

*File Rules & Regs  
Thompson*

November 10, 1958

Honorable Edward J. Patten  
Secretary of State  
State House  
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing is the following regulation of the  
Bureau of Assistance of the Division of Welfare of this Department:

RULING NO. 1, SUPPLEMENT NO. 1, revised 11/58

Cancel Ruling No. 1, Supplement No. 1 issued 8/53

Very truly yours

DEPARTMENT OF INSTITUTIONS AND AGENCIES

*John W. Trumburg*  
John W. Trumburg, Commissioner

JWT:4

CC - Brendan T. Byrne, Secretary to the Governor ✓  
Mr. Elmer V. Andrews, Director, Division of Welfare  
Mrs. Elizabeth Feehan, Secretary, State Board of Control

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State of New Jersey  
Department of Institutions and Agencies  
Division of Welfare

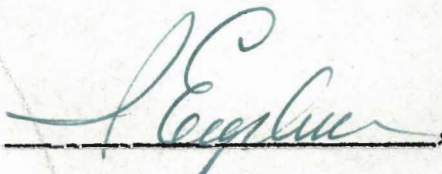
BUREAU OF ASSISTANCE

REGULATION # RULING NO. 1  
Supplement No. 1ISSUED: \_\_\_\_\_  
(Date)REV.: 11/58  
(Date)TITLE: Case Record Forms

SUBJECT: \_\_\_\_\_

STATUTORY REFERENCE: R.S. 44:7-6

Cancel Ruling No. 1, Supplement No. 1 issued 8/53

  
\_\_\_\_\_, Chief  
Bureau of Assistance

Approved:

By: John H. Trumburg



**State of New Jersey**

**DEPARTMENT OF INSTITUTIONS AND AGENCIES**

TRENTON 8

November 25, 1958

BUREAU OF ASSISTANCE  
148 WEST STATE STREET

TO: COUNTY WELFARE BOARDS

RE: Revised Supplement No. 1 to Ruling No. 1  
(New Application Form ODA-1)

Attached is one copy of revised Supplement No. 1 to Ruling No. 1, "Instructions for Application Form ODA-1" and a sample copy of Form ODA-1.

As you know, when the ODG-1 was developed in 1953, it was intended for use in General Assistance as well as in OAA and DA. However, in view of what appeared to be valid objections to a combined form, the Bureau did not issue the ODG-1 for use by municipal welfare departments.

Since a new printing is now necessary, and the fact that we anticipate issuing portions of the Manual of Administration early in 1959 which refer to the application as Form ODA-1, the Bureau has taken this opportunity to revise the form.

We believe the new ODA-1 will meet the major objections to the ODG-1.

Orders currently pending for ODG-1 will be filled by State Use with the new ODA-1 as soon as it is available. Existing supplies of the ODG-1 may be used until depleted.

Very truly yours

DEPARTMENT OF INSTITUTIONS AND AGENCIES

*Irving Engelman*  
Irving Engelman, Chief  
Bureau of Assistance

TE/MCRd

Approved  
Elmer V. Andrews, Director  
Division of Welfare

State of New Jersey  
Department of Institutions and Agencies  
Bureau of Assistance

Rev. 11/58

SUPPLEMENT NO. 1 TO RULING NO. 1

INSTRUCTIONS FOR APPLICATION FORM ODA-1

I. INTRODUCTION

New Form  
ODA-1

The application form ODG-1 currently in use is being replaced by a new form ODA-1, copy attached hereto. The ODA-1 will be available from the Bureau of State Use to fill all future orders. Existing supplies of the ODG-1 may be used by the county welfare boards.

The new ODA-1 is very simple in both content and wording, and should be readily understood by applicants.

Program  
Interpretation

A person shall not execute an application (Form ODA-1) until an official agency representative has interpreted to him the eligibility requirements and services of the program for which he wishes to apply.

Fair  
Hearing

An applicant shall be provided a verbal interpretation of the fair hearing procedure during the initial interview, and his attention shall be specifically directed to the written explanation which appears on the reverse side of Form ODA-1.

A duplicate copy of Form ODA-1, as executed by the applicant, shall be furnished him, except on applications for continued assistance.

Administra-  
tive Control

The form shall always be executed in the presence of an official representative of the agency, whether in or outside the agency office. Form ODA-1 shall not be mailed to anyone in response to an inquiry or request for assistance by letter or telephone, nor shall it be furnished to an applicant, or other person, to take from the office for execution outside the presence of an agency representative. If, during an initial interview, the individual remains undecided about proceeding with an application, he shall be requested to return to the office, or to notify the agency within a reasonable time limit regarding his decision. (See County Series No. 3, Intake Procedures.)

Execution of  
Form ODA-1

There shall be careful discussion with the applicant about the importance of supplying complete and accurate information to facilitate consideration and determination of his eligibility. His attention shall be specifically directed to the statements concerning authorization to investigate, confidentiality of information, and penalties for misrepresentation, which appear on the form immediately preceding his signature.

Once Form ODA-1 has been executed by the applicant, no changes or additions shall be made except for items which relate to registration by the agency.

#2 Instructions for Application Form ODA-1, Revised 11/58

II. SPECIFIC INSTRUCTIONS FOR COMPLETING FORM

Name

Enter name of person applying for assistance. Do not enter name of authorized agent here.

Address

"Street" - enter name of street or road and number of house where applicant is living, if available.

"Municipality" - enter name of municipality in which applicant is living.

"County" - enter name of county in which applicant is living.

"P.O. Address" - use only when post office (mailing) address differs from "street" and "municipality" addresses, mentioned above.

Registration Number

Enter county identification letter, program identification letter and registration number assigned to case. If a registration number has been previously assigned to the case by the same agency, the former number shall be used.

Date Registered

Enter date application is registered by the agency. The date entered shall correspond to the official registration date as entered on ODA-7 even though Form ODA-1 may be executed on a different date.

No date is to be entered for "Date Registered" when "Status" is checked "CA."

(See County Series #3, Intake Procedures, Ruling #4, Reports on Receipts and Disposition of Application.)

Status

Check status of case according to instructions in Bulletin No. 14, Section A., and Ruling #4, for definitions of NA, RA, RO, TR.

CA - to be checked when recipient is applying for continuation of assistance.

Type of Assistance

Check type of assistance for which initial application is being made, or for which continued assistance is requested by a recipient, as appropriate.

#3 Instructions for Application Form ODA-1, Revised 11/58

Birthdate or Age

Enter birthdate whenever available or age in years if birthdate is now known.

Place of Birth

Enter city and state, or foreign country, as appropriate.

New Jersey Residence - self explanatory.

Signature of Applicant

Applicant must sign here unless application is being made by authorized agent. If applicant cannot write name, he must make his mark, witnessed by member of agency staff.

Signature of Authorized Agent

If authorized agent is applying for applicant, he must sign his name and list his address and relationship to the applicant.

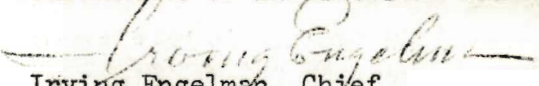
This section will be used only if there is a reasonable doubt of the client's mental competency and an authorized person is making the application on the person's behalf, or when a legal guardian is acting for a person. (See County Series #3, Section 14.)

Affidavit

Following "Personally appeared before me \_\_\_\_\_," insert name of applicant or name of authorized agent, whichever one signed Form ODA-1.

In all instances the affidavit will be witnessed by a representative of the agency.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

  
Irving Engelman, Chief  
Bureau of Assistance

Approved  
Elmer V. Andrews, Director  
Division of Welfare

Supplement No. 1  
Ruling Series No. 1

Insert in Handbook under section  
"Rulings and Bulletins."

Destroy Supplement No. 1 to Ruling No. 1, issued 8/53

State of New Jersey  
Department of Institutions and Agencies  
Bureau of Assistance

Form ODA-1  
Rev. 11/50

APPLICATION

Name \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_  
(Street) (Municipality) (County)

\_\_\_\_\_  
(Post office address if different)

To be filled in by Welfare Agency  
Registration No. \_\_\_\_\_  
Date Registered \_\_\_\_\_  
Status: ☐NA ☐RA ☐RO ☐TR ☐CA

I hereby state that I do not have enough income to meet my living expenses, nor do I have other means of support. To the best of my knowledge and belief I am eligible for public assistance and wish to apply for

☐ Old Age Assistance

☐ Disability Assistance

☐ Continued Old Age Assistance

☐ Continued Disability Assistance

I was born on \_\_\_\_\_ at \_\_\_\_\_

and am now \_\_\_\_\_ years of age.

I have lived in the State of New Jersey \_\_\_\_\_ years.

I understand that I must furnish certain information to the County Welfare Board to establish eligibility for assistance; that the County Welfare Board will help to secure this information and verify it. I will supply complete and accurate information, within my knowledge, to representatives of the County Welfare Board. I hereby authorize and direct my relatives, physicians, hospitals, employers, bankers, the Federal Social Security Administration, and any other persons having information concerning me and my circumstances, to furnish complete details to the County Welfare Board. I understand that the information obtained will be used ONLY in connection with my application for or receipt of assistance.

I am fully informed that making false statements or misrepresentations on my part or on the part of others to support my application, constitutes a violation of law with penalties fixed therefor.

\_\_\_\_\_  
(Signature of Applicant) or (Signature of Authorized Agent) (Relationship)

\_\_\_\_\_  
(Address of Authorized Agent)

STATE OF NEW JERSEY  
COUNTY OF \_\_\_\_\_

Personally appeared before me \_\_\_\_\_ who being duly sworn according to law, deposes and says that the statements made in connection with this application for assistance are true and correct.

Sworn and Subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

\_\_\_\_\_  
(Representative of Agency)

(SEE OTHER SIDE FOR COMPLAINT AND FAIR HEARING EXPLANATION)

5  
A STATEMENT CONCERNING FAIR HEARINGS

Under the provisions of State law, persons seeking or receiving assistance who are dissatisfied with any action or lack of action by the county welfare board have the right to ask for a fair hearing.

A fair hearing may be requested by a person who has been denied the opportunity to file an application for assistance, by a person who feels that the amount of assistance he is receiving is incorrect, by a person whose assistance payment has been suspended, or by a person who still believes he should receive assistance although his application has been denied or his payment has been discontinued.

It is the policy of the agency to complete action on any application, so far as possible, within a period of thirty days in Old Age Assistance and within a period of sixty days in Disability Assistance. Every applicant is entitled to receive on or before the end of thirty days in Old Age Assistance or sixty days in Disability Assistance, either a notice of final action or an explanation of the reason for unavoidable delay in final action. A fair hearing may be requested by any applicant who believes that action on his application has been unreasonably delayed beyond thirty days in Old Age Assistance, or beyond sixty days in Disability Assistance.

It is the policy of the county welfare board to give prompt attention to all complaints by dissatisfied persons and to do everything possible within the law and regulations to adjust complaints in a simple and informal manner. It is not required that a person file a request for a fair hearing in order to obtain prompt consideration of a complaint, or to have the matter reviewed in an informal way by higher authority. Any request for such a review, whether made orally or in writing, will receive prompt attention.

A fair hearing is a method of reviewing complaints by the Commissioner of Institutions and Agencies or his representative. When a fair hearing is requested, the Commissioner will arrange for a suitable time and place for holding the hearing, and a decision will be made based on the testimony and evidence presented at the hearing. Such decision will be final.

A fair hearing may be secured by advising the county welfare board of the desire for such a hearing or by addressing a request to the Commissioner of Institutions and Agencies, State Office Building, Trenton 25, New Jersey.

Every person who has a complaint has a free choice whether it shall be reviewed and adjusted informally by the local office or State office, or whether it shall be reviewed in a fair hearing. If he chooses an informal review, but continues to be dissatisfied with the result, he still has a right to request a fair hearing.

DEPARTMENT OF INSTITUTIONS AND AGENCIES

John W. Tramburg, Commissioner