. This interview should not be hurried as it is important that the person applying for relief understands the procedure necessary to establish his need for relief. He should be told that it is necessary for the relief office to contact previous employers, relatives and other persons given as references, in order to make sure there are no resources available which have not been used. It is sometimes possible in talking with the family to show the persons in the case that a better use of funds which are available will meet the need and make it unnecessary to extend relief.

The case worker should make clear to members of the family the importance of registering with the employment office, and also the benefits to be obtained from accepting assignment to National Youth Administration or Civilian Conservation Corps by persons who are eligible.

3. ESTABLISHING ELIGIBILITY - VERIFICATION OF RESOURCES

All statements of the applicant as to income or other resources should be verified to establish their accuracy and to assure the full use of all available and potential resources.

If the applicant or members of the family have insurance policies which

may be adjusted, follow the instructions for adjustment given by the Service Agent of the Municipal Aid Administration.

There should be a notation in each case record to show that the resources have been checked, as failure to make a thorough review of potential income from the sources listed may result in extending relief to meet the need which could be met by income from other sources. Resources to be reviewed are outlined in a separate memorandum.

4. AUTHORIZATION OF RELIEF

The Case Review Card was designed to eliminate duplication of records, and to accomplish this purpose the budget, income and budget deficit are shown on the back of the card.

The authorization of relief and relief order number are shown on the card. The authorization serves as a ledger entry and no further record is necessary.

The AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3B is filed on the desk of the Director.

5. ISSUING THE RELIEF ORDERS

All relief orders are numbered when printed, and are made up in duplicate or triplicate. The original is signed by the Director and given to the relief recipient, the duplicate is used to prepare the financial records of the agency, and the triplicate is used to verify bills presented by vendors.

When the "Stamp Plan" is used, the "Stamp Voucher" is authorized in the same manner as relief orders and is written from the authorization on the AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3.

Relief orders for food given to the relief recipient at the time the case is accepted should be issued from the date of acceptance to the next regular distribution day - the 1st and 16th day of the month. Other dates may be used for semi-monthly contacts with the relief recipients, and to avoid confusion in the offices, orders may be issued to the relief recipients over a five day spread, each 15 days.

6. RECORDING RELIEF EXPENDITURES

As the authorization on the CASE REVIEW CARD, FORM NJR 3B is the LEDGER no additional entries are required to record the amount of relief extended to each relief cases.

NJR 5 COMMITMENT RECORD

At the close of the day the copies of the orders are arranged

in numerical sequence and listed on this form, and the amount of each order is shown under the column covering the commodity for which the order was issued.

In order to establish the accuracy of the daily records, a "control figure for the day" is established by listing the amount of each order on the adding machine and the total of the adding machine tape is the "control" against which all financial records must balance.

An alternate method of compiling this record is suggested by adding together the amount of the orders on given commodities and showing the total for the day in the column covering the commodity for which the orders were issued.

NJR 6 TRIAL BALANCE

At the close of the month, the total amount of relief given each relief recipient for the month, and the income in the case are both transcribed from the AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3B to this form.

The total of the TRIAL BALANCE, FORM NJR 6 must balance with the total of the COMMITMENT RECORD FORM NJR 5.

7. RECONCILING BILLS PRESENTED BY VENDORS

VENDORS' BILLS

When the vendor returns the relief order for payment, it must have been signed by the relief recipient or person designated to sign for the relief recipient, and also by the vendor extending the service.

Mark the date the order was returned for payment and the "Voucher No." or the vendor's name on the COMMITMENT RECORD FORM NJR 5, in designated column.

Vendors' bills are submitted for payment in accordance with the State and local regulations governing payment of bills.

Under this plan all "outstanding relief orders" will be visible and may be followed up to determine why they have not been presented for payment by the vendors.

8. REFERRALS TO OTHER AGENCIES

SURPLUS MARKETING ADMINISTRATION -- FOOD STAMP PLAN

These will be issued to persons on relief in accordance with Federal regulations.

8. REFERRALS TO OTHER AGENCIES (Cont'd)

REFERRAL TO WORK PROJECTS ADMINISTRATION, CIVILIAN CONSERVATION
CORPS AND NATIONAL YOUTH ADMINISTRATION

When a case is accepted for relief and contains an employable person who is to be referred to these agencies, the regulations of the agency to which the person is referred should be followed. When the Relief Director and/or Overseer of the Poor is also the Referral Officer the referral slips will be prepared from the information on the AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3B and the RESOURCE FORM NJR 2. This transcription may be made by a clerk or typist so that the case worker is relieved of the detail incident to the referral, and the relief recipient is not required to repeat information which has been previously given.

REFERRAL TO OTHER AGENCIES

In referring persons to the State Board of Child Welfare, Old Age Assistance, Blind Commission or Other Agency, a slip should be given them showing the address of the office at which they are to make application. The slip is to be returned to the Relief Agency signed by a representative of the agency to show that application or referral has been made.

REFERRAL TO EMPLOYMENT OFFICE

Every effort should be made to return to work the persons temporarily in need, through referral to employment agency, and all employable persons on relief must show an identification card indicating they are currently registered with the State Employment Office BEFORE the initial relief order is issued.

As the date of registration is recorded on the AUTHORIZATION CASE REVIEW CARD, FORM NJR 3B, it will not be necessary for the case worker to review the EMPLOYMENT CARDS of all EMPLOYABLE PERSONS IN THE CASE EACH 15 DAYS.

9. REPORTS FOR LOCAL AND STATE AGENCIES

The MONTHLY STATE REPORT MUNICIPAL AID ADMINISTRATION S-6 will be prepared from the following records:

SECTION A	APPLICATION REGISTER	FORM NJR 7
SECTION B	TRIAL BALANCE SHEET	FORM NJR 6
SECTION C	APPLICATION REGISTER	FORM NJR 7
SECTION D	TRIAL BALANCE SHEET	FORM NJR 6
SECTION E	COMMITMENT RECORD	FORM NJR 5

9. REPORTS FOR LOCAL AND STATE AGENCIES (Cont'd)

SECTION F	AS REQUESTED BY MAJ	
SECTION G	TRIAL BALANCE SHEET	FORM NJR 6
SECTION H	TRIAL BALANCE SHEET	FORM NJR 6
SECTION J	MUNICIPAL FISCAL OFFICER	

ADDITIONAL FUNCTIONS IF NEEDED FOR RELIEF CONTINUES

- a. Relief recipient is required to show each 15 days his need for continued assistance by presenting SEMI-MONTHLY INCOME STATEMENT, FORM NJR 3A filled in and signed by all persons in the case 16 years of age and over, showing income or state "no income." The contact with the relief recipient is made and income reported on the statement is reviewed in relation to the budget, BEFORE further relief is extended. All deductions from income to cover carefare, lunch or other allowance must be shown on the back of the SEMI-MONTHLY INCOME STATEMENT, FORM NJR 3A.
- b. In addition to the semi-monthly contact which it is recommended be made in the office, a visit to the home of the relief recipient is made each month.
- c. If further relief is to be authorized, the routine outlined under No. 4 of this memorandum is followed. Order numbers are shown on the AUTHORIZATION AND CASE REVIEW CARD, FORM NJR 3B, and card is filed on the desk of the Director.

OFFICE HOURS

In order to carry on the administration of relief in an orderly, systematic manner and with economy of operation, it is desirable to set apart certain hours to receive relief applicants and recipients.

Relief recipients should be given a day to call, semi-monthly, and required to come on that day and at the time stated if they are in need of further relief. The time set should be specified on the SEMI-MONTHLY INCOME STATEMENT, FORM NJR 3A, and appointments spaced so that relief recipients will not all call at the same time.

State of New Jersey
Department of Institutions and Agencies
Division of Welfare
Bureau of Assistance

3.001B
Rev. 7/1/1950

TITLE : STATISTICS
SUBJECT : MONTHLY COMMITMENT REPORT - S-6

Each month municipalities are required to submit a monthly report (S-6). Municipalities that are receiving State aid and fail to render reports are subject to suspension of State aid. Reports should be submitted not later than the tenth of the following month.

The commitment reports shall include only cases and commitments for which the municipality is financially responsible and for which it contemplates receiving State aid in accordance with State law and the regulations of the Bureau of Assistance.

Inter-municipal settlement cases and commitments are to be reported only by the responsible municipality. When a decision is made in a disputed inter-municipal settlement case, either by agreement between the municipalities or by the Bureau of Assistance, and commitments or bills have accumulated for a period of time, the costs shall be entered by the responsible municipality in its current monthly report, provided it has not previously reported such costs. In all such instances an explanatory note shall accompany the relief report.

Instructions as to the preparation of the report are as follows:

SECTION A-1

- Column #1 - Enter case name and number.
- Column #2 - Enter new or reopened cases as 0 with the date case was opened; for example, a case opened on July 26th and reported in the July report would be 026. Cases closed on July 26th would be entered as 026.
- Column #3 - Indicate classification by Code number.
- Column #4 - Indicate number of persons in relief case.
- Column #5 - Enter amount of gross incurred commitments.
- Column #6 - Enter amount of gross commitments allowable for reimbursement purposes according to State schedules.
- Column #7 - Enter amount of gross commitments considered as non-allowable.
- Column #8 - Check if persons in cases have any resources, income or free items that affect the budget deficit or the amount of assistance granted.

SECTION B-1

Part I

- Line 1 - Enter applications pending from previous month.
- Line 2 - Enter all applications received during reporting month, including new or reopened cases.
- Line 3 - Total of Lines 1 and 2.
- Line 4 - Cases accepted and granted aid during reporting month.
- Line 5 - Enter rejected applications.
- Line 6 - Total of Lines 4 and 5.
- Line 7 - Applications pending at end of reporting month.

Part II

Enter total amount of each type of aid granted. Total of Part II will agree with total of entries in Column 5, Section A-1.

Part III

Enter Municipal Administrative costs.

SECTION B-2

- A - Enter number of cases receiving aid at beginning of month.
- B - Enter number of new and reopened cases aided during month.
- C - Enter number of cases closed during month.
- D - Enter net increase in cases.
- E - Enter net decrease in cases.
- F - Enter number of cases aided during month.

The balance of the form is to be completed by entering the number of cases opened and closed, according to the various code classifications.

Official Regulation

Recommended: Bureau of Assistance
Marc P. Dowdell, Director

Approved: Division of Welfare
Elmer V. Andrews, Deputy Commissioner

State of New Jersey
Department Institutions and Agencies
Bureau of Assistance

3.001 B
Rev. 7/1/1950
Supplement 10/30/53

TITLE: STATISTICS

SUBJECT: MONTHLY COMMITMENT REPORT S-6

This regulation is a supplement to Regulation 3.001B, revised July 1, 1950.

The State Bureau is interested in collecting on a current basis certain statistics covering individual case commitments for hospitalization. The local welfare offices are requested to provide such information by appropriate entry in Column 8, Section A-1 of the monthly S-6 report, effective with the month of November, 1953.

In order to provide uniformity in reporting, the purpose for which Column 8 has heretofore been used is discontinued and the instructions in regulation 3.001 B, relating to such column, are hereby amended effective with the report for the month of November 1953 as follows:

Column 8

- 1] The column caption should be changed from "Resources Affecting Budget Deficit" to "Hospital Commitments". Entry in the column covering resources affecting budget deficit will be discontinued with the November 1953 report and in subsequent reports to the State Bureau.
- 2] Beginning with the monthly report for November 1953, for each case entered on Section A-1, report the hospital commitments in Column 8. This means that for all cases the entries will report the usual information in Columns 1 through 7 while Column 8 will now show the hospital commitment portion of the total commitments entered in Column 5. Some illustrative situations are as follows:
 - a) An eligible case was approved during the month for hospitalization only and commitments were allowed in the amount of \$48; no other relief commitments were provided for this case. The entries in Column 5 and Column 8 will report \$48.
 - b) A case was approved for hospital commitments during the month in the amount of \$48, and for other relief commitments in the amount of \$40. Column 5 will report \$88. [the total relief commitments approved in the month]; Column 8 will report \$48. [the portion of the total relief commitment covering hospital commitment portion of the grant].
 - c) For an eligible case no hospital commitment was approved during the month; other commitments during the month amounted to \$40. Column 5 will report \$40. [the total relief commitment for the case in the month of the report]. No entry will appear in Column 8 since total relief commitments did not include any hospital commitments.

- 2 -

- 3] All other provisions and regulations dealing with the monthly commitment report Form S-6 shall continue in effect.
- 4] The total amount of hospital commitments reported in Column 8 should agree with the amount of hospitalization reported in Part II of Section B-1.

DEPARTMENT INSTITUTIONS AND AGENCIES

Marc P. Dowdell, Chief
Bureau of Assistance

Approved: 10/30/53
Elmer V. Andrews
Director of Welfare

Attach as supplement to Regulation 3.001 B, Revised 7/1/50.

TITLE : OTHER AGENCIES

SUBJECT : OLD AGE ASSISTANCE

1. Eligibility for Old
2. Referral to Old
3. Relief Status
4. Supplementation of Old Grants
5. Referrals to State Man

Revised Statutes, Title 44, Section 8, defines "Public Assistance" as "assistance rendered to needy person NOT OTHERWISE PROVIDED FOR under the laws of this state." It therefore contemplates that any person eligible for OLD AGE ASSISTANCE shall not receive relief, except as hereinafter provided.

(1) ELIGIBILITY FOR OLD AGE ASSISTANCE

Title 44, Chapter 7, Section 5, of the Revised Statutes states that a person is eligible for Old Age Assistance providing he or she:

- (a) Has attained the age of sixty-five years;
- (b) Lacks adequate support; is unable to support himself; is without parents, spouse or children able to support him and without other persons able and willing to support him;
- (c) Is a resident of, this state, and has so resided therein continuously for one year immediately preceding the date of application; if, however, Federal Aid should not be made available to this state, or if, after being made available, it should be withdrawn, all persons whose applications are then pending and not acted upon and all persons applying thereafter for assistance under this chapter shall be required to have resided in and been domiciled in this state continuously for at least five years immediately preceding the date for application;
- (d) Is not, because of physical or mental condition, or other cause, in need of prolonged care in any public institution of a custodial, correctional or curative character;
- (e) Has not made a voluntary assignment or transfer of property for the purpose of qualifying for such assistance or for the purpose of evading responsibility under section 44:7-14 of this Title;
- (f) Is found, after due investigation and determination as hereinafter provided, to be in need of assistance.

4.501

Title 44, Chapter 7 also provides in Section 34 that:

"A person sixty-five years of age or more not receiving old age assistance under this chapter is not by reason of his age debarred from receiving public relief and care under the provisions of any other law, but no recipient of old age assistance, while receiving the same, shall receive any other assistance from the state or any political subdivision thereof except for medical and surgical care."

(2) REFERRAL

Any person applying for or receiving public assistance relief as provided under Title 44, Section 8, laws of this State, who is believed to be eligible to receive Old Age Assistance in accordance with the provisions stated shall be immediately referred by the Local Director of Welfare to the proper authority in that County wherein the applicant may be residing.

Such referral shall be accomplished by the preparation of a "Referral Notice" (copy attached) which the applicant may personally present to the County Welfare Board.

The County Welfare Board will, upon receipt of the application for Old Age Assistance, indicate in the space provided, in the lower section of the aforementioned "Referral Notice", the date of the client's application together with any other pertinent remarks and will forward it to the local welfare office. After determination as to the eligibility of the referred applicant, the Welfare Board will also advise the local welfare office, in proper written form, as to its disposition of the case, i.e., rejection or acceptance, with other pertinent information.

* DOCUMENTARY EVIDENCE - Directors of welfare should advise potential OAA applicants as to the necessity for furnishing documentary evidence to support proof of age, legal residence, etc. During a reasonable period preceding the date a person may become eligible for OAA the Director of Welfare shall carry on correspondence, conduct investigations and take such steps as may be necessary to obtain the required documentary data for such individuals. The accumulated facts and information shall be routed to the County Welfare Board to expedite acceptance of cases. The County Welfare Boards are empowered to grant assistance for the entire month in which the applicant becomes 65 years of age. Referrals to the Welfare Board should be made in ample time, therefore to take advantage of this authority.

HOSPITALIZATION CASES - OAA applications are acceptable while persons are receiving in-patient care. Cases eligible for or previously receiving OAA grants shall be referred to the County Welfare Board with a notice as to the probable date of discharge. The County Welfare Board will carry on investigations and other activities to permit acceptance or reinstatement of such cases, effective on discharge.

* "(See Determination of Eligibility Factors, items 2200.1 - 2200.42 Manual of Administration.)"

RESPONSIBLE RELATIVES - Formal action respecting the responsible relatives of aged persons for the purpose of determining "ability to support" shall be initiated by the local Director of welfare, if such persons are receiving assistance prior to O.A. application. Those that apply for O.A. and are not receiving aid from the local Welfare Office will be acted on by the County Welfare Board.

(3) RELIEF (By Local Director of Welfare)

- (a) Should an applicant refuse to apply for Old Age Assistance he shall automatically disqualify himself for "Public Assistance."
- (b) Persons who are being granted Public Assistance and during such periods become eligible for Old Age Assistance shall not have such assistance terminated until the County Welfare Board shall have acted on the O.A. application, but the "pending period" shall not exceed ninety days.
- (c) A needy person making application for Public Assistance, who at such time is not prepared immediately to produce evidence supporting eligibility for O.A., may be granted temporary Public Assistance. Such case shall then be subject to the provisions (3b) above set forth.
- (d) An applicant for Public Assistance, who at such time appears to be eligible for O.A. and able to produce evidence as required by the County Director, shall not be granted Public Assistance in view of the laws concerning Old Age Assistance which provide that "upon immediate need is apparent and the evidence of eligibility immediately available is satisfactory to the Director of welfare (County), he may issue a temporary grant of Old Age Assistance pending completion of such investigation".
- (e) Acceptance of an aged PERSON by the Division of Old Age Assistance shall warrant the immediate discontinuance of "public assistance" to SUCH INDIVIDUAL upon receipt of Old Age Assistance grants, but shall not bar any other needy member of the relief family from receiving public aid.
- (f) Individuals applying for Old Age Assistance whose applications are rejected because of a finding by the Welfare Board that they are not in need or that their support may be provided from resources other than public funds shall, for the same reasons, be denied further "public assistance". However, if an application for old age assistance is denied because of age, residence, etc., or any other technical requirement having no effect on the question of need, such rejection shall not impair the individual's right to receive "public assistance" as it may be required.

- (g) Persons receiving Old Age Assistance should be excluded from consideration in determining the amount of relief to be extended to other members of relief families. Thus, if there are four persons in a family all of whom are in need of assistance from a public agency and one of whom is receiving Old Age Assistance, the Local Director of Welfare shall provide the usual item of food for THREE PERSONS and budget ~~THREE-FOURTHS~~ of the family's needs for each of the items of shelter, fuel, light and clothing. IN NO INSTANCE SHALL THE "PUBLIC ASSISTANCE" ALLOWANCE FOR THE FAMILY BE REDUCED ARBITRARILY BY THE AMOUNT OF CASH MADE AVAILABLE TO THE OLD AGE ASSISTANCE RECIPIENT BY THE COUNTY WELFARE BOARD. Old Age Assistance is granted for the individual aged person and is designed to be used for his sole and individual support.
- (h) There may be exceptional instances where the municipality may find it advisable to meet the cost of such items as fuel or rent by a relief order for the entire family group even though one member is an Old Age Assistance recipient. There may likewise be instances where it will be practical that the municipality will not furnish a rent order but will make up the equivalent of its share of the shelter cost in the form of other service items such as fuel, clothing etc., for the entire group. The Local Director of Welfare should clear all such plans with the County Welfare Board before placing them into operation in order to insure understanding cooperation on the part of both agencies.

(4) SUPPLEMENTATION

An Old Age Assistance case shall not be supplemented by the Local Department of Welfare, but this stipulation does not apply to other family members. No condition or circumstance shall be considered as an exception to this ruling, because Old Age laws provide that "The County Welfare Board, shall extend assistance adequate to provide for their reasonable maintenance and well being Necessary medical and health services and supplies may be granted in addition thereto in accordance with the regulations of the State (OAA) division."

(5) EXCEPTIONS

- (a) This regulation shall not affect the special provisions, allowances or exceptions set forth in the MAA regulation 2.300A, respecting Municipal Welfare Home Cases.

(6) LOCAL AND COUNTY COOPERATION

It shall become incumbent upon the Local Director of Welfare to become familiar with the action taken by the County Board as to the individual Old Age Assistance grant and its several component parts to the end that he may properly plan for any other members of a family that may need public assistance. He shall work in harmony with the County Boards to facilitate the proper handling of all cases, and their proper adjustment.

The County Welfare Board will furnish any member of the Local Director's staff essential data from their case records on request. Such records may be consulted at the Welfare Board offices subject to such conditions and rules of practice and convenience as the Board may require.

(7) REFERRAL TO STATE MUNICIPAL AID ADMINISTRATION

Should it develop at any time that there is a difference of opinion as to action taken in a case, the Local Director of Welfare may refer such case to the State for adjustment with the State Old Age Assistance Division of the Department of Institutions and Agencies.

This provision is particularly stressed as it will permit adjudication of cases otherwise considered as not allowable for reimbursement purposes. It would specifically apply to cases involving responsible relatives which may be subject to contrary opinions on the part of the local and county welfare offices.

III.

MUNICIPAL AID
OFFICIAL REGULATION

(Prepare in Duplicate Retain one Copy)

Att. 7.501

OLD AGE ASSISTANCE
REFERRAL

Date _____

TO: The _____ County Welfare Board
_____ Address

The bearer _____ (name) _____ (address)
_____ (Case Number) has applied for "public assistance" to the
undersigned and it appears that he/she may be eligible to receive Old
Age Assistance. According to our records, the applicant was born at
_____ (Place) and is now _____ years of age; has
resided _____ years in _____ (Municipality);
_____ years in _____ County and _____ years in New Jersey.
The foregoing information appears on the original application for relief
which was made _____ and aid has been given from _____
to _____ continuously.

Respectfully submitted,

Municipal Director of Welfare

Municipality

Address

TO: _____ Municipal Director of Welfare Date _____

The above noted person has applied for Old Age Assistance to
the _____ County Welfare Board on _____ (Date),
and her/his application has been accepted for action. You will be
advised further as soon as determination of eligibility has been made.

County Welfare Board
Division of Old Age Assistance

REMARKS:

By _____

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance

M.A. 4.600
Rev. 7/59

OLD AGE, SURVIVORS, AND DISABILITY INSURANCE AND DISABILITY FREEZE PROVISIONS

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Attachments

No. 1 Sample Form GA-20, revised 7/58

No. 2 Directory of District Offices of Social Security Administration, 4/58

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance

M. A. 4.600
Rev. 7/59

TITLE: OTHER AGENCIES

SUBJECT: OLD AGE, SURVIVORS, AND DISABILITY INSURANCE AND DISABILITY FREEZE PROVISIONS

A. GENERAL STATEMENT

The Bureau of Old Age and Survivors Insurance of the Social Security Administration operates the Federal program of benefit payments to insured wage earners and self-employed persons who are retired or disabled, to certain of their dependents, and to their survivors.

In practical effect, substantially all workers and self-employed persons, including military service men, are now protected by Social Security coverage. Likewise, under the Railroad Retirement Act, railroad employment is jointly covered by the two programs, and provisions outlining the interrelationships have been established. The only groups remaining uncovered are principally doctors of medicine, Federal government employees covered by the United State Civil Service Retirement System, and certain agricultural and domestic workers whose earnings are too small or too irregular to be accounted for effectively.

Helpful information may be obtained from a series of pamphlets, copies of which may be secured from any District Office of the Social Security Administration.

B. PERSONS ENTITLED TO OASDI BENEFITS

Those who may receive benefits are:

1. Retired insured wage earner or self-employed person, aged 65 or over for men and age 62 or over for women. (Women retiring before age 65 will have a life-time reduction in their benefit on a sliding scale according to point of application between 62 and 65 years.)
2. Totally and permanently disabled insured workers, age 50 through 64 who have had at least 5 years covered employment during the 10 years before the beginning date of disability, and who have been disabled at least 6 months with the disability expected to continue indefinitely. (The 1958 amendments postponed from July 1958 to July 1961 the deadline for establishing extended periods of disability. Therefore, some workers with long-standing disability who did not file prior to July 1958 may still be found to be eligible if they apply.)
3. The wife (in some cases a divorced wife) of a retired or permanently and totally disabled insured worker if she is age 62 or over, or regardless of age if entitled child is in her care. (Wives claiming benefits between 62 and 64 who do not have an eligible child present will have a lifetime reduction of benefits on a sliding scale.)

4. The husband of a retired or permanently and totally disabled woman worker entitled to benefits, provided he is 65 or older and was dependent upon his wife at the time she became eligible for benefits, or became disabled.

5. The widow of an insured worker if she is age 62 or older, or regardless of age if entitled child is in her care (widows claiming benefits between 62 and 65 receive the full amount regardless of age.)

6. The widower of an insured woman provided he is 65 or older, and was dependent upon his wife at the time she became eligible for benefits, became disabled, or died.

7. Children

a. Dependent children under age 18 of a parent receiving retirement or disability benefits or who died insured.

b. Dependent children age 18 or over of a parent receiving retirement or disability benefits, or who died insured, provided the children became permanently and totally disabled before reaching age 18.

8. The parents (mother age 62 or over and father age 65 or over) of a deceased insured worker, who were dependent on the worker at the time of his death, regardless of whether there are other eligible survivors.

9. A person whose benefits (received as a dependent or a survivor) were terminated because of marriage to another person receiving dependents or survivors benefits, may request reinstatement of benefits under the 1958 amendments.

10. An aged person whose benefits (received as a dependent or a survivor) were terminated by marriage and whose spouse is an old age or disability insurance beneficiary, even though such person has not been married for 3 years or for 1 year if the new spouse should die. (This provides monthly benefits to such person based on the new spouse's earning record, provided he was insured; otherwise her benefits will be reinstated based on the first husband's earning record.)

11. Certain other persons previously ineligible for OASDI are now eligible as a result of the 1958 amendments as follows:

a. A mother of a child adopted by the mother's deceased husband even though the death occurred less than one year after their marriage. (Mother as well as child may now be eligible.)

b. An adopted child whose adopting parent began receiving retirement or disability insurance benefits less than 3 years after the adoption.

c. A child who was adopted by the widow of a worker within 2 years after worker died or 2 years after August 28, 1958. (Such child must have been living in the worker's household and must have been supported by the worker before his death.)

d. A woman whose mother's benefits were terminated by remarriage and whose new husband died within a year and she cannot receive mother's benefits on his earnings. (This provides reinstatement of former benefits to a mother of young children.)

C. SUSPENSION OF BENEFITS

The law provides that a beneficiary, whether a wage earner or self-employed, may earn as much as \$1200 a year without any suspension of benefits, but should earnings exceed \$1200 per year, some benefits will be withdrawn in proportion to the excess earnings; and earnings from any type of work whether or not covered by Social Security are counted for this purpose. However, starting January 1959, no matter how much is earned in a year, a beneficiary can draw his monthly benefit payment for any month in which he neither earns wages of more than \$100. nor renders substantial services in self-employment. There is no single rule for determining "substantial services in self-employment," the decision being based on the facts in each case.

All beneficiaries age 72 or over may draw benefits regardless of the amount of their current earnings.

D. ELIGIBILITY FOR PUBLIC ASSISTANCE OF WOMEN 62 OR OVER ENTITLED TO BENEFITS

A woman age 62 or over who is receiving or applying for assistance who appears to have potential eligibility for Social Security benefits, shall be expected to apply for such benefits in the same manner as any other potentially eligible person.

The Federal Bureau of Assistance, Department of Health, Education, and Welfare has specifically made the following interpretations: The fact that it is optional for certain women under age 65 to establish OASDI entitlement at reduced rates does not provide a basis for an interpretation that their eligibility for such reduced benefits may be disregarded in determining their available resources. It may be observed that it is equally optional for a woman, or a man, at age 65 or over to decide whether or not to apply for benefits. However, a person does not have a right to have his needs met by a public assistance program because of his preference to decline some other cash resource that is lawfully available to him upon application.

The "reduced" benefit rate payable to a woman between 62 and 65 has an actuarial relationship to her life expectancy at the time benefits begin, so that, on the average, women are not disadvantaged by electing the earlier start.

E. PROCEDURES FOR FILING CLAIMS AND SECURING INFORMATION

The following procedures are to be observed.

1. Form GA-20

Form GA-20 will be completed in triplicate and two copies mailed to the appropriate District Office of the Social Security Administration, the third copy being retained on file until return of one copy by the District Office with the status report.

Note that the GA-20 requires the client's signature authorizing release of information by the Social Security Administration.

The GA-20 is not to be given to the individual to take to a District Office except in rare instances when it appears that immediate filing of an application is necessary because of a possible loss of retroactive benefits. Full retroactive benefits can be paid only if the application is filed not later than 18 months after start of disability.

Form GA-20 will be used for all of the following referrals and inquiries:

a. To refer an individual to apply for

- 1) Old Age and Survivors Benefits,
- 2) Disability Insurance Benefits,
- 3) Childhood Disability Benefits,
- 4) Disability Freeze Eligibility Determination.

b. To request information on

- 1) Eligibility for an amount of benefits under 1), 2), 3), above,
- 2) Disability Freeze period,
- 3) Quarters of coverage.

2. Selection for Referral for Benefits

a. When it appears that an applicant for or a recipient of General Assistance has not filed a claim for any of the benefit programs, or states that he has filed a claim but cannot produce a copy of his award certificate or disallowance notice, a referral shall be made. Check item 1 on the GA-20 and provide as much other information as is available and appropriate to the request for items 4 through 11.

b. If the municipal welfare department has information indicating that the individual has a Social Security account number and has had some employment as an employee after 1936, or earnings from self-employment after 1950, this is sufficient to warrant a GA-20 Clearance.

c. Where the municipal welfare department has information that the individual had unreported covered earnings within the last three years, a referral may be made even though the individual has no Social Security number. In such cases particular care should be taken in completing item 8.

d. If quarters of coverage information is desired, be sure to check item 2 of Form GA-20.

e. In cases where the District Office has not sent a "status report" to the municipal welfare department within 60 days for regular Old Age and Survivors cases or within 120 days for Disability Benefit cases, a follow-up referral may be sent by checking item 12 on one copy of the GA-20 and providing sufficient information to identify the original request. The District Office will advise of the status of the original referral on the follow-up GA-20.

f. In a case previously adjudicated as not eligible, and the individual subsequently becomes insured, the District Office will process a re-referral if the GA-20 is checked in item 12, "Re-submittal, Prior Request Dated _____." If the form contains information regarding additional employment sufficient to provide for an insured status the re-referral will be processed as a new application. If no new employment information is given, or the data indicates insufficient employment, the District Office will only screen its files and return the GA-20 to the municipal welfare department with such information.

3. District Office Procedures

a. Pending Claims

When the GA-20 referral is in respect to an application for benefits or benefit status information, the District Office will, if the claim is pending, acknowledge receipt of the referral by returning one copy, retaining the second copy for completion when the claim is adjudicated.

b. New Applications

If the District Office has no record of a prior claim or recent inquiry, the referral will initiate processing of a claim and both copies of the GA-20 will be held until adjudication is completed. If it appears that adjudication will be delayed more than 30 days, one copy of the form will be returned to so advise the municipal welfare department.

c. Client Failing to File

The usual procedure is for the District Office to write the individual to come in for an interview. If the individual fails to appear for an appointment within 30 days there will be an assumption that he is not interested in filing a claim. The GA-20 will be checked in item 3 on reverse side and returned. There will be no follow-up letter to the individual. [In such cases the caseworker shall get in touch with the client, ascertain why he failed to keep the appointment, interpret the provisions and possible benefits, and assist him, if necessary, in filing his application. Continued refusal to apply for benefits renders an individual ineligible for assistance.]

d. Follow-ups and Re-referrals

See 2, items e and f.

4. Disability Freeze Provisions

a. General Provisions

The law provides that a disabled person who is not eligible for disability insurance benefits (under age 50) may be eligible to have his Social Security earnings record "frozen." Unless the earnings record is frozen, the period while he is disabled and has little or no earnings can reduce the amount of his own or his family's future benefits. Such periods of disability may even cause the loss of insured status if no freeze is established.

Under the 1958 amendments persons who file for the disability freeze before the new deadline date of June 30, 1961, may have their period of disability established as early as the actual date of onset of disability. For persons filing after June 30, 1961, the period of disability can be established for only 18 months prior to date of filing, but in no event earlier than the actual date of onset of disability if less than 18 months.

The 1958 amendments also eliminated the work coverage requirement of 1 1/2 years in the 3 years before disablement. The work requirement of 5 years out of 10 before disability still remains. As a result of this change some persons who filed and were found ineligible, as well as some who have never filed, may now be eligible.

b. Clients to be Referred

Municipal welfare department shall refer to the appropriate District OASDI Office every applicant for or recipient of General Assistance who is believed to be disabled and unable to work unless

- 1) the client has already filed an application for categorical assistance (OAA, DA, AB, HLA [ADC after 1/1/60]), or
- 2) it is definitely known that the client has no record of covered employment since 1936, or
- 3) his "disability freeze" status has already been determined.

Municipal welfare departments should also be alert to the possible eligibility of any non-assistance members of a household and instruct them how to apply for "disability freeze" determination, or a referral on GA-20 may be sent for them.

c. Referral Procedures and District Office Action

As indicated in preceding sections, the GA-20 and the same procedures will be used for referring an individual for "disability freeze" eligibility determination, or to request a status report. Be sure to check item 3 on Form GA-20.

Also, if notified by the District Office that client has failed to apply, the caseworker should make a follow-up contact with client. Continued refusal to apply for the "disability freeze" renders the individual ineligible for assistance.

d. Relationship of "Disability Freeze" to Disability Benefits

It should be observed that persons who are found eligible for the "disability freeze" prior to age 50 will, upon attaining that age, presumably become eligible for monthly disability benefits.

Persons age 50 and over need no longer be referred for the "disability freeze" but should instead be referred as direct applicants for disability benefits.

5. Release of Information by Municipal Welfare Departments

When the Social Security Administration requests information to assist in determining an applicant's eligibility for any benefits, or for "disability freeze," the municipal welfare department is authorized to release such information from its records. Social data requested may be provided to OASDI in summary form. When medical information is requested, exact copies of reports, abstracts of hospital or clinic records, etc. shall be provided since this information will be used by professional medical personnel in determining disability status for disability benefits, or for the "disability freeze" provision of the law.

F. LUMP-SUM DEATH BENEFITS

1. Entitlement to Receive

If an insured wage earner or self-employed person dies, even though he was not yet receiving benefits, a lump-sum death benefit is payable whether or not the worker left a survivor eligible for monthly benefits.

The lump-sum death payment will be three times the primary insurance benefit, but not to exceed \$255. The claim for a death benefit must usually be filed within two years of the worker's death, but may be filed during an additional two year's period if the claimant can show "good cause" for failure to file within two years of the death.

If there is no surviving spouse who is living in the same household as the worker when he dies, or the spouse dies before the claim can be paid, then the person who pays the burial expenses may be considered entitled to the lump-sum payment.

State or local government units which pay the burial expenses of a deceased OASDI covered worker shall file claims for the lump sum when there is no surviving spouse entitled to claim the lump-sum payment.

In any case where the insured worker is survived by an entitled spouse, the direct availability of the lump-sum benefit amount to her should be noted and, in conjunction with her responsibility to provide for the decedent's burial expenses, if able, should be taken fully into account before responsibility for any such expenses is assumed by the municipal welfare department.

2. Filing for Death Benefit

A form entitled " Application for Lump-sum Death Payment" may be secured from and filed with the appropriate District Office of the Social Security Administration.

Any authorized official of a State or local government unit may file an application on its behalf. A statement by the official on the application under "Remarks" that he is authorized to file, is acceptable evidence of his authority.

With the application, the receipted itemized funeral bill must be submitted.

G. OLD AGE, SURVIVORS AND DISABILITY INSURANCE PAYMENTS FOR INSTITUTIONAL PATIENTS

Since an increasing number of assistance clients are recipients of monthly benefits under the OASDI program, and some of these may have to be committed to mental institutions, it is important that the municipal welfare departments understand the regulations of the Social Security Administration in such situations.

According to the regulations, benefits on behalf of incompetent adults may be paid to a guardian-in-fact. A person wishing to serve as guardian-in-fact makes application to receive benefits in behalf of the incompetent adult, and the Social Security Administration makes the determination as to who shall serve as payee. Whenever a suitable relative is available to act as guardian-in-face, the Administration selects the relative. In the absence of a suitable relative, a director of a county welfare board or a superintendent of a mental hospital might be appointed as guardian-in-fact upon filing an application.

Accordingly, it is suggested that whenever a recipient of General Assistance, who is also a recipient of monthly OASDI benefits, is committed to a mental institution, the municipal welfare department advise the County Adjuster of the OASDI income so that appropriate arrangements may be made for such income to be utilized for the recipient's needs while a patient in the institution.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Irving Engelman
Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved
Elmer V. Andrews, Director
Division of Welfare

Official Regulation M.A. 4.600, revised 7/59

Destroy: Regulation M.A. 4.600, revised 7/58 (excepting Att. No. 1, Sample Form GA-20; and Att. No. 2, Directory of District Offices) Supplement 4.600A issued 7/58

**REQUEST FOR FEDERAL OLD-AGE AND SURVIVORS INSURANCE
AND FOR NONMEDICAL DISABILITY INFORMATION**

MA 4.600
Attachment No. 1
GA-20
(Rev. 7/58)

TO:
District Manager
Social Security Administration

Date:.....
FROM:

The individual(s) shown (or representative payee) is unable to produce a copy of an award certificate or disallowance letter from the Social Security Administration with reference to an application for benefits or disability freeze under Title II of the Social Security Act, as amended.

It is requested that information available from your records, regarding the entitlement of the individuals listed, be furnished this office. The information requested is required for use in determining our client's eligibility. The information will be used only for the purpose stated and will not be disclosed to any other organization or individual, except in accordance with regulations or instructions of the Social Security Administration.

.....
(SIGNATURE AND TITLE)

1. <input type="checkbox"/> Request for benefit information 3. <input type="checkbox"/> Disability freeze period information	2. <input type="checkbox"/> <i>I hereby authorize the Social Security Administration to release information about my eligibility and benefit status to the above municipal Welfare Department.</i>
..... Signature of Client	

4. Wage Earner	Social Security Acct. No.
----------------	---------------------------

5. Wage Earner's Birth date	Date of Death
-----------------------------	---------------

6. Enter the following information if the wage earner's account number is unknown:

Place of Birth	Sex	Race
.....
Father's Name	Mother's Name	
.....	

7. Claimant's Name, Address, and Relationship to the Wage Earner

.....

.....

8. Give the wage earner's work during the last 12 months or prior period if work unreported. (If he worked for himself, write "Self-employed".)

Name and Address of Employer	WORK BEGAN		WORK ENDED	
	Month	Year	Month	Year
.....				
.....				

9. Did the wage earner serve in the Armed Forces of the United States after September 7, 1939?
 Yes No. If Yes, give approximate dates

10. Did the wage earner work in the railroad industry after 1936? Yes No

11. If the requested information relates to a disability benefit or a disability freeze, give the date the disability began

12. If this request is a follow-up or resubmittal, check the appropriate block and show the date of the prior request: Follow-up Resubmittal Date.....

INSTRUCTIONS: When applicant cannot produce award certificate or disallowance letter from the Social Security Administration, send this form if wage earner was issued a Social Security number and worked as an employee after 1936 or was self-employed after 1950. This form is also used when the wage earner was not issued an account number if he had been in military service after 9/7/39 or was employed in any covered work during the past four years. Type or stamp the return address in the space provided on the back of this form.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SOCIAL SECURITY ADMINISTRATION

Bureau of Old-Age and Survivors Insurance

Date _____

Re: _____

The records of the Social Security Administration disclose the following:

1. Monthly Benefits Awarded

NAME OF CLAIMANT	Type of Benefit	Date of Birth	Month of Entitlement	Monthly Benefit	Lump Sum	Initial Payment	First Check Due (Est.)

2. Disability Freeze Allowed

Date of Onset of Disability _____

Date Disability Ended _____

3. No Application Filed

4. Application in Process of Development

5. Application Disallowed (See Below) Date _____

6. Wage Earner Not Insured _____

Remarks _____

District Manager

DIRECTORY OF DISTRICT OFFICES OF OLD AGE, SURVIVORS, AND DISABILITY INSURANCE

<u>SERVICING OFFICE</u>	<u>ADDRESS</u>	
<u>ATLANTIC COUNTY</u>		
All	Atlantic City Old Post Office Bldg., Pacific and Pennsylvania Avenues	
<u>BERGEN COUNTY</u>		
Carlstadt	Passaic Post Office Building	
East Rutherford		
Garfield		
Hasbrouck Heights		
Lodi		
Lyndhurst		
North Arlington		
Rutherford		
Wallington		
Wood-Ridge		
Allendale		Paterson 245 Market Street
East Paterson		
Fair Lawn		
Franklin Lakes		
Glen Rock		
Hohokus		
Mahwah		
Midland Park		
Oakland		
Ramsey		
Ridgewood		
Saddle River		
Waldwick		
Wyckoff		
All Others	Hackensack 50 Main Street	
<u>BURLINGTON COUNTY</u>		
Green Bank	Atlantic City Old Post Office Building, Pacific and Pennsylvania Avenues	
Lower Bank		
New Gretna		
Bordentown	Trenton Post Office Bldg., 402 E. State Street	
Crosswicks		
Fieldsboro		
Beverly	Bristol, Pa. 1502 Farragut Avenue	
Birmingham		
Bridgeboro		
Browns Mills		
Burlington		
Chatsworth		

Directory of District Offices of Old Age, Survivors, and Disability Insurance, 4/58

SERVICING OFFICE	ADDRESS
<u>BURLINGTON (CONTD.)</u>	
Columbus Cookstown Delanco Edgewater Park Evansville Florence Fort Dix Hainesport Hartford Jobstown Juliustown Lumberton Masonville McGuire Air Force Base Medford Mount Holly New Lisbon Pemberton Rancocas Riverside Roebling Smithville Vincentown Whitesbog Wrightstown	Bristol, Pa 1502 Farragut Ave.
All Others	Camden Room 228, Post Office Building
<u>CAMDEN COUNTY</u>	
All	Camden Room 228, Post Office Building
<u>CAPE MAY</u>	
All	Atlantic City Old Post Office Bldg., Pacific and Pennsylvania Avenues
<u>CUMBERLAND COUNTY</u>	
All	Bridgeton 100 North Pearl Street
<u>ESSEX COUNTY</u>	
East Orange Livingston Orange West Orange	East Orange 426 Main Street
Irvington Maplewood Milburn Short Hills South Orange	Irvington 1040 Springfield Avenue

Directory of District Offices of Old Age, Survivors, and Disability Insurance, 4/58

	<u>SERVICING OFFICE</u>	<u>ADDRESS</u>
<u>ESSEX (CONTD.)</u>		
Newark Belleville Nutley	Newark	1016 Broad Street
All Others	Bloomfield	National Newark and Essex Bank Building, 2 Broad Street
<u>GLOUCESTER COUNTY</u>		
All	Camden	Room 228, Post Office Building
<u>HUDSON COUNTY</u>		
All	Jersey City	81 Sip Avenue
<u>HUNTERDON COUNTY</u>		
Baptistown Flemington Frenchtown Lambertville Ringoes Rosemont Sand Brook Sergeantsville Stockton Three Bridges Treasure Island	Trenton	Post Office Building, 402 East State St.
All Others	Easton, Pa.	204 Northampton Street
<u>MERCER COUNTY</u>		
All	Trenton	Post Office Bldg., 402 East State Street
<u>MIDDLESEX COUNTY</u>		
Dunellen Middlesex New Market South Plainfield	Elizabeth	268 North Broad Street
Avenel Barber Carteret Cliffwood Beach Colonia Fords Hopelawn Iselin Keasbey Lawrence Harbor Parlin Perth Amboy Port Reading Sayreville	Perth Amboy	Perth Amboy National Bank Bldg. 313 State Street

Directory of District Offices of Old Age, Survivors, and Disability Insurance, 4/58

	<u>SERVICING OFFICE</u>	<u>ADDRESS</u>
<u>PASSAIC COUNTY</u>		
Clifton	Passaic	Post Office Building
Great Notch		
Passaic		
All Others	Paterson	245 Market Street
<u>SALEM COUNTY</u>		
All	Bridgeton	100 North Pearl Street
<u>SOMERSET COUNTY</u>		
North Plainfield	Elizabeth	268 North Broad Street
Watchung		
Basking Ridge	Morristown	17 South Street
Bedminster		
Bernardsville		
Far Hills		
Gladstone		
Lyons		
Peapack		
All Others	New Brunswick	75 Paterson Street
<u>SUSSEX COUNTY</u>		
All	Morristown	17 South Street
<u>UNION COUNTY</u>		
All	Elizabeth	286 N. Broad Street
<u>WARREN COUNTY</u>		
All	Easton, Pa.	204 Northampton Street

TITLE: OTHER AGENCIES

SUBJECT: RELATIONSHIP OF THE GENERAL ASSISTANCE PROGRAM TO THE STATE DIVISION OF EMPLOYMENT SECURITY (Unemployment Insurance, Temporary Disability Benefits, Employment Service)

INTRODUCTION

Functions of the Division of Employment Security

The Division of Employment Security within the State Department of Labor and Industry is responsible for the administration of the Unemployment Insurance and Temporary Disability Benefits programs, and for the operation of the State Employment Service.

The Division maintains local offices and provides itinerant services at necessary points, which vary from time to time with economic conditions, on specified days or during specified seasons of the year. Assistance agencies can obtain copies of a published list of the local and itinerant offices from the Division of Employment Security, 28 West State Street, Trenton 8, New Jersey.

Purpose of Regulation

The regulation provides general information about the benefits and services administered by the Division of Employment Security; sets forth a statement of policy in respect to eligibility for assistance of persons eligible for or receiving such benefits and services; and describes the procedural relationships between the Division and the municipal welfare departments which are to be observed.

I. UNEMPLOYMENT INSURANCE AND TEMPORARY DISABILITY BENEFITS

Eligibility for Benefits

A. Eligibility for Benefits; Applications

Welfare directors and their staffs are expected to familiarize themselves with the general rules of eligibility for receipt of Unemployment Insurance and Temporary Disability Benefits, payment provisions and duration of weekly payments for persons who have been engaged in "covered" employment.

Where to Apply-U.I.

Claims for Unemployment Insurance benefits are filed at the appropriate local office of the State Employment Service.

T.D.B

Temporary Disability Benefits are provided under two plans. Some employers operate a Private Plan covered by private insurance companies. Other employers participate in the public or State Plan for Temporary Disability Benefits.

Private or State Plan

Where to Apply-T.D.B.

Claims under a Private Plan are normally filed with the person's employer.

Relationship of G.A. to State Division of Employment Security

Claims for Temporary Disability Benefits under State Plan are filed with the Disability Insurance Service, Division of Employment Security, 20 West Front Street, Trenton 10, New Jersey. The local Employment Offices do not administer nor have any records relating to the Temporary Disability Benefits program.

Claim
Forms

Forms for filing claims under the State Temporary Disability Benefits program may be obtained from employers, physicians, Unions, and the local Employment Offices.

Eligibility
for Assistance;
Refusal to
Apply for
Benefits

B. Eligibility for Assistance in Relation to Benefits

1. Refusal to Apply for Benefits

A person who appears to be eligible for either Unemployment Insurance or Temporary Disability Benefits and who refuses or neglects to apply for such benefits is ineligible to receive assistance.

Inquiry shall be made of every applicant for assistance regarding his possible eligibility for Unemployment Insurance or Temporary Disability Benefits. If he states he has filed a claim for benefits, record shall be made of the date the claim was filed. If he has not filed, and it appears he may be eligible for benefits, he shall be instructed to file his claim prior to requesting a second assistance payment.

Assistance
Pending
Receipt of
Benefits

2. Assistance Pending Receipt of Benefits; Agreement to Repay

When it is determined that an applicant who may be eligible to receive Unemployment Insurance or Temporary Disability Benefits is in need, assistance shall be granted provided he executes an agreement to repay the assistance received while awaiting benefits, from any such benefits he may receive. The agreement to repay shall be executed on Form GA-10 in duplicate, and one copy given to the applicant for his record. (A sample Form GA-10 is attached to this regulation and is to be prepared by the municipal welfare department for its own use.)

Assistance
While Re-
ceiving
Benefits

3. Assistance While Receiving Benefits

A person receiving Unemployment Insurance or Temporary Disability Benefits is not disqualified for general assistance merely because of such fact. If his income from such benefits and all other sources, does not meet full need in accordance with State standards, assistance to meet the budgetary deficit shall be granted.

Verifica-
tion of
U.I.

C. Verification of Status of Claim

1. Unemployment Insurance

Information
Available
from Client

a. Information Available from Client

A claimant for Unemployment Insurance benefits receives an "Applicant Identification Card (Form NJES-506 indicating

Relationship of G.A. to State Division of Employment Security

that he has filed a claim for benefits and the date of the claim. This card also shows the successive dates the claimant must report to the local office.

As soon as possible thereafter, if he has the required minimum earnings and weeks of employment during the base period he will receive Form BC-3, "Notice to Claimant of Benefit Determination," which indicates the number of weeks and amount of benefits to which he may be entitled if he meets all eligibility requirements. If he does not have the minimum base period requirements he will receive Form BC-5 "Notice to Claimant of Invalid Claim for Unemployment Benefits."

If the claimant to whom Form BC-3 has been issued is found ineligible or disqualified, he is given Form BC-26B, "Notice to Claimant of Nonmonetary Determination," showing the duration of the ineligibility or disqualification.

If the person does not possess Form BC-5 or Form BC-26B and if he has not exhausted his benefits for the current benefit year, it should be assumed that he is receiving, or is entitled to receive Unemployment Insurance benefits; or that the potential payment of benefits has been delayed because the claim is pending further investigation.

It should be possible for the agency to secure from the client all the necessary information about his eligibility for an receipt of Unemployment Insurance benefits.

Inquiry to
Local Office,
N.J. State
Employment
Service

b. Inquiry to Local Office, N.J. State Employment Service

In those instances when a client cannot provide the information and fails in his efforts to secure it himself, or when there is reason to believe that the client is furnishing inaccurate or incomplete information, the agency may address an inquiry in writing to the appropriate local office of the New Jersey State Employment Service. Requests must be limited to specific information relating to the client's eligibility for benefits or the status of his claim. Routine requests for such information shall not be made. No requests shall be addressed directly to the State Office of the Division of Employment Security regarding Unemployment Insurance benefits.

Relationship of G.A. to State Division of Employment Security

Verification
Temporary Dis-
ability Benefits

2. Temporary Disability Benefits

Unlike claimants for Unemployment Insurance benefits, persons who have filed for Temporary Disability Benefits are not provided with proof of application for benefits.

Inquire First
of Client

a. Inquire First of Client

It is the responsibility of the client to notify the agency of the status of his claim for Temporary Disability Benefits. The agency shall inquire from him whether he is covered under Private Plan or the State Plan. The client shall be asked about the status of his claim prior to the first and any subsequent assistance payment.

Inquiry to
Employer -
Private Plan

b. Inquiry on Private Plan and State Plan

If at the end of four (4) weeks from the date that the claim for Temporary Disability Benefits was filed, the client states that he has not received benefit payments, or notice of ineligibility for benefits, a direct inquiry in writing shall be sent to the employer if the claim has been filed under Private Plan, or, if under State Plan, to the Superintendent, Disability Insurance Service, Division of Employment Security, 20 West Front Street, Trenton 10, N.J., concerning the status of the claim. In such instances assistance shall be continued until receipt of a reply and further action taken upon receipt of a reply appropriate to the nature of the reply. Inquiries shall not be made on a routine basis, and no inquiries concerning Temporary Disability Benefits are to be sent to the local offices of the Employment Service.

Repayment

D. Repayment of Assistance from Benefits

General Policy

1. General Policy

Every person who receives assistance pending receipt of Unemployment Insurance or Temporary Disability Benefits shall be under obligation to repay the assistance received during the "pending period" up to the amount of the benefits covering that period but not to exceed the amount of assistance received during that period.

Decision on
Repayment

2. Decision on Repayment

If and when a client is paid Unemployment Insurance or Temporary Disability Benefits and such payment includes benefits for the weeks during which he received assistance, the welfare director shall review the facts in the case and shall make an official determination that

Relationship of G.A. to State Division of Employment Security

a. repayment shall be required in whole or in part, in one payment or by a series of payments as planned with the client, or

b. the requirements for repayment shall be waived for the good and welfare of the client and his dependents, if any.

Voluntary
Repayment

However, nothing in this regulation shall prohibit a client who wishes to repay from doing so under any plan he wishes to arrange with the welfare director. A client who is unable to repay from his benefit payments might wish to make repayment when he returns to employment.

Record of
Decision

3. Record of Decision

The official decision by the welfare director in regard to repayment and the basis for the decision shall be clearly explained in the case record.

Record of
Repayment

4. Record of Repayment

Whenever repayment is made, whether partial or total, the amount(s) and date(s) received shall be noted in the case record.

Receipt for
Total
Repayment

5. Receipt for Total Repayment

Whenever total repayment is made or completed by the client, the welfare director shall indicate on the bottom of the executed Form GA-10 that payment has been completed, giving the total amount received, date and sign the statement and give the Form GA-10 to the client as a receipt.

6. State Aid and Accounting

Credits for
State Aid

a. Assistance granted pending receipt of Unemployment Insurance or Temporary Disability Benefits may be committed as credits for State aid. Refunds collected pursuant to the agreement to repay shall be reported and accounted for in the manner specified in Regulation 1.004.

Preparation
Form 6

b. For instructions regarding coding of the monthly Inventory Report see Form 6, Section B-2.

II. STATE EMPLOYMENT SERVICE

A. Types of Service Available

Employment Information and Registration Service

1. Employment Information and Registration Service

The local offices of the State Employment Service have information about many local job opportunities. In addition, the local offices know of many job openings throughout the State and even in other nearby States. While not all employers register job openings with the New Jersey State Employment Service, the available jobs cover a wide variety of occupations including professional, skilled, semi-skilled and unskilled labor, clerical, sales and service occupations.

Placement Service

2. Placement Service

An important two-fold function of the New Jersey State Employment Service is to help unemployed persons who register for work to find a job suitable to their training and experience, and at the same time to help employers to fill job openings by referring persons who appear to meet the qualifications of specific jobs. Information secured from registrants in an employment interview is kept on file. As job openings are received for which an individual appears qualified, he is notified where to apply for the job.

Counselling and Testing Service

3. Employment Counselling and Testing Service

An additional service offered by the New Jersey State Employment Service is that of counselling with persons and testing for occupational skills of persons with disabilities or other problems which affect employability. Many persons are helped through this special service to secure full time or limited employment which they can do in spite of handicapping conditions.

Assistance Policy on Registration

B. Assistance Policy on Registration for Employment

1. General Policy

An important principle of public assistance is to encourage and assist all needy persons to become as self-sufficient as possible within the limits of their physical and mental capacities. The agency shall become familiar with and make full use of the services offered by the New Jersey State Employment Service in helping assistance clients who are able to work to find suitable employment.

Who Shall Register

2. Who Shall Register

All persons over the age of sixteen who are not attending school shall be required to register for employment except the following:

Relationship of G.A. to State Division of Employment Security

- a. Persons who are needed at home to care for children, or because of the illness or invalidism of some member of the family; or
- b. Persons who are certified by medical authority (physician or clinic) as being unable to work because of physical or mental illness or disability.

Assistance
Prior to
Registration

3. Assistance Prior to Registration

An applicant for assistance who is determined to be in need shall be granted assistance even though he may not yet have registered for employment. However, any such person who is instructed to register with the New Jersey Employment Service (in accordance with sub-section 2, above) is not eligible to receive assistance for more than 15 days unless he presents evidence of registration within that period.

Register at
Local Office

C. Registration Procedure

1. Register at Local Office

A person registers for employment by going in person to the local office of the New Jersey State Employment Service covering the area in which he lives.

Validity

2. Validity Period of Application for Work

Applications for work are maintained active for a period of 60 days but it is advisable for the person to inquire about possible job openings at frequent intervals, and he should report to the local office whenever called at the time indicated. If the person has not secured work by the end of the 60 days, he must renew his registration.

Unemployment In-
surance Claimants
Automatically
Registered

3. Unemployment Insurance Claimants Automatically Registered

Persons who have filed claim for Unemployment Insurance benefits are automatically registered for employment. Registration for these persons is continued by the New Jersey State Employment Service until the person secures employment or until the end of the benefit payment period. If the person has not secured employment by the end of his benefit payment period, it is necessary for him to renew registration for employment in order to continue to receive referrals for job openings for which he may be qualified.

Verification
Available
from Client

D. Verification of Registration

1. Verification Available from Client

The person who registers for employment is given a card (Form NJES-506) showing the date of his registration. The agency may ask the client to show this card as verification that he has registered for employment.

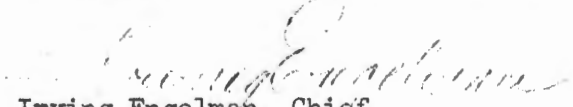
Relationship of G.A. to State Division of Employment Security

Inquiry to
Local Office,
N.J.S.E.S.

2. Inquiry to Local Office of New Jersey State Employment Service.

In those instances when a client cannot provide information about referral to jobs, or when there is reason to believe that the client is furnishing inaccurate or incomplete information, the agency may address an inquiry in writing to the appropriate local office of the New Jersey State Employment Service. Requests must be limited to specific information regarding referrals for employment. The New Jersey State Employment Service is not in a position to answer questions about the client's possibility of securing employment, nor will that agency furnish data about wages, etc. Routine inquiries for information regarding registration and referral for employment shall not be made.

DEPARTMENT INSTITUTIONS AND AGENCIES



Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved
Elmer V. Andrews, Director
Division of Welfare

Official Regulation 4.700, revised 7/58
Destroy Regulation 4.700 revised 7/19/54

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance

Form GA-10
Reissued 7/58

AGREEMENT TO REPAY - GENERAL ASSISTANCE

Name:

Case Number:

Address:

Social Security Number:

Municipality:

Date Last Employed:

In support of my application for general assistance I certify that:

1. I believe I am eligible for [] unemployment insurance benefits.
[] temporary disability benefits
2. I have applied for such benefits.
3. I have not yet received any benefits.
4. I will report to the municipal department of welfare promptly after I start receiving benefits.
5. I hereby promise to repay any assistance granted to me until I report I have received benefits.
6. I hereby authorize the Division of Employment Security to disclose any pertinent facts concerning my claim for insurance benefits to the municipal director of welfare upon request.

Signed _____

(Applicant)

Date: _____

Witness: _____

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance

M.A. 4.800

December 10, 1957

TITLE: OTHER AGENCIES

SUBJECT: RELATIONSHIPS BETWEEN PUBLIC ASSISTANCE AGENCIES AND THE
NEW JERSEY REHABILITATION COMMISSION

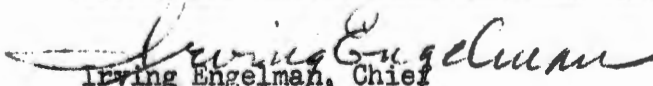
- A. This regulation consists of the following attached materials which are hereby incorporated as the substance of this regulation.
1. Copy of the Agreement of Cooperation Between the New Jersey Rehabilitation Commission and the Division of Welfare, Department of Institutions and Agencies;
 2. The Supplementary Statement to the Agreement, which provides the policy and procedure governing the relationships of the several agencies in respect to referrals, joint planning, reporting and allocation of responsibility for costs;
 3. Sample of Form PA-10, Referral for Rehabilitation Services; [An initial supply of this form is being distributed to all public assistance agencies. The Bureau will advise you when the form may be ordered from the Department's Bureau of State Use. In the meantime, a municipality which can arrange for duplication of a limited supply for its own use is requested to do so. Those municipalities which do not have access to duplicating equipment may request an additional supply of the PA-10 as needed from the Bureau.]
 4. Sample of Form PA-11, Inter-agency Referral. [This form, for the present, will be used only by the Rehabilitation Commission when it is necessary to refer an individual to a public assistance agency. Therefore, it is not necessary that the municipal welfare department stock the PA-11.]
- B. Each municipal welfare director shall maintain beginning January 1, 1958, an inventory list or card index of all General Assistance applicants and recipients referred to the Rehabilitation Commission for consideration of eligibility for services.

The minimum information which shall be entered upon such inventory shall be Case Number (if used), Name, Address and date of referral.

The welfare director may wish to enter additional facts (e.g., date of and disposition by Rehabilitation Commission) for its own purposes, but the required minimum entries shall be kept current and readily available. Monthly statistical reporting of referrals is not required at this time, but the Bureau may request statistical and other information from time to time.

- C. This regulation is effective immediately.

DEPARTMENT INSTITUTIONS AND AGENCIES


Irving Engelman, Chief
Bureau of Assistance

IE/MCRd
Approved
Elmer V. Andrews, Director
Division of Welfare

State of New Jersey
Department of Institutions and Agencies
Division of Welfare

12/10/57

Supplementary Statement to Agreement of Cooperation Between
New Jersey Rehabilitation Commission and The Division of Welfare

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Supplementary Statement

to
AGREEMENT OF COOPERATION
Between
The New Jersey Rehabilitation Commission
and
The Division of Welfare, Department of Institutions and Agencies

INTRODUCTION

The common objective of vocational rehabilitation and public assistance is to help disabled clients to reach the highest possible level of self-help and economic independence. By working together public assistance and rehabilitation agencies can increase their effectiveness in serving clients.

The effectiveness of inter-agency cooperation depends largely on the people who do the agencies' work. To work together constructively they must know each other, must have general knowledge of the basic functions of the respective agencies, and must have instructions regarding the policy and procedures agreed upon by the several agencies to correlate assistance and services.

This statement sets forth the operational detail of policy and procedure necessary to provide effective joint service to needy disabled clients in fulfillment of the terms of the Agreement of Cooperation, and shall be mandatory upon the several agencies.

DEFINITION OF TERMS

As used in this Statement the following terms shall be understood to mean:

Commission - The New Jersey Rehabilitation Commission.

Counselor - A Rehabilitation Counselor of the Commission.

Public assistance agency - County Welfare Boards, District Offices of the State Board of Child Welfare, Municipal Welfare Departments.

Caseworker - Any official representative of a public assistance agency who has knowledge of the client and direct or indirect responsibility for the case; e.g., caseworker, supervisor, welfare director or deputy in any county welfare board, District Office of the State Board of Child Welfare, or municipal welfare department.

Categorical assistance - Aid to Blind, Disability Assistance, Home Life Assistance, Old Age Assistance.

Client - A general term referring to an applicant for or recipient of economic assistance or services from a public assistance agency or the Commission.

A. PROVISIONS TO ASSURE NO DUPLICATION OF ASSISTANCE AND SERVICES

In order to assure that there shall be no duplication of funds, goods or services in providing for the maintenance and medical care needs of recipients of public assistance who are accepted for rehabilitation services by the Commission, it shall be understood that:

1. Determination of Economic Need

Eligibility for public assistance, in respect to economic need, will be determined by the standards provided in the Categorical Assistance Budget Manual of the Division of Welfare for applicants for and recipients of Old Age Assistance, Disability Assistance, Home Life Assistance and Aid to the Needy Blind, by regulations of the State Board of Child Welfare in the Guardianship and Care programs, and by Municipal Aid Regulations of the Bureau of Assistance for applicants for and recipients of General Assistance.

Determination that an individual, who is accepted for rehabilitation services by the Commission, is eligible to have the costs of such services (including medical care and/or maintenance or portions thereof) defrayed by the Commission shall be based on Case Work Memorandum #4, entitled "Determination of Economic Need for Supplemental Financial Assistance."

2. Allocation of Responsibility for Costs

The allocation of responsibility for costs as between the Commission and the public assistance agency shall be based on the following general principle:

Public assistance will provide funds for basic essentials of living to persons who qualify under State public assistance standards as defined by the Department of Institutions and Agencies, and

The Rehabilitation Commission will provide for all other costs essential to the rehabilitation plan of individuals eligible under State rehabilitation policies.

It is necessary, however, to particularize responsibility in relation to certain specific situations and conditions.

RESPONSIBILITY FOR COSTS (OTHER THAN MEDICAL)

a. Assistance Recipient Continues to Live in Customary Shelter Arrangement

When an assistance recipient (client) continues to live in his customary shelter arrangement (i.e., own or rented home, with relatives, boarding or nursing home) while receiving rehabilitation services from the Commission, responsibility for costs shall be as follows:

- 1) The public assistance agency shall provide for all items of maintenance (basic requirements) for which the client is eligible by assistance standards, and any authorized special circumstance requirements not directly resulting from the costs of rehabilitation services.

2) When a client must leave his home to go to treatment or training facilities, medical or vocational examinations, counseling interviews, etc., the Commission shall be responsible for any transportation costs and any other special requirements that arise because of the nature of the rehabilitation program for the particular client (e.g., restaurant meals while attending school or training center).

b. Client Placed in Institutional Facility by Commission

When, as part of the rehabilitation program, the Commission arranges for the client to be an in-patient or resident trainee in a medical or special rehabilitation facility for treatment and/or training,

1) The Commission shall be responsible for all costs of client's board, care, medical services and training, and any necessary transportation costs to the facility upon admission and from the facility upon discharge;

2) The public assistance agency shall provide for personal incidentals, clothing, insurance premiums and any other authorized special circumstance requirements for which the client is eligible under agency regulations while living away from his customary home for a temporary period.

Exception: Recipients of Old Age and Disability Assistance are ineligible to receive any assistance payments while receiving care in non-public general hospitals.

c. Mutual Determination of Responsibility Necessary

In respect to the situations described in a and b, above, the individual responsibilities of the two agencies concerned must be mutually determined in each case because of the variety of arrangements which will occur. Clients may have special needs in certain circumstances in which agency responsibility must be specifically determined.

A written statement covering the determination of responsibility for all basic and special needs shall be prepared by each agency and a copy filed with the other agency.

Any changes in the plan of responsibility should be promptly reported to and discussed with the other agency.

RESPONSIBILITY FOR MEDICAL CARE COSTS

a. Diagnosis and Physical Restoration

The Commission shall be responsible for all costs related to medical and vocational evaluation incident to determination of eligibility for vocational rehabilitation; and all indicated physical restorative measures including medical treatment, prosthetics, appliance, etc., in accordance with regulations of the Commission.

b. Temporary and Acute Illness or Condition

When subsequent to acceptance for rehabilitation services a client becomes ill or develops a condition requiring medical care in addition to the services necessary to the rehabilitation program, the Commission shall evaluate the effect of the illness on client's rehabilitation program. If the Commission decides that the illness or condition is transitory and that the program may be continued, then responsibility for the additional medical care shall be assumed as follows:

- 1) When the public assistance agency is making allowances for maintenance needs, then the costs of the temporary illness or condition shall be met by the assistance agency within the limitations of agency regulations;
- 2) When the Commission is meeting maintenance needs in a medical or rehabilitative facility, then the Commission shall be also responsible for the additional medical care costs for a period not exceeding 30 days.

If the client requires such additional care beyond 30 days the Commission shall reevaluate the situation and decide whether

- a) The client should continue in active status on the rehabilitation program, or
- b) The program should be temporarily suspended and the public assistance agency requested to assume total responsibility during convalescence of the client, or
- c) The rehabilitation services should be terminated and the case closed.

c. Mutual Determination of Responsibility Necessary

As in respect to maintenance costs, the two agencies should confer as frequently as necessary and commit to writing the plan of respective responsibility for medical care costs both initially and when need for additional costs arise.

B. REFERRAL PROCEDURES

1. Public Assistance Referrals to Commission

a. Interpretation to Client

Whenever it appears to a public assistance agency that a client may be eligible for rehabilitation services and that referral should be made, the plan shall be discussed with the client prior to referral. He shall be informed in general terms of the opportunities offered through the Commission.

The public assistance agency has a responsibility to help the client understand and react positively to referral, and to assist him as necessary in follow-up arrangements. Careful preparation of the client is of major importance in relation to his motivation to do something constructive about his problem. It is particularly important when the client is seriously disabled or has become discouraged after a long period of incapacitation.

The client shall be given the Commission's information pamphlet(s) as part of his preparation for the referral. Assistance agencies shall obtain a stock supply of these pamphlets from the Commission.

b. Method of Referral (Form PA-10)

All referrals of public assistance clients to the Commission shall be made by use of Form PA-10, Referral for Rehabilitation Services. [See sample attached. Available on order from the Bureau of State Use.]

c. Where to Refer

Form PA-10 shall be sent to the District Office of the Commission serving the area in which the client lives. [See Directory attached.]

d. Source of Referrals to Commission by Program

In general, the public assistance agency currently providing assistance will be responsible for referrals to the Commission. It is necessary, however, to specifically allocate responsibility to cover situations where the client is known concurrently to more than one public assistance agency. The following procedures shall be observed:

1) General Assistance

The municipal welfare departments will be responsible for referral of disabled GA clients to the Commission for consideration of eligibility for rehabilitation services unless

the client has been or is being referred to the county welfare board to apply for Disability Assistance, or

the client has already been referred to the Commission by the State Board of Child Welfare.

2) Programs of State Board of Child Welfare

a) Disabled Fathers in Home Life Assistance

The State Board of Child Welfare will be responsible for referral of disabled fathers to the Commission unless the father is being referred to the county welfare board to apply for Disability Assistance.

b) Children on Reaching Age 18

The State Board of Child Welfare will refer disabled children under Home Life, Care or Guardianship programs to the Commission unless a child is being referred to the county welfare board to apply for Disability Assistance.

Referral to the Commission shall be made regardless of whether the child has been known to the Crippled Children's Commission, which may have made an earlier referral, in order that the Rehabilitation Commission will have current information regarding the status of the case with public assistance agencies and access to existing records.

3) Disability Assistance

a) The county welfare board shall be responsible for referral of applicants for or recipients of Disability Assistance regardless of whether DA is granted, denied or the application withdrawn.

b) In any case in which an applicant being referred to the Commission is one who had been referred to DA by another public assistance agency, the county welfare board shall transmit a copy of Form PA-10 to such agency as notice of the referral to the Commission.

c) Explanation of County Board Procedure: In DA applications the county welfare board must (in addition to establishing need, residence, etc.) submit to the Bureau of Assistance specific medical and social information for determination that the applicant is permanently and totally disabled. A Medical Review Team makes this determination, makes recommendations regarding medical care, social problems, and for referrals to the Rehabilitation Commission and other community resources.

The findings and recommendations of the Medical Review Team must be received by the county welfare board before official action is taken to grant or deny DA [except for situation described in e, below.]

d) Cases Reviewed by Medical Review Teams

In making referrals to the Commission the county welfare board shall indicate on Form PA-10 under MAJOR DISABILITY whether the case has been "approved" or "disapproved" by the Medical Review Team.

e) Cases Not Reviewed by Medical Review Teams

There will be some persons applying for DA whom the county welfare board wishes to refer for consideration for rehabilitation services whose applications have not been submitted to the State Medical Review Team. Such referrals will be limited to applications which are withdrawn, or in which it has been determined that the client is ineligible for reasons other than the disability factor (e.g., lack of residence, not in economic need, etc.) prior to submission of the record to the State Bureau.

In any such case the county welfare board shall note on the reverse of Form PA-10 that the disability factor has not been evaluated by the State Review Team, and the reason for the withdrawal or denial of the application.

4) Old Age Assistance

The county welfare boards will refer to the Commission certain OAA clients who appear to have potentiality for rehabilitation, or who have previously been known to the Commission and need further service, or who it is believed should be reconsidered for service.

2. Acknowledgement of Referrals by Commission; Application

Upon receipt of Form PA-10 the Commission will complete the Acknowledgement section, detach and return to the referring agency.

The District Supervisor shall have the referral recorded, and an application will be secured from the referred person by mail or home visit. Failure of the client to return a mailed application within the time specified will necessitate a home visit by the Counselor.

3. Commission Referrals to Public Assistance

There will be instances in which disabled persons will apply to the Commission direct, or be referred by agencies or institutions other than public assistance agencies, and appear to be in need of public assistance.

a. Method of Referral (Form PA-11)

Referrals by the Commission to public assistance agencies shall be made by use of Form PA-11, Inter-Agency Referral. [See sample attached. Available on order from the Bureau of State Use, Department of Institutions and Agencies.]

b. Concurrent Referrals to Two Agencies

In such instances, if the person appears to be in need of funds for maintenance for himself and/or his dependents and appears to be eligible for a form of categorical assistance, there shall be concurrent referral for General Assistance and the appropriate categorical assistance program. The person shall be instructed how to apply to both agencies and be given the information pamphlets relating to General Assistance and the appropriate categorical assistance program.

c. Referral for General Assistance

If the person appears to be in need of funds for maintenance for himself and/or dependents, and there does not appear to be any possibility whatever of eligibility for any form of categorical assistance, he shall be instructed how to apply to a municipal welfare department for General Assistance and be given the pamphlet "Information About General Assistance."

4. Acknowledgement of Referrals by Public Assistance

Upon receipt of Form PA-11 from the Commission, the public assistance agency shall note whether the client plans to come to the office or whether a plan should be made to visit him at home.

If the client does not communicate with the agency by the indicated date, the tear sheet portion of Form PA-11 shall be completed as appropriate and returned to the District Office of the Commission which sent the referral.

If the client is to be seen at home, the tear sheet shall not be completed until after the interview.

If there is insufficient space to record the necessary explanation of status of application the reverse of tear sheet may be used.

C. FOLLOW-UP AND EXCHANGE OF INFORMATION

Introductory Statement

When an individual is a client of two or more agencies, the staff members who work with him must work together. Unless they know each other's plans, their individual efforts may be wasted or they may even work at cross purposes. There must be free sharing of information and joint planning to spare the client unnecessary repetition, to reduce duplication of agency work, and to prevent unnecessary expenditures of agency funds and time in securing data already available in agency records. There must be prompt and consistent follow-up by the agencies throughout the rehabilitation period to foster and maintain the client's confidence in the program and in himself, and to prevent further aggravation of his disabilities.

1. Agency Relationships following Referral to Commission

a. General Explanation

Following registration and acknowledgement of a referral from a public assistance agency on PA-10, and assignment to a Rehabilitation Counselor, the Commission's primary working relationship will be with the agency which is currently providing assistance to the client. The Counselor will, of course, wish to consult any agency which has known the client and has information which will be pertinent to the application for rehabilitation services.

However, there will be frequent instances in which the client is receiving assistance from one agency while his application is pending determination of eligibility for another assistance program. For example:

A recipient of General Assistance has been referred to the county welfare board for Disability Assistance, which in turn refers the client to the Commission subsequent to evaluation by the State Medical Review Team, but prior to granting Disability Assistance because other aspects of eligibility have not been fully determined.

In this situation the Counselor will need to work with and secure information from both the municipal welfare department and the county welfare board because it may be assumed that the client will shortly receive Disability Assistance.

On the other hand, if an applicant for Disability Assistance has been determined to be ineligible, but is nevertheless referred by the county welfare board for consideration of eligibility for rehabilitation services, the referral Form PA-10 will indicate any other agency from which the client is receiving assistance, or to which he has been referred to apply for assistance. In such instance the Counselor will initially need to confer with the county welfare board which will have current medical and social information. However the continuing relationship for planning, for correlating assistance and services will be with the assisting agency (i.e. municipal welfare department or State Board of Child Welfare).

b. Counselor-Agency Consultation

1) Initial

Following assignment, the Counselor will promptly telephone or write to the appropriate public assistance agency or agencies, and will, insofar as practical, arrange for consultation with the caseworker prior to his initial interview with the client. In all cases the Counselor shall ascertain whether the medical information on file with the public assistance agency(s) is adequate for the purpose of determining the client's eligibility for rehabilitation services prior to requiring reexaminations.

Consultation with the agency Caseworker will cover

- a) The client's social situation,
- b) His attitude toward his disability and the referral for rehabilitation services,
- c) Review of pertinent medical and social information in the case record and request for copies of selected reports,
- d) Interpretation by Counselor and Caseworker to each other of policy and procedure, and
- e) Clear understanding of the responsibility each is to carry if the client is accepted for rehabilitation.

The Counselor and Caseworker will wish to consider whether a joint interview with the client in the office or home is indicated or advisable either initially or at a later date. A three way interview may give the discouraged or timid client the support he needs to take a constructive step from dependency on assistance toward rehabilitation. It provides an opportunity to clarify for the client the functions of the two agencies in helping him and what his responsibility will be in relation to each.

2) Follow-Up

The Counselor and Caseworker will consult each other freely and as frequently as necessary throughout the period of joint service to the client to assure that the most effective methods are being used, for continuous mutual evaluation of the client's progress and for consideration of change of plan when indicated.

c. Notification and Reports

There shall be free access to the information on file with the Commission and the assistance agencies upon the request of either. The minimum requirements for formal notification and reporting are as follows:

1) Commission to Public Assistance

The Commission shall notify the appropriate assistance agency(s) of:

- a) Receipt of referral (by returning tear sheet on Form PA-10)
- b) Decision regarding acceptance or rejection of the client for services, change of case status and progress reports on active cases as follows:

Accepted Cases

In accepted cases the notification shall include:

- (1) The beginning date of responsibility for services,
- (2) The specific items of maintenance, medical and other service costs for which the Commission accepts responsibility,
- (3) A brief statement of the plan for treatment and/or training for the client; and the approximate length of time necessary to complete the plan.

Rejected Cases

In rejected cases the notification shall

- (1) Explain the basis for rejection,
- (2) Recommend other available sources of service which might be used to help the client with his problem, and
- (3) Include any medical findings or recommendations pertinent to the client's continuing medical (including psychiatric) care.

Notification on rejected cases shall be sent to the agency currently providing assistance, and to any agency with which there is a pending application for assistance, and to the agency which initiated the referral if not referred by either of the aforementioned.

Case Closings

Any change in case status including:

- (1) Cases closed without completion of program, and summary statement of the reasons therefor,
- (2) Cases closed at completion of program and evaluation of the client's adjustment, and specific data on job placement, etc.

Open (Active) Cases

In open (currently active) cases the Commission shall forward to the agency providing assistance, two copies of a progress report, at not less than six month intervals, covering

- (1) How the rehabilitation program is progressing,
- (2) Any program modifications which have been necessary,
- (3) An estimate of approximate date of completion of program,
- (4) Request for consultation with agency personnel for joint evaluation and further planning as indicated.

c) In respect to Disability Assistance cases there may be occasions where the welfare board will need to secure a special progress report to submit to the State Medical Review Team at the time the record is submitted for reevaluation of eligibility for Disability Assistance. The Team requires current information (i.e., within three months). If the last written six month's progress report from the Commission is dated more than three months prior to the "review date" set by the Team, the county Caseworker should confer with the Counselor by telephone to ascertain whether there has been any significant progress or change in the situation.

Where there has been significant change, a new report will be requested from the Commission. Otherwise, the county Caseworker will send a copy of the last six month's progress report with notation of current contact with the Counselor, to the Medical Review Team.

2) Assistance Agency to Commission

Throughout the period that the two agencies are jointly working with the client the assistance agency shall keep the Commission informed by written notice of

- a) Receipt of referral from Commission (by returning tear sheet on Form PA-11),
- b) Decision on eligibility for public assistance when determination is made subsequent to return of tear sheet on Form PA-11, changes in case status, and reports on active cases as follows:

Approved Applications (Assistance Granted)

In approved applications the notification shall include

- (1) The date assistance payments started or will begin,
- (2) The specific items of maintenance, personal needs and special circumstance requirements which are authorized in the budget.

Rejected Applications

In rejected (denied) applications the notification shall include

- (1) The specific reason(s) for the client's ineligibility for public assistance,
- (2) Whether client has been referred to another public or private agency.

Changes in Case Status

Any change in the status of an active case including

- (1) Suspension of payments and reasons therefor,
- (2) Closing of case and reasons therefor, and referral to another public or private agency, if any.

Open (Active) Cases

Shall keep the Commission informed of

- (1) Any change in policy, procedure or allowances which affect the case,
- (2) Any significant change in client's social situation which affects the rehabilitation plan,
- (3) Additional medical care needs of the client being met by assistance agency, if any.

D. STATE LIAISON REPRESENTATIVES

The State offices of the Rehabilitation Commission, the State Board of Child Welfare and the Bureau of Assistance, have appointed liaison representatives who will have responsibility for continuing review and evaluation of the effectiveness of the joint policy and procedure, for recommending changes to State agency executives, and for working out problems referred by local agencies.

In the event that there is disagreement between a District Office of the Commission and a public assistance agency regarding policy, procedure, or a case decision, the problem shall be referred to the respective State offices.

Likewise, when a local agency finds need for clarification of policy or procedure, or through experience observes that a prescribed procedure is not practical or effective, or can suggest an improved way of working together, the matter shall be reported to the respective State office for consideration by the liaison representatives.

E. PROGRAM FOR JOINT ORIENTATION AND STAFF TRAINING

Purpose

Activities shall be specifically planned to bring together at both the State and local level, the staffs of the Rehabilitation Commission and of the several public assistance agencies for the purpose of increasing the understanding of the functions, goals and methods of the agencies in working together effectively to achieve the rehabilitation of disabled needy persons.

Content

The focus of such activities shall be on the basic philosophy and concept of using the services of public agencies to protect, conserve and develop human resources by recognizing the potential capacity of all individuals however handicapped.

Specific help should be given on effective methods of joint planning by staff and of working with handicapped persons. It is recommended that medical and medical-social work personnel be called on to provide staff with some insight into the effect of disease and disability on personality, the attitudes and reactions which may be considered normal in these persons, and how to help such a client focus on his residual strengths rather than on his incapacities.

Opportunity should be provided for staff to learn about the services available in related fields; such as, employment counselling, homemaker service, public health services, psychology, and the various State affiliates of national health groups, etc.

Except in its initial sessions the time devoted to joint staff training should not be used to instruct staff on specifics of the inter-agency procedures already provided in written form. Responsibility for instruction in this area should rest with the individual agencies. Questions and problems arising in local agencies should be referred to the respective State agencies, which, when necessary or advisable, will refer them to the appointed liaison representatives for discussion and recommended action.

Responsibility for Planning

Responsibility for planning joint orientation and training activities shall be delegated to the Assistant Director of the Rehabilitation Commission and the Training Supervisors of the State Board of Child Welfare and the Bureau of Assistance, subject to the approval of the respective agency executives.

AGREEMENT OF COOPERATION

6/56

between

The New Jersey Rehabilitation Commission
and

The Division of Welfare, Department of Institutions and Agencies

PURPOSE

It shall be the joint and common purpose of the two agencies to work together to improve and coordinate the services within the function of each agency to the end that all needy, disabled and handicapped residents of the State shall be afforded the opportunity to reach the highest possible level of self-dependence through the cure, correction or amelioration of their disabling conditions.

In order to achieve this common purpose the New Jersey Rehabilitation Commission and the Division of Welfare agree to:

1. Clearly identify the specific responsibilities of each agency in respect to providing to eligible persons maintenance costs, medical care and related services, so that there is at all times a mutual understanding in planning for the utilization of services for individual clients, and in order that there shall be no duplication of the assistance, goods or services to be provided.
2. Mutually recognize and give full consideration to the standards established by each agency for the determination of economic need of clients, and each agency to make copies of such standards available to the other.
3. Jointly develop procedures for inter-agency referral and follow-up of clients applying for assistance or services.
4. Provide for the initial and continuing exchange of information pertinent to the planning for and progress of an individual client, through written reports, exchange of case record material, and joint case conferences between agency staffs.
5. Develop and carry out plans for joint staff training to equip staff with knowledge and increased understanding of the functions, policy and procedures of the two agencies in achieving the common goal of rehabilitation of disabled, needy persons.
6. Protect the rights of the individual client and the mutual interests of the respective agencies by adherence to the principle of confidentiality of information by:
 - a. Securing the written consent of the client prior to the release of any information for publication, and
 - b. Review and approval by both agencies of any publicity releases involving identification of clients known to both agencies, or the functions and operations of the other agency in relation to identified clients, prior to release for publication.
7. Advise and confer with each other when contemplated or accomplished changes in the policy, procedure or laws governing the respective programs have direct or indirect bearing on the provision of assistance or services to disabled needy persons, or on the eligibility of persons for the services of either agency.

8. The designation by each agency of one or more State staff member(s) who shall be responsible for maintaining a close working relationship between the two agencies; who shall have responsibility for the continuing review and evaluation of the effectiveness of the operation of this cooperative agreement.

AGENCY FUNCTIONS - GENERAL UNDERSTANDING

Rehabilitation Commission

By law the Rehabilitation Commission is responsible for providing vocational rehabilitation services to any physically handicapped individual, excepting blind persons under care of the State Commission for the Blind, and deaf persons under care of the State School for the Deaf, and persons who in the judgment of the Commission are not feasible of rehabilitation. The law defines a "physically handicapped individual" as

"...any individual who is under a physical or mental disability which constitutes a substantial handicap to employment, but which is of such a nature that vocational rehabilitation services may reasonably be expected to render him fit to engage in a remunerative occupation;" and the law further defines "remunerative occupation" as including

"...employment in the competitive labor market; practice of a profession; self-employment; homemaking; farm or family work (including work for which payment is in kind rather than cash); sheltered employment; and home industries or other homebound work of a remunerative nature."

The law authorizes the Commission "To cooperate with and utilize the services of the State agency or agencies administering the State's Public Assistance program... and other public and private agencies providing services related to vocational rehabilitation."

The Commission is responsible for determination of the eligibility of persons for vocational rehabilitation, and of the nature and scope of the rehabilitation services to be provided; and such responsibility will not be delegated to any other agency or individual not of the Commission's staff.

Division of Welfare

The Division of Welfare has been designated as the Departmental unit charged with the administrative supervision of the several public welfare programs, which are: Old Age Assistance, Disability Assistance, General Assistance, Aid to the Needy Blind, Home Life Assistance and other assistance and Child Welfare Services.

The Division of Welfare is responsible for seeing that the State, county and municipal units which administer the several programs provide assistance and service with respect to related problems, to all eligible persons on an equitable basis. Implicit in these responsibilities is a duty to assist persons to obtain services not within the scope of the public welfare agency programs, from other resources and facilities available in the community.

The Division of Welfare, through its administering units, is responsible for the determination of the eligibility of persons for public assistance and the related services provided by public assistance; and such responsibility will not be delegated to any other agency or individual not of the staffs of the Division of Welfare or its administering units.

CLIENTS RIGHT OF APPEAL AND HEARING

Rehabilitation Commission

By law any individual applying for or receiving vocational rehabilitation services who is aggrieved by any action or inaction of the Commission is entitled to a hearing by the Commission in accord with regulations established by the Commission.

Division of Welfare

The laws governing Old Age Assistance, Disability Assistance, Aid to the Blind, and Home Life Assistance provide that any applicant for or recipient of assistance who is dissatisfied with the decision made by or the inaction of the administering agency has the right of appeal and fair hearing. The State Board of Control has established specific regulations to carry out the Department's responsibility in this area.

In General Assistance, State regulations charge the local assistance boards with responsibility for review and action on written complaints submitted to them by dissatisfied applicants and recipients.

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It is further agreed that New Jersey Rehabilitation Commission and the Division of Welfare, Department of Institutions and Agencies, shall take immediate steps to designate appropriate staff to jointly develop the necessary supplementary instructions covering the operational details of policy and procedure, and that such instructions when mutually agreed upon and approved shall be filed as part of this agreement.

It is further agreed by the New Jersey Rehabilitation Commission and the Division of Welfare, Department of Institutions and Agencies, that this cooperative agreement and any jointly developed or mutually agreed upon written instructions on specific policy and procedure, are subject to joint review for revision or amendment upon the request of either agency.

Date: 6/1/56

s/ Lawrence O. Houstoun, Jr.

Lawrence O. Houstoun, Jr.
Director, Rehabilitation Commission
New Jersey Department of Labor and Industry

Date: 6/5/56

s/ Elmer V. Andrews

Elmer V. Andrews
Director, Division of Welfare
N.J. Department of Institutions and Agencies

DIRECTORY
NEW JERSEY REHABILITATION COMMISSION

Rev. 4/58

Department of Labor and Industry

CENTRAL OFFICE

38-40 S. Clinton Ave., Trenton
P. O. Address - Box 845, Trenton
Telephone: Export 2-2131

TRENTON DISTRICT OFFICE

38 South Clinton Ave., Trenton 25

Telephone: Export 2-2131
Extensions 8117, 8118

Supervisor - W. F. Hankinson

Serves the following counties:

Burlington	Monmouth
Hunterdon	Ocean
Mercer	Somerset
Middlesex	Union

CAMDEN DISTRICT OFFICE

413 Broadway, Camden

Telephone: Woodlawn 6-2893

Supervisor - James Peters

Serves the following counties:

Atlantic	Cumberland
Camden	Gloucester
Cape May	Salem

NEWARK DISTRICT OFFICE

309 Washington St., 4th floor, Newark

Telephone: Market 3-4235-6-7-8

Supervisor - Miss E. Marguerite Smythe

Serves only Essex County

PATERSON DISTRICT OFFICE

35 Church St., Paterson

Telephone: Armory 1-3050

Supervisor - Jack M. Susselman

Serves the following counties:

Morris	Sussex
Passaic	Warren

HACKENSACK DISTRICT OFFICE

10 Banta Place, Hackensack

Telephone: Diamond 2-0803-4

Supervisor - Perry A. Sawyer

Serves the following counties:

Bergen	Hudson
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REFERRAL FOR REHABILITATION SERVICES

(INSTRUCTIONS: PREPARE IN DUPLICATE; SEND ONE COPY TO APPROPRIATE DISTRICT OFFICE OF REHABILITATION COMMISSION; RETAIN SECOND COPY FOR CASE RECORD. IF ANOTHER PUBLIC ASSISTANCE AGENCY IS TO BE INFORMED OF THE REFERRAL, PREPARE REFERRAL FORM IN TRIPLICATE AND SEND THE THIRD COPY TO SUCH AGENCY.)

TO:.....District Office, New Jersey Rehabilitation Commission.
FROM:.....
(Name of Agency) (Address) (Telephone)
CLIENT:..... CASE NO.
(Last Name) (First) (Middle)
ADDRESS:..... BIRTHDATE:.....
(Month) (Day) (Year)
MAJOR DISABILITY:.....

(INSTRUCTIONS: ITEMS 1, 2, AND 3, BELOW, RELATE TO THE STATUS OF THE CASE IN THE AGENCY MAKING THE REFERRAL TO THE REHABILITATION COMMISSION. CHECK AND COMPLETE APPLICABLE ITEM.)

PUBLIC ASSISTANCE STATUS:

- 1. Is receiving from this agency.
(Program)
- 2. Application for..... is pending in this agency.
(Program)
- 3. Application for..... has been denied by this agency.
(Program)

(INSTRUCTIONS: ITEMS 4, 5 AND 6 WILL PROVIDE INFORMATION KNOWN BY THE REFERRING AGENCY ABOUT THE CLIENT IN RELATION TO OTHER PUBLIC ASSISTANCE PROGRAMS. CHECK AND COMPLETE ANY APPLICABLE ITEM.)

- 4. Client is currently receiving.....
(Public Assistance Program)
- 5. Client has been referred toto apply for assistance.
(Agency)
- 6. Client is known to.....but is not receiving assistance.
(Agency)

The above client has been advised of this referral for Rehabilitation services, and the information known to this agency is available to the Rehabilitation Counselor upon request.

Date:.....
(Name and Title of Agency Representative)

TEARLINE

ACKNOWLEDGMENT

TO:.....
FROM:.....District Office, New Jersey Rehabilitation Commission
RE:..... Your Case No.....
(Client's Name)

This will acknowledge receipt of your referral for the above client. Assignment is being made to a Rehabilitation Counselor who will consult your agency at an early date.

Date:.....
(Name and Title of Agency Representative)

Date:

INTER - AGENCY REFERRAL

TO:..... Case No.....(If assigned)

FROM:.....

Mr. ; Mrs. ; Miss

now residing at

has applied to this agency for:

financial assistance

advice or service (specify).....

is receiving:

financial assistance in the amount of \$..... for
(period covered)

service, other than financial assistance, from this agency (specify).....

The referred person is interested in the program(s) of your agency and informs us

he plans to call at your office, in person, on or before.....(date)

he is unable to call, in person, at your office.

Reply requested: No ; Yes .

Information known to this agency will be made available to you upon request.

Remarks:.....

Name and Title of Agency Representative:.....

(Referring agency completes form above this line.)

TEAR LINE

(REPLYING AGENCY COMPLETES FORM BELOW THIS LINE. IF APPLICATION HAS BEEN FILED BUT DISPOSITION IS NOT KNOWN, REPLY RE PRESENT STATUS AND REPORT FINAL DISPOSITION LATER.)

TO:.....Date:.....Your Case No.....(If assigned)

FROM:.....Case No.:.....(If assigned)

Re: Mr. ; Mrs. ; Miss

Application:

Client did not contact agency.

No application filed. Give reason under "Remarks" below.

Application filed.....(date). Specify type of public assistance or service requested under "Remarks", below.

Present status:

Application filed on date shown above. Final decision pending.

Eligible as of(date)

Ineligible as of(date). Give reason under "Remarks", below.

Remarks:.....

Date:.....

(Name and Title of Agency Representative)

TITLE: OTHER AGENCIES

SUBJECT: Eligibility of Persons Released from State Mental Hospitals, State Schools for the Mentally Deficient, and the Neuro-Psychiatric Institute

A. INTRODUCTION

This regulation is issued to clarify the eligibility for General Assistance of persons released from certain State institutions, and to provide standard procedures for working relationships between municipal welfare departments and the social service departments of the institutions. Similar instructions are being concurrently issued to the county welfare boards and to institutional personnel.

B. TERMS OF RELEASE DEFINED

Following are the official terms used to classify the status of persons leaving the State institutions:

1. Official Discharge is the term used only for a patient who is fully and legally discharged from an order of commitment, or from any other type of legal instrument which resulted in his confinement. Official discharge means the person resumes his full status as a free agent, subject to no restraint, control or supervision by the institution whatsoever, except any available out-patient services which he voluntarily chooses to utilize.
2. Release without Discharge refers to a variety of arrangements under which committed patients may be released for limited or indefinite periods or for special purposes, and permitted to reside outside the physical confines of the institution. Such arrangements vary as to purpose, legal basis, characteristics and degree of continuing control and supervision on the part of the institution. The principle classes of such release arrangements are officially referred to and defined as follows:

Extended Visit - for patients released from State Schools for Mentally Deficient and placed with relatives or in an employment situation;

Convalescent Leave - for patients released from State Mental Hospitals and the Neuro-Psychiatric Institute, and placed with relatives or in an employment situation;

Family Care - which is the program for placement of patients in approved boarding homes, the cost being financed by the institution when the patient or his relatives cannot pay all or part of the cost.

What distinguishes all of these arrangements from official discharge is the fact that the individual still retains a legal relationship as a patient under the jurisdiction of the institution.

It should be noted that the laws governing the institutions make special provision for funds to be allocated for use by the institutions to maintain patients placed on Family Care. There are no funds available to the institutions to maintain patients permitted to leave the institutions on Extended Visit or Convalescent Leave.

C. EFFECT OF INSTITUTIONALIZATION ON ELIGIBILITY FOR PUBLIC ASSISTANCE

1. Voluntary Admission

Eligibility for public assistance is not affected by periods of care in a mental institution for an individual who had been admitted as a voluntary patient. The individual must, however, be again living outside the institution and free of institutional restraint, control and supervision prior to receipt of assistance.

2. Involuntary Commitment - Officially Discharged

An individual who was involuntarily committed by the court and who has been officially discharged from a mental institution resumes his former status in the community and is fully entitled to apply for and receive public assistance if otherwise eligible.

3. Family Care

An individual who is on an institutional Family Care program is not eligible for any form of public assistance. This applies to both voluntary and committed patients.

4. Convalescent Leave and Extended Visit

a. Voluntary Patient

A voluntary patient who is on Convalescent Leave with relatives who are not able to provide support, is eligible to receive any form of public assistance for which he is otherwise eligible.

b. Committed Patient

A committed patient who is on Convalescent Leave or Extended Visit and who lacks support is eligible to receive General Assistance.

D. EFFECT OF INSTITUTIONALIZATION ON LEGAL SETTLEMENT

According to law the time spent by an individual in a mental institution cannot be counted in determining the period required to acquire State or municipal settlement. (See M.A. O.003, section C.) However, an individual who is released from a mental institution has the same settlement status which he had when he entered the institution.

Municipal financial responsibility for such released individuals who apply for and are found to be in need of General Assistance, shall be determined in the same manner as in any other application.

E. REFERRAL PROCEDURES

1. Place of Referral

The institution will prepare Form PA-12, Referral by State Mental Institution to Public Assistance Agency and send to a municipal welfare director as follows:

- a. If the patient is under care in the institution and is to be discharged or released to return to his home or the home of relatives, or is already in such home, then referral will be made to the director of the municipality where the home is.

b. If the patient is currently under the institutional Family Care program, but is to be discharged or released from that program to return to his home or the home of relatives, then referral will be made to the director of the municipality where the patient is to live.

c. If the patient is to be discharged or released from Family Care, has no other home and wishes to remain in the Family Care boarding home, then referral will be made to the director of the municipality where such Family Care boarding home is located.

d. If the patient is either under care in the institution proper or in Family Care and plans must be made to locate a suitable home for him, then referral will be made to the municipality where patient was living at the time he entered the institution, and the responsibility for establishing a suitable living arrangement will rest with the municipal welfare department.

2. Application Interview

Upon receipt of Referral Form PA-12*, the municipal welfare director, or caseworker, will arrange with the institution social service staff for a joint interview with the referred individual and the family member who is the head of the household (if patient is to return to relatives) at a mutually convenient place.

3. Notice of Eligibility

The institution shall be advised in writing whether or not the individual is eligible to receive General Assistance, and, if eligible, the date on which assistance will be available.

4. Responsibility for Transportation

Any necessary transportation of individuals from the institution to a community living arrangement shall be provided by the institution.

5. Continuing Service to Recipient of General Assistance

The social service staff of the institution may continue to visit and consult with client as arranged between him and the social worker. If a question of his mental condition or adjustment shall come to the attention of either the institution worker or the General Assistance worker there shall be consultation and joint planning for appropriate action.

6. Notice of Change of Status

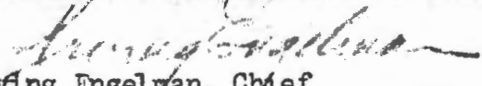
The institution will promptly notify the municipal welfare director of any change in status of an individual receiving General Assistance while on Convalescent Leave or Extended Visit (i.e., return to institution, transfer to Family Care, or official discharge).

The municipal welfare director shall promptly notify the institution in the event that a client becomes ineligible for General Assistance and the reason therefor.

F. STATE PARTICIPATION

Assistance payments to individuals discharged or released from State mental institutions in accordance with the provisions of this regulation, are eligible for reimbursement under State Aid.

DEPARTMENT OF INSTITUTIONS AND AGENCIES


Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved
Elmer V. Andrews, Director
Division of Welfare

Official Regulation 4.900

Known resources:	Amount	Period	Source
Income: Pension	\$ _____ per	_____	_____
Annuity	\$ _____ per	_____	_____
OASDI	\$ _____ per	_____	XXXX
Relative	\$ _____ per	_____	_____
Other	\$ _____ per	_____	_____

Assets: Property (Location and type): _____

Insurance: _____

Personal account: _____

Other: _____

Attached are completed copies (two each) of Forms ODA-2D, Examining Physicians Report, and ODA-2E, Report of Finding by Psychiatric Diagnostic Group.

Please telephone _____ and ask for _____
(Telephone no. & extension) (Caseworker's name)
to arrange appointment.

Remarks:

Signed _____
Superintendent or Medical Director

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance

6/59
4.900A

TITLE: OTHER AGENCIES

SUBJECT: Eligibility of Persons Released from Veterans Facilities
for General Assistance

A. INTRODUCTION

The Veterans Administration maintains two institutions in New Jersey.

The Veterans Administration Hospital, East Orange, Essex County, provides care and treatment comparable to that in a general hospital, and serves veterans with service connected disabilities and those with non-service connected disabilities who are eligible for admission under certain conditions.

The Veterans Administration Hospital, Lyons, located in Bernards Township, Somerset County, is a mental hospital to which veterans with mental disabilities may be admitted voluntarily or committed through the New Jersey Courts in the same manner as commitments to State mental hospitals.

B. ELIGIBILITY FOR ASSISTANCE

1. Veterans Administration Hospital, East Orange

Individuals who are discharged from this facility are eligible to apply for and receive any form of public assistance for which they qualify under the law.

2. Veterans Administration Hospital, Lyons

a. Terms of Release Defined

1) Official Discharge from this facility means exactly the same as official discharge from a State mental institution. [Refer to 4.900, Section C.]

2) Release without discharge refers to two arrangements under which voluntary or committed patients are permitted to live outside the institution as follows:

Trial Visit - for voluntary or committed patients released to live in their own home or with relatives.

Family Care - for voluntary or committed patients for whom arrangements are made for care in a supervised boarding home with unrelated persons. However, unlike the "Family Care" program operated by the State institutions, the Veterans Administration has no funds to pay for the patient's care in such a boarding arrangement.

b. Effect of Release Status on Eligibility

1) Voluntary Admission

A patient who was voluntarily admitted to Lyons is eligible to receive any form of public assistance for which he is otherwise eligible, provided he is living outside the institution and is free of institutional restraint, control or supervision prior to receipt of assistance. This refers to patients returned to their own or relative's homes and to those placed in "Family Care."

2) Court Commitment

A person who was involuntarily committed by a court and who has been officially discharged from Lyons is fully entitled to apply for and receive assistance in the same manner as any other needy person in the community.

A patient who was involuntarily committed and who is released on Trial Visit or placed in Family Care is eligible to receive General Assistance if he is in need.

C. EFFECT OF INSTITUTIONALIZATION ON LEGAL SETTLEMENT

The period of time spent in a Veterans facility (East Orange or Lyons) cannot be counted in determining the period of time required to acquire State or municipal settlement. [See M.A. O.003, Section C.]. However, a person who is released from such a facility has the same settlement status which he had when he entered the facility.

Municipal financial responsibility for such released persons who apply for and are found to be in need of General Assistance, shall be determined in the same manner as in any other application.

D. REFERRAL PROCEDURES

1. Place of Referral

The Hospitals at East Orange and Lyons will make referrals to municipal welfare directors on the basis of the following:

- a. If the patient has a home to return to, or relatives who will accept him in their home, but he will require assistance in that home, then referral will be made to the municipal welfare director of the municipality where such home is located.
- b. If a living arrangement other than in a family home must be developed with the cooperation of the municipal welfare department, then referral will be made to the municipality where he was living at time of admission to the hospital; or, if the patient had no identifiable place of abode when admitted, referral will be made to the municipality from which he was admitted.

2. Method of Referral

The Hospital (East Orange or Lyons) will make referral in writing, with the knowledge and consent of the veteran, to include the following minimum information:

Identifying social data

Place of abode at time of admission and date

Anticipated date of discharge

Description of any known or tentative living arrangement upon release

A brief statement of the patient's physical and/or mental disabilities which are pertinent to the patient's adjustment in a community living arrangement

E. MUNICIPAL WELFARE DEPARTMENT PROCEDURES

1. Application Interview

Upon receipt of a referral letter from East Orange or Lyons Hospital, the municipal welfare director, or a member of his staff, will arrange with the hospital social service staff for a joint interview with the referred veteran at a mutually convenient place. If the veteran is to live with relatives the head of the household should, if at all practical, also participate in the interview.

2. Notice of Eligibility

The institution shall be advised in writing whether or not the veteran is eligible to receive General Assistance, and, if eligible, the date on which assistance will be available.

3. Notice of Change of Status

The municipal welfare director shall promptly notify the hospital in the event that a client becomes ineligible for GA and the reason therefor.

4. Responsibility for Transportation

Any necessary transportation of patients from the Veterans Hospital to a community living arrangement shall be provided by the hospital.

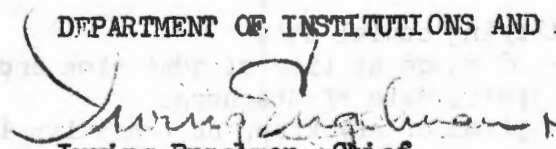
F. CONTINUING SERVICE TO RECIPIENT OF GENERAL ASSISTANCE RELEASED FROM LYONS

The social service staff of Lyons Hospital may continue to visit and consult with client as arranged between him and the social worker. If a question of his mental condition or adjustment shall come to the attention of either the institution worker or the General Assistance worker, there shall be consultation and joint planning for appropriate action.

G. STATE PARTICIPATION

Assistance payments to individuals discharged or released from Veterans Administration Hospitals in accordance with the provisions of this regulation, are eligible for reimbursement under State Aid.

DEPARTMENT OF INSTITUTIONS AND AGENCIES


Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved
Elmer V. Andrews, Director
Division of Welfare

Insert in M.A. Regulations immediately
following 4.900, issued 4/59

DIVISION OF THE STATE LIBRARY, ARCHIVES AND HISTORY
Department of Education

M E M O R A N D U M

TO:

Judge Halpern

FROM:

Herta Prager

DATE:

Dec 22 /67

SUBJECT:

This is the Manual Jurisdictions
and Agencies spoke about