

File
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Thompson

December 21, 1959

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

Dear Secretary Patten:

Enclosed herewith for filing is Chapter 2700 of the Manual of Administration issued by the Bureau of Assistance, Division of Welfare of this Department.

We direct your special attention to the enclosed copy of Transmittal Letter #9, which gives a detailed listing of material contained in Chapter 2700, Case Records and Files.

Very truly yours

John W. Trumburg
John W. Trumburg, Commissioner

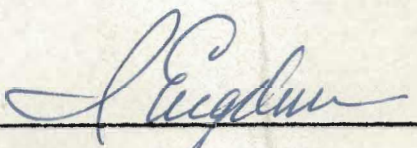
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CC. H. Curtis Meanor, Acting Secretary to the Governor ✓
Elmer V. Andrews, Director, Division of Welfare
Mrs. Elizabeth Feehan, Secretary, State Board of Control

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

BUREAU OF ASSISTANCE

REGULATION # MANUAL OF ADMINISTRATIONISSUED: 1/60
(Date)REV.: _____
(Date)TITLE: None - (Related to policy and procedure for OAA, DA, ADC)SUBJECT: Various (Identified in Transmittal Letter #9)STATUTORY REFERENCE: R.S. 14:7-6, 12, and 14:10-3

, Chief
Bureau of Assistance

Approved:

By: 

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

TRANSMITTAL LETTER #9
MANUAL OF ADMINISTRATION

December 21, 1959

TO: COUNTY WELFARE BOARDS

Please note that you are receiving Transmittal Letter #9 before #8. This is being done in order that you may have prompt information concerning all required forms for use in all three programs - Old Age Assistance, Disability Assistance, and Assistance for Dependent Children.

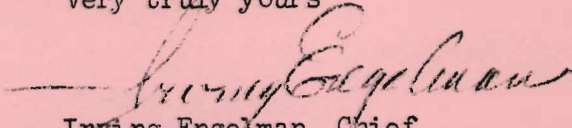
In this one instance there will be no buff colored inserts for ADC.

Title

Chapter 2700	Case Records and Forms
" 2710	Not developed
" 2720	Case Record Forms
" 2730	Budget Forms
" 2740	Medical Forms
" 2750	Forms Transmitted by Medical Service Section
" 2760	Miscellaneous Forms
" 2770	Statistical and Reporting Forms
" 2780	Fiscal or Billing Forms
Chapter 2700	Appendix I, Instructions for Form PA-2A, Face Sheet
" 2700	" II, " " Form PA-2B, Verification of Eligibility Factors
" 2700	Appendix III, Instructions for Form ODA-2D, Part III, Social Data Summary

This is a temporary release and as soon as possible Chapter 2700 will be completed in permanent format.

Very truly yours


Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved
Elmer V. Andrews, Director
Division of Welfare

State of New Jersey
Department of Institutions and Corrections
Division of Adult-Care Services

TRANSIT LETTER #2
NUMBER 10-10-10-10-10

December 17, 1967

Please note that you are receiving Transmittal Letter #2 before #1. This is being done in order that you may have prompt information concerning all required forms for use in all three programs - Old Age Assistance, Disability Assistance, and Assistance for Dependent Children. In this one instance there will be no toll colored inserts for NO.

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This is a temporary release and as soon as possible Chapter 2700 will be completed in permanent format.

New York Times

Livingston, New Jersey
Division of Institutions and Corrections

12/17/67

Approved
John J. Harvey, Director
Division of Adult-Care Services

Manual of Administration
Bureau of Assistance

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Part II

The Individual and Public Assistance

2700

Case Records and Files

2700 CASE RECORDS AND FILES

2710. PURPOSE OF RECORDS (Not yet developed)

Explanation: Until this Chapter can be developed in detail, a temporary listing of required forms for OAA, DA and ADC is being provided. Where instructions for newly issued forms are not contained in other chapters of this Manual or in current Rulings or Bulletins, they are provided in 2700 Appendix.

2720. CASE RECORD FORMS

.1 Form ODA-1, Application

As of January 1, 1960, this form will be used in the ADC program as well as in OAA and DA. Whenever it is used for ADC, insert the phrase "Assistance for Dependent Children" with a check box (☐) following the introductory sentence.

Those welfare boards which plan to register ADC applications prior to January 1960, may begin using the ODA-1 for such purpose immediately.

Instructions for use of ODA-1 are in Supplement No. 1 to Ruling No. 1, dated 11/58.

.2 Form PA-2A, Face Sheet, dated 1/60

This new form is being printed and an initial supply will be provided county welfare boards as soon as available. Subsequent supplies will be available on order from State Use.

The PA-2A will be used for ADC cases as of January 1, 1960, and shall be used in all programs as soon as stock supplies of Form ODA-2A are depleted.

Those welfare boards which register ADC applications prior to January 1, 1960, may use this form immediately.

See 2700 Appendix I for instructions for PA-2A.

.3 Form PA-2B, Verification of Eligibility Factors (Other Than Need)

This new form is also being printed and an initial supply will be provided until available on order from State Use.

The PA-2B shall be used for new applications, reapplications and reopened applications in all programs as of January 1, 1960.

Those welfare boards which register ADC applications prior to January 1, 1960, may use this form immediately.

See 2700 Appendix II for instructions for PA-2B

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Case Records and Files

2720. CASE RECORD FORMS (CONTD.)

.4 Form ODA-2B, Financial Resources Sheet

This form will continue in use in OAA and DA. It shall be used to inventory any financial assets in an ADC case, disregarding the questions about assignment of insurance. Where it is necessary to identify policies or other assets for more than one member of the family, the parent's insurance or other assets shall be entered on the face of the form and data for other family members shall be entered on the reverse with identification by name.

.5 Form ODA-2D, Part III, Social Data Summary

This form will continue in use for OAA and DA, and as instructed in 2281.3 of the Manual, will be used in ADC only in respect to determination of "incapacity" of a natural or adoptive parent.

Since this form was designed to record data about an individual client, it is not practical for recording data for a family in ADC. Therefore, in ADC the corresponding data, as appropriate, shall be recorded in narrative on Form ODA-3A, giving data pertinent to each member of the family.

See 2700 Appendix III for instructions for ODA-2D Part III

(Note: Staff members who have copies of County Series No. 3 may remove Attachment 3 therefrom and destroy.)

.6 Form ODA-3A, Summary Report

This form will be used for narrative recording in all programs.

2730. BUDGET FORMS

.1 Form PA-3A, Budgetary Statement

.2 Form PA-3B, Evaluation of Capacity of Legally Responsible Relatives to Support

Both of these forms are required in all programs. Instructions are provided in Chapter 700 of the Categorical Assistance Budget Manual.

2740. MEDICAL FORMS

.1 Form ODA-2D, Parts I, II, Examining Physician's Report

Continues in use in DA [See 2235.1 of Manual] and will also be used in ADC in respect to determination of "incapacity" of a natural or adoptive parent. [See 2281.3]

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2740. MEDICAL FORMS (CONTD.)

- .2 Form PA-4, Authorization for Patient Care in Licensed Nursing Home or Public Medical Institution
Use in all programs when required by policy. See 2254.1, .2, .5, and .6 for instructions.
- .3 Form ODA-26, Certification for Patient Care in Family Home
Use in all programs when required by policy. See 2254.4, .5 and .6 for instructions.
- .4 Form ODA-27, Recertification of Patient Status
Use in all programs when required by policy. See 2627.1 for instructions.
- .5 Form ODA-29*, Report of Mental Examination
Use in OAA only as instructed in 2243.1
*Existing copies of this form are incorrectly printed as ODG-29
- .6 Form DA-2b, Homemaker Questionnaire
Use in DA only as provided in 2234.4c.

2750. FORMS TRANSMITTED BY MEDICAL SERVICE SECTION TO COUNTY WELFARE BOARDS

- .1 Form DA-2a, Medical Service Section - Record of Action
Used in determination of permanent and total disability (DA) and of "incapacity" in ADC. [See 2237. and 2281.3f.]
- .2 Form ODA-2E, Report of Findings of Psychiatric Diagnostic Group
Used in both DA and ADC when Medical Service Section requires mental evaluation by Psychiatric Diagnostic Group. [See 2235.3a.]
- .3 Form DA-2h, Home Economics Consultant's Referral
Used only in DA in relation to evaluation of a client as a "homemaker". When the Home Economics Consultant has recommendations or comments of significance to CWB, a copy is returned with the record.

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2760. MISCELLANEOUS FORMS

.1 Form ODA-9, Information about Old Age Assistance and Disability Assistance in New Jersey.

.2 Form ADC-9*, Information about Assistance for Dependent Children in New Jersey

See 2111.1 and .2, and 2113.6 for instructions on use of pamphlets.

*Form ADC-9 is being printed and an initial supply will be provided as soon as available. Subsequent supplies will be available on order from State Use.

.3 Form ODA-10, Agreement to Reimburse

.4 Form ODA-10A, Notice of Agreement to Reimburse

.5 Form ODA-10B, Certificate of Assistance Granted

.6 Form ODA-10C, Warrant to Enter Satisfaction of Notice of Agreement to Reimburse and Certificate of Assistance Granted

Use the ODA-10 series in OAA and DA. See Ruling No. 10 for instructions.

.7 Form ADC-10, Agreement to Repay

Use in ADC only. See ADC insert 2272. for instructions. Sample copy of form sent to all CWBs under date of 12/4/59.

.8 Form ODA-11, Claim for Funeral Allowance

Use in all programs. See Ruling No. 2 for instructions.

.9 Form ODA-11A, Request for Payment of Terminal Medical or Nursing Expenses

Use in all programs. See Supplement No. 1 to Ruling No. 2 for instructions.

.10 Form PA-10, Referral for Rehabilitation Services

Use in all programs.

.11 Form PA-11, Inter-agency Referral

Presently authorized for use by Rehabilitation Commission for referrals to public assistance agencies. See Ruling No. 26.

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2760. MISCELLANEOUS FORMS (CONTD.)
.12 Form PA-12, Referral by State Mental Institution to Public Assistance Agency

Used in all programs. See 2227.2.

.13 Form PA-20, Request for Federal Old Age and Survivors Insurance and for Non-medical Disability Information

Use in all programs. See 2824 for instructions.

.14 Form PA-21, Request to OASDI for Name and Address of Employer

Use in ADC only when other efforts to locate a deserting parent are unsuccessful. See 2829 for instructions. Sample copy of form sent to all CWBs under date of 12/4/59

.15 Form ADC-31, Affidavit of Desertion

.16 Form ADC-32, Notice to County Prosecutor of Alleged Desertion

Use both of these forms in ADC only as instructed in 2281.2. Sample copy of forms sent to all CWBs under date of 12/4/59.

2770. STATISTICAL AND REPORTING FORMS

.1 Form ODA-7, Index Card

Use in all programs. See 2116.1c, and Ruling No. 4.

.2 Form Series 8, Statistical Report of Applications Registered and Dispositions

a. Form OA-8

Use for OAA statistics only. See instructions in Bulletin No. 14, and in 2225.10.

b. Form DA-8

Use for DA statistics only. See instructions in Supplement No. 2 to Bulletin No. 14, and in 2225.10.

c. Form ADC-8

Use for ADC only. This form with special instructions will be provided for use on January 1, 1960.

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2770. STATISTICAL AND REPORTING FORMS (CONTD.)

.3 Form Series 13, Social Data on Cases Closed

a. Form OA-13

Use for OAA only. See instructions in Bulletin No. 24.

b. Form ADC-13

Use for ADC. No report will be required during first months of operation. Form and instructions will be established effective July 1, 1960.

.4 Form Series 14, Social Data in Cases Opened

a. Form OA-14

Use for OAA only. See instructions in Bulletin No. 20.

b. Form ADC-14

Use for ADC only. This form with special instructions will be provided for use on January 1, 1960.

2780. FISCAL OR BILLING FORMS

.1 Form 4 Series, Individual Listing of Assistance Payments

a. Form ODA-4

Use for both OAA and DA payments. Instructions in Ruling No. 12, Chapter III-3.

b. Form ADC-4

Use for ADC payments. Instructions (revision of Ruling No. 12, Chapter III) and form will be available to counties for use on January 1, 1960.

.2 Form 4A Series, Report of Assistance Account Disbursements

a. Form ODA-4a

Use for OAA and DA. See instructions in Ruling No. 12, Chapter III-g.

b. Form ADC-4a

Use for ADC only. Instructions (revision of Ruling No. 12, Chapter III) and form will be available to counties for use on January 1, 1960.

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2780. FISCAL OR BILLING FORMS (CONTD.)

.3 Form ODA-5, Statement of the Assistance Account

This form, as revised 12/59, will be used for all programs. See instructions in Ruling No. 12, Chapter III-11.

.4 Form ODA-6, Report of Assistance Account Refunds and Credits

As of January 1, 1960, the present form will be used in the ADC program as well as in OAA and DA. When the form is used for ADC, identify a column for adults and a column for children in the count of units eligible for Federal matching.

.5 Form ODA-6a, Report of Assistance Account Refunds and Credits

Use for OAA and DA. See instructions in Ruling No. 12, Chapter III-14. The ADC Report of Assistance Account Refunds and Credits has been combined with Form ADC-4a. [2780.2b.]

.6 Form ODA-12, Statement and Summary of Assistance Recovered

Use for all programs. See instructions in Ruling No. 12, Chapter III-15.

.7 Form OA-15, Statement of the Administrative Account

Use for all programs. See instructions in Ruling No. 12, Chapter IV-2.

.8 Form OA-16, Schedule of Administrative Expenditures

Use for all programs. See instructions in Ruling No. 12, Chapter IV-2.

.9 Form OA-22, Statement of Assistance Clearing Account

Use for all programs. See instructions in Ruling No. 12, Chapter V-1.

.10 Form OA-23, Statement of Assistance Trust Account

Use for all programs. See instructions in Ruling No. 12, Chapter V-2.

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2780

FISCAL OR BILLING FORMS (CONTD.)

2780.3

Form ODA-5, Statement of the Assistance Account

3

This form, as revised 12/59, will be used for all programs. See instructions in Ruling No. 12, Chapter III-11.

Form ODA-6, Report of Assistance Account Refunds and Credits

4

As of January 1, 1960, the present form will be used in the ADC program as well as in OAA and DA. When the form is used for ADC, identify a column for adults and a column for children in the count of units eligible for Federal matching.

Form ODA-6a, Report of Assistance Account Refunds and Credits

5

Use for OAA and DA. See instructions in Ruling No. 12, Chapter III-11. The ADC Report of Assistance Account Refunds and Credits has been combined with Form ADC-4a. [2780.2b.]

Form ODA-12, Statement and Summary of Assistance Recovered

6

Use for all programs. See instructions in Ruling No. 12, Chapter III-12.

Form OA-15, Statement of the Administrative Account

7

Use for all programs. See instructions in Ruling No. 12, Chapter IV-2.

Form OA-16, Schedule of Administrative Expenditures

8

Use for all programs. See instructions in Ruling No. 12, Chapter IV-2.

Form OA-22, Statement of Assistance Clearing Account

9

Use for all programs. See instructions in Ruling No. 12, Chapter V-1.

Form OA-23, Statement of Assistance Trust Account

10

Use for all programs. See instructions in Ruling No. 12, Chapter V-2.

APPENDIX SECTION

CHAPTER 2700
CASE RECORDS AND FILES

APPENDIX SECTION

CHAPTER 2700
GOVT RECORDS AND FILES

FACE SHEET - INSTRUCTIONS FOR COMPLETING FORM PA-2A 2700 APPENDIX I
2720.2

Purpose: Identification and source for current information.

Registration Number: Self-explanatory

Related Registration Numbers: Enter those numbers which identify the case of any persons in the family unit who are registered separately under the same or another categorical program.

Date: Enter date the form is executed.

Case Name: Enter the name of applicant person in OAA or DA. Enter name of applicant parent or parent-person in ADC. This shall be both names when both parents are in the home. Enter father's name before that of mother. (Example: Jones, Edward and Elsie).

Maiden Name: When the case name is that of a woman who has been married, enter her maiden name.

Current Address: Enter place where person is living on the date form is executed. Thereafter enter changes of address and date as they occur.

Persons in Home: Enter the names of all person who consider the above address their customary place of abode. This will include those persons who may be out of the home temporarily because of illness or other reason. If temporary absence is due to illness enter only the names of those persons whose maintainance is subsidized in whole or in part by family resources or by public assistance in an eligible institution.

Designate such person by asterisk (*) and explain below.

1. Name: Enter on line 1 the name of that person in the home considered the head of the household. When both husband and wife are present, enter the husband as "head" regardless of whether or not he is to be included in the ADC grant and whether or not he is to be payee in ADC.
2. Social Security Number: Enter for each person if related. When a person in the home does not have a number, enter "none."
3. Sex: Enter M or F.
4. Birthdate: Enter birthdate whenever available or birth year if birthdate is not known.
5. Kinship to: Enter relationship, if any, of each person named to name on line 1. If no kinship exists, enter "boarder" or "roomer", as appropriate.

(i)(11)

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FACE SHEET - INSTRUCTIONS FOR COMPLETING FORM PA-2A

2700 APPENDIX I

2720.2

6. Source of Support: Explain how needs are met by appropriate entry such as employment, retirement benefits, General Assistance, or appropriate symbol for categorical program.

7. Date (in or out): Enter date when name was added or removed from "Persons in Home". If a person who has been in the group is no longer eligible to be included, a line should be drawn through the name and the date entered. If a name is added, all other information is entered, including the date of entry.

When a name is removed from the group for reasons other than death, enter where applicable in one of the other sections below.

8. Explanation: After asterisk (*), enter current address of person temporarily out of home and explain, if necessary.

Responsible Relatives Out of the Home:

1. Name: Enter those responsible relatives living out of the home who are to be evaluated for capacity to support.

2. Social Security Number: Enter as above.

3. Birthdate: Enter as above.

4. Kinship to: Enter as above under "Persons in Home."

5. Comment: Enter any necessary or helpful information.

Other Relatives and/or Interested Persons:

1. Name: Enter those persons out of the home not otherwise accounted for, who are helping the family or have shown an interest in doing so.

2. Kinship to: Enter kinship, if any exists, to a member of "Persons in Home" and identify such member by entering the number in front of his name under "to."

3. Comment: Enter any necessary or helpful explanation.

General Instructions:

Reverse side may be used for additional names in any section that does not have enough lines. When this is necessary, signify on front that there is a continuation on the reverse side. Identify the heading for the appropriate section on the reverse side.

(ii)

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VERIFICATION SHEET - INSTRUCTIONS FOR COMPLETING FORM PA-2B - 2700 APPENDIX II

2720.3

Purpose: To select all eligibility factors other than need and to assure that each has been adequately verified to establish that the applicant is or is not eligible. Hearsay evidence and personal opinions of individuals should be weighed but discounted if not consistent with verified information.

Case Name: Enter identical name or names as they appear on Face Sheet.

Registration Number: Self-explanatory

Marital Status:

1. Name: In OAA and DA enter the name of the applicant person. In ADC enter the name of the natural or adoptive applicant parent(s).
2. Status Code:
 - a) Enter S (Single) if person has never married.
 - b) Enter W (Widowed) if spouse is dead. A change in marital status prior to death does not affect this entry.
 - c) Enter D (Divorced) if legal action has been taken.
 - d) Enter Sep (Separated) in any situation other than divorce where persons are living apart in a state of estrangement.
Do not report individual as separated if there have been no domestic difficulties and spouse is living at a place of employment, such as an institution, or with a family employed as a domestic, or in an institution receiving care or in another town.
 - e) Enter M (Married) if legally married and none of the other symbols (D, W, S, or Sep) apply.

3. Date: Enter date of marriage, divorce, etc., as applicable.

4. Source: If status was verified by documentary evidence, identify the document(s). If non-documentary, explain basis of verification.

Birthdates:

1. Name: Enter only that of applicant-person under OAA or DA.

Enter those of applicant-family in ADC. (Verification is essential for any person in the group approaching 18 or 65.)

2. Source: See 2200 Appendix I for acceptable sources.

(i)

VERIFICATION SHEET - INSTRUCTIONS FOR COMPLETING FORM PA-2B

2700 APPENDIX II

2720.3

Residence: In OAA and DA enter sufficient addresses to cover length of time necessary to establish that residence requirement has been met. (Some counties may want to verify State or County residence for 5 years for future use, if necessary.)

In ADC, although only current address needs to be verified, history of residence for at least 12 months preceding application shall be recorded.

Source - See 2200 Appendix II for acceptable sources.

Cause of Deprivation (ADC): [See 2281.]

1. Child's Name: Enter full name of each child.
2. Parent's Name: Enter the name of that parent whose death, incapacity or absence has deprived the child of parental support or care.
3. Cause Code: Enter reason for deprivation by use of one of the following symbols: D (Death); I (Incapacity); or A (Absence).
4. Explanation: Entry here will depend upon "cause" of deprivation.

Death: Enter date and source of verification. If this has already been entered under marital status, refer to proper entry.

Incapacity: Enter method of verification. If by Medical Service Section enter the letters MSS and the date on Record of Action. Otherwise indicate whether it was established by a physician's statement or by that of an institution [See 2281.3.]

Absence: First enter reason for absence. (See 2281.2 for listed reasons.) When reason has been established, indicate whether source of verification is documentary or non-documentary. If documentary, identify the documents. If non-documentary, explain basis of verification.

Verification of Adoption or Relationship to Parent Person: This last section does not apply if the applicant-parent is a natural parent.

Verification of Adoption: Enter source of verification. Only documentary proof is acceptable and such proof may be in the possession of the applicant or may have to be attained from Court records.

Relationship to Parent: Enter name of each child and explain how specified relationship has been verified.

(ii)

SOCIAL DATA SUMMARY-INSTRUCTIONS FOR COMPLETING FORM ODA-2D, PART III-2700 APPENDIX III
2720.5

INTRODUCTION

Form ODA-2D, Part III has been designed as one section of the basic case record form and is to be used for both Old Age Assistance and Disability Assistance records. The form will eliminate the need to record covered data in the narrative report. The form will provide:

One, a standard classification of social data for the agency, and, in Disability Assistance cases, for the Review Team, a profile of the client as a person, and facts about his situation which must be considered in relation to his total physical, mental, emotional and economic needs;

Two, data which is basic in determining allowances for compilation of the assistance budget;

Three, data which is frequently necessary in obtaining verification of age, income and entitlement to retirement benefits; and

Four, data required for statistical reports, such as the OA-14, Social Data Card.

Certain sections of Form ODA-2D, Part III are pertinent to both Old Age Assistance and Disability Assistance. Others are required only for Disability Assistance. All sections are to be completed for applicants for either program unless otherwise indicated by instructions on the form itself.

Accurate completion of Form ADA-2D, Part III by the caseworker for Disability Assistance cases is of vital importance if the Review Team is to reach a valid decision on eligibility. The factor of "permanence" is determined by an evaluation of medical findings, and in some cases medical examination will indicate "totality" as well. However, in many instances the factor of "totality" cannot be evaluated without specific facts about the individual as a person and his social situation. Securing and selecting the necessary social information will require of the caseworker alertness, keen observation and an ability to develop pertinent data by skillful interviewing of the applicant and those immediately concerned with his situation.

The caseworker will need to study these instructions carefully and to refer to them repeatedly to assure himself that he is recording the most accurate, helpful information for each applicant. Each section must have appropriate information noted. If unable to supply data, "none" or "not applicable" must be noted in section or sub-section.

Address

The address entered here shall be the place where client is actually residing on the date Form ODA-2D, Part III is completed.

(i)

SOCIAL DATA SUMMARY-INSTRUCTIONS FOR COMPLETING FORM ODA-2D, PART III-2700 APPENDIX III

1. Shelter Arrangements

Sub-section a)

It is important to state the actual conditions of the shelter arrangement with particular attention to the adequacy of the facilities for the client's care and comfort.

In addition it is necessary that the data show clearly the plan for the client's shelter and care while he is receiving assistance. Frequently an applicant is receiving temporary care in a private general hospital or other type of ineligible institution, or in a public general hospital eligible for acute care only, or the current arrangement is unsuitable and a change is anticipated.

For your convenience sub-section a. provides a check-off method for showing the current shelter arrangement and the future arrangement, if a change is necessary or contemplated. Both columns shall be used whenever a change of plan is to be made even though the plan is indefinite or incomplete. If only the "Present" column is checked it will be assumed no change is contemplated. Any plan which cannot be clearly shown in this sub-section shall be explained in Section 7, Social Evaluation, or in an accompanying narrative report.

Sub-section b)

In providing the data in this section make entries in relation to the shelter arrangement as follows:

If the Present arrangement is to continue, or if the Future arrangement is not completed or unknown, relate the entries to the Present arrangement.

If the Future arrangement is definitely known and is checked as 3), 4) or 5), it is not necessary to complete sub-section.

If the Future arrangement is definitely known and is checked as 6), 7), 8), 9) or 10), relate the entries to the Future arrangement only.

1) Persons in Home

If item 6) is checked, identify the operator by name, give the number of other boarders, if any, and the number of persons in the operator's family, if any.

If item 7) or 8) is checked, identify the landlord by name and state the number of other roomers and family members residing there.

If 9) or 10) is checked, identify all persons in the household, giving ages of children under 18, and explain relationship to client; specify the head of the household.

(ii)

SOCIAL DATA SUMMARY-INSTRUCTIONS FOR COMPLETING FORM ODA-2D, PART III-2700 APPENDIX III

2) Describe Shelter Arrangement

Provide here details which are pertinent to client's convenience and comfort, and which are necessary in determining allowances for the budget. Include as a minimum the number of rooms occupied, whether it is a single dwelling, in an apartment house, converted to apartments, etc., location of client's bedroom as to floor, etc.

3) Utilities and Facilities

The many possible combinations of utilities and facilities within a given living arrangement make it impractical to develop a simple check-off-method of reporting. It is therefore important for the caseworker to describe in brief, precise terms the exact nature of the utilities and facilities in use. The accessibility of fuels, water, etc., within the house is a factor in relation to the client's ability to use them himself or for others, particularly when client is a homemaker responsible for housekeeping duties for others in the family.

The following material is provided to illustrate the kind of information which should be recorded for each of the listed utilities and facilities:

Lights - Electric, gas or kerosene used? Or combination?

Cooking - Is cooking done on electric, gas, coal, kerosene or wood stove, on electric plate or gas burner? If fuel is coal or wood, where is supply stored and who carries it to kitchen?

Heat - Give type of fuel used, type of furnace or stove(s) used. Where cooking and heating units are combined in whole or part, explain. Is client's bedroom heated and how?

Water - Give source of water, and extent of service. Is there hot and cold running water in kitchen and bath, in kitchen only, drawn from well, pump inside house, in shed or porch, in yard? How is hot water obtained?

Bath and Toilet - Is there complete bath with tub, basin and toilet, or partial? Describe. Is there only washstand and commode or chamber in client's room? Outside toilet in shed or yard? Locate bath and toilet in relation to client's room and note the number of persons who use them.

Laundry - Describe facilities. Is washing all done at home, by whom, and for how many persons? How done: stationary tubs, wash basin, or washing machine? Located in kitchen or basement? Must water be carried to laundry facility? Is commercial laundry service used for all laundry or part of it? Are services of paid laundress used in the home, outside the home?

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Stairs - Are stairs to client's room inside or outside the house? Treads broad or narrow? Is there a hand-rail? Is the pitch of stairs steep or normal? How many risers and landings are there?

Elevator Service? Answer yes or no, and if yes, give type - attendant, self-service, automatic, stair-lift.

4) Deficiencies in Housing Standards

In general the adequacy of the dwelling should be based on "Housing Standards" as found in the Standards and Resources section of the Categorical Assistance Budget Manual.

Client's sleeping room should be light, ventilated by at least one window which can be opened readily and which is screened in summer. It should contain a bed and chair comfortable for him, at least one dresser drawer for personal belongings, and a stand or table to hold the articles he uses habitually for personal comfort and recreation, which he can reach if he is bedfast or chairfast. There should be a light the client can turn on if he is able to do anything for himself. The room entrance should have a door which can be closed for privacy.

Note only omissions or inadequacies in these standards. It is not necessary to record data about standards if they are adequate.

5) Deficiencies in Housekeeping Standards

Client's room and the home generally should meet reasonable standards of cleanliness and neatness. Both client and his bedding, towels, etc., should be clean. There should be sufficient bed and bath linens to provide for a minimum weekly change, and more frequently if client's physical condition requires. There should be adequate blankets or quilts for cold weather.

Indicate only conditions which do not meet these standards. It is not necessary to record data about satisfactory standards.

2. Economic Status

The information required is important not only in relation to establishing need, but is of particular significance in Disability Assistance applications. A history of long dependency on others or of institutionalization, may affect the recommendations of the Review Team for referral of the individual for rehabilitation services.

a) Public Assistance - Identify programs as General Assistance (GA), Old Age Assistance (OAA), Disability Assistance (DA), Assistance for Dependent Children (ADC), Child Welfare program (GSP or C), Blind Assistance (AB). Give known dates on these programs and the amount of current grant, if any. In GA show the extent of assistance provided, i.e., food, rent, public utilities, medical care, etc.

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- b) Assistance from Private Agencies - Identify the agency and note the type and extent of assistance given or currently being given, if known.
- c) Other Source of Support - Indicate briefly support in cash or kind provided by relatives, friends, or income other than earnings from employment.
- d) Current Income - If there is income, specify whether earnings, cash contributions from relatives, friends, OASDI, other retirement plans, annuity, compensation, private agency, etc., which appear on Form PA-3, Budget Statement.
- e) Partial Maintenance - Identify the budgetary item provided, such as food, shelter or clothing, and state by whom, such as son, granddaughter or landlord, etc.

3. Education

- a) Check the client's ability to speak, read and write English. Inability to speak English may be caused by a language difficulty or a physical and/or mental defect as well as lack of education.
- b) Same as a) applied to a non-English speaking person who may be literate in his native language, or to an English-speaking person who knows additional languages. Consider and specify each item.
- c) Consider and circle American equivalent when client has been educated in another country.
- d) Note other training and enumerate attendance at vocational schools or specialized apprenticeships. This section is particularly important as it will elicit information which will materially assist in consideration of the client's potential rehabilitation. Latent and unused skills may be re-trained or serve as a basis for acquiring new skills.
- e) Special skills are those in addition to those used in customary employment.

For example: A client has been previously employed as a welder but has also worked in an assembly plant; or a client has been an electrician and is able to draw or read plans; a client has been a homemaker but was previously gainfully employed as a stenographer or a bookkeeper.

Hobbies must be considered in planning rehabilitation. They too are potentials.

4. Employment History

- a) Social Security Account No. Self-explanatory.

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- b) Ever in Paid Employment - Paid employment refers to any full or part-time work for which applicant received salary or wages. This question is to be answered for every applicant regardless of age or present physical or mental condition. This includes the applicant whose normal occupation is checked as "Homemaker" who may have been employed in the past and have skills which can be redeveloped by rehabilitation services. The fact that the individual has never had paid employment may be equally significant to the Review Team in DA applications.
- c) Normal Occupation - This refers to what the individual considered his usual work prior to onset of disability or retirement. Normal occupation may or may not have involved the receipt of earnings, wages or salary.

Homemaker (housewife) - means an individual whose normal occupation is, or was, performing the essential duties in the home (such as cleaning, cooking, washing) for at least one person in addition to herself.

Paid Domestic - means an individual who did or does some form of housework for wages and/or for maintenance in a home other than own home. A domestic may "live in" or do "day work", may work every day or certain days in the week. The classification "domestic" should not be confused with the duties of janitor, cleaner or window-washer, which are occupations usually associated with work in institutions, public buildings and offices.

Self-employed - means an individual who earns by his own efforts and does not receive wages or salary from another person, company or organization. A self-employed person may sell his services for a fee or commission, such as a lawyer, salesman, agent or dressmaker, but if he receives any form of regular wage or salary from one or more other persons he is not "self-employed". A self-employed person may also be an employer of others in his business.

Wage or Salary Earner - is distinguished from self-employment by the fact that the individual works for another person, company or organization and receives regular salary or wages, whether on a full or part-time basis.

Under the item Non-farming enter the type of employment such as riveter, garment cutter, laborer, carpenter, clerk, bookkeeper, handy-man, nurse, companion, etc.

Other - identify here any normal occupation which cannot be otherwise classified, such as "student", or indicate that the individual never had any occupation by entering the work "None".

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d) List of Employments - Give as complete a list of employments as possible even though the applicant may not have worked for some time. The type of work should be a specific job description, not a general term like "factory worker". Complete second column by entering the work "Full" or "Part". Give dates of entering and leaving the job as nearly as possible. The column "Highest Weekly Wage Rate" refers to base pay, exclusive of overtime. "Reasons for leaving" should be brief, such as "to accept another job", "general lay-off", "reached age limit", "became ill", "accidentally injured", etc.

e) Last Employer - In addition to name and address of employer state the kind of business such as "garment factory", "steel mill", "grocery store", "restaurant", etc.

f) Last Week of Employment - This item is required primarily for federal statistical purposes. If the applicant has not been employed during the last six months, the item need not be completed. If applicable, secure the most accurate information the applicant or his family can give.

Number Hours Worked - enter "total" hours for the week including overtime.

Gross Earnings - include regular and overtime pay.

Place - check whichever is appropriate.

Kind of Employment - specify type of self-employment.

Sheltered - refers only to employment provided through some type of rehabilitation program, such as sheltered work shop or special work provided the client to do at home under supervision.

Other - identify type, such as laborer, salesman, domestic, etc.

5. Pertinent Medical History

Information should be related to present disability and to any major medical care that may have been received in relation to an accident or serious illness which has resulted in some disability. Do not enter data about routine operations, such as tonsillectomies or appendectomies, nor data about temporary acute infections or other transitory illnesses.

Information about previous medical care will be obtained first from the client, his family, and from data included in referrals from other agencies. Data shall not be entered in this section until verification has been obtained from the hospital, institution, clinic or physician involved. It is important to indicate whether verification was secured through personal interview, by telephone or correspondence. [NOTE: Verification of data on previous medical history is not required in applications for Old Age Assistance.]

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Summaries or abstracts of hospital records should not be routinely requested, but when the treatment has been extensive and such medical reports are readily available the agencies should forward them to the Review Team. However, in instances of probable mental disease, defect or impairment any existing clinical or institutional diagnostic records must be obtained and forwarded. (See 2234.3 and 2235.3)

a) Hospitalization - Enter verified dates of admission and discharge and the final diagnosis (hospital discharge diagnosis) in both general and special hospitals (public or private), such as mental, tuberculosis and children's hospitals. The necessary information can normally be secured by telephone. Careful attention to inclusion of the discharge diagnosis will usually preclude the necessity for securing abstracts from the hospital.

b) Clinic - The term clinic refers to clinics connected with hospitals or institutions and to any public or private clinic operating as an independent unit.

Care in clinics is distinguished from hospital care by the fact that the patient comes to the clinic only to receive examination and/or treatment as an "out-patient". That is, he does not remain in the hospital during a course of treatment or for a period of observation as does an "in-patient".

Dates under care should show the period during which client was under clinical care, not the dates of specific visits.

Clinic Diagnosis should be the verified condition(s) for which treatment was received.

c) Other Institutional Care - Include any verified information on care received in such institutions as State schools for mental defectives, Neuro-psychiatric Institute, private incorporated homes for the aged, county or municipal institutions not noted in a), nursing homes, convalescent homes, boarding homes or any other arrangement of congregate living which purports to give special care.

d) Physician's Services (Private) - Include here verified information on services obtained by client from physician(s) at the office or at client's residence. Do not repeat information on services rendered by physicians in hospitals or clinics.

Dates under Care should show the period during which client was under the physician's care, not dates of specific visits.

e) Other - This should note any continuing service in the home by registered nurse, licensed practical nurse, home nurses aid, housekeeper, etc. Home Care Service, such as recently inaugurated by Newark Beth Israel Hospital, should be noted.

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Medical and surgical supplies, appliances, such as crutches, canes, wheelchairs, hospital beds, and prosthetic appliances should be noted and the source other than purchase by client specified - i.e., on loan or a gift from a hospital, institution, clinic, or private association.

6. Extent of Activity; Help from Others

This section requires detailed information defining client's orbit of activity and limitations; and specific data as to the amount of help in this area received from others. It is to be applied to the mental and emotional factor as well as the physical factor which limit activity and self-help. Emotional disturbances, which include the childishness and forgetfulness of senility, or a mental deficiency may limit the extent of activity client can safely undertake unassisted. It will be necessary to obtain detailed factual information before this section is completed.

a) Bed-fast - means that the client is confined to his bed the major part of the time. This term also includes clients who are up for personal hygiene or able to be up for a specific number of hours per day.

Chair-fast - means that the client is confined to his chair the major part of the time. He may be able to walk to the bathroom, etc., with assistance but he is unable to perform this activity without help.

Room-bound - means client spends major part of his time in his room and does not leave it unassisted.

Housebound - means client spends major part of his time entirely within the house, and leaves it only on rare occasions with assistance.

Limited to House and Grounds - means the client's normal orbit of activity, whether with or without assistance, extends outside the house itself, but not beyond the grounds immediately adjacent.

Neighborhood - means that the client's normal orbit of activity, whether with or without assistance, extends beyond the home and adjacent grounds, into the neighborhood, or community, or is unlimited.

b) In answering this group of questions gradations are not requested. A client may occasionally do some of these services for himself, but if he usually does not, check "no". A client might be able to do them for himself physically, but because of emotional or mental deficiency disabilities does not do them unless supervised. Constant supervision is to be considered assistance. The answers given should be secured from the client in so far as possible, and from those immediately concerned with his situation. The worker cannot be expected to observe the extent of self-help during a visit and should not attempt to supply the data solely by personal observation.

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Describe here any homemaker duties the client performs such as cooking, cleaning, marketing or care of children, indicating whether such activities are those duties which are customary for the client or assumed because of client's inability to accept outside employment due to physical or mental disability. If, in your opinion the extent of homemaker duties performed may raise a question as to whether a DA client is a "homemaker" as defined for purposes of eligibility, prepare and attach one copy of a Homemaker Questionnaire to be submitted to the Bureau. [See 2234.4.]

c) The services a disabled client usually needs are listed and are to be checked according to source of help.

7. Social Evaluation

In this section the case worker is asked to supplement the previous sections and to provide factual information not required elsewhere, to round out the picture of the client as a person and to describe his social situation. The data should be based on personal observation and on information supplied by the client and those immediately concerned with his welfare. Such data is important for all clients, but has special significance in DA applications as it assists the Review Team in evaluating the "totality" of disability, and in making recommendations for treatment and care. The case worker should remember, however, that it is his function to report facts, not to make recommendations or to draw conclusions.

Entries should normally be brief and always selective, but where an unusual social problem is presented the data should be sufficiently detailed to provide a clear understanding of the situation. Where the form is not adequate, a supplementary report may be attached.

In selecting data think in terms of whether the information actually relates to the client's condition, physical, mental, emotional; whether it will help the agency in planning for his comfort, improvement, adjustment or rehabilitation. For example, the color of eyes or hair is immaterial, but if the client is badly disfigured or extremely obese, such a fact would be significant in relation to employability or may affect his social adjustment. It would be important to comment on observed difficulty in walking, climbing stairs, using public transportation, lack of manual dexterity, or accelerated breathing after physical exertion. A client may appear or even say that he is able to do some work, but exhibit such annoying personality traits or eccentric behavior that the case worker recognizes this as a detriment to securing or holding employment. The client may have a hopeless attitude about his condition and remaining capacities, so that psychiatric consultation may be indicated prior to initiating rehabilitative services. Again it would be equally significant to report the client's eagerness to obtain help in rehabilitation, or that he is accepting of his handicaps in spite of the remote possibility of improvement of his condition.

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It is useful to know whether the disability occurred suddenly as the result of an accident or serious illness, or whether onset was gradual with a lessening of ability to function as an independent person. Again, in planning for treatment and rehabilitation services such factors as client's remoteness from treatment facilities, the availability of transportation, the practicability of, and willingness of client to move, etc. are important.

In addition, there may be facts about family relationships, the ability and willingness of relatives to provide services and care, or other factors in the social situation which will be pertinent in planning for the client.

Careful, thoughtful recording by the case worker in this section not only speeds up Bureau determination of eligibility in DA applications, but enables the Review Team to make more meaningful recommendations, thus providing better service to clients.

8. Rehabilitation Services

It is important to note if the client has previously been referred, accepted, or rejected for any rehabilitation service and the dates of such action. It is equally important to note the identifying case number, if available, and the results of such referral; whether accepted or rejected; if rejected the reason, and if accepted describe the service given, whether still active and the date and reason if inactive or closed. If client has been referred to more than one rehabilitation service, report all referrals using correct corresponding numbers in parenthesis in blank spaces under (b), and enter in appropriate spaces other required information. A finding of permanent and total disability does not preclude rehabilitation for employment or for some degree of self-sufficiency or self care.

9. Additional Social Data

- a) Give date of marriage or date divorce granted.

Indicate "Married" by letter "M", and "Divorced" by letter "D".

Give place marriage was performed (City and State, or Country if other than United States), and where divorce was granted in same manner.

- b) Self-explanatory.
c) Self-explanatory.

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d) Include here previous applications for OAA, DA, ADC, and AB in any county in New Jersey, or in another state. Disposition shall designate whether such application was approved, and now active or closed, denied, or withdrawn, to the best of applicant's knowledge. This information will be important in correctly classifying the status of this application as New, Reapplication, Reopened, or Transferred in as required by Ruling No. 4 for OAA and DA.

e) Provides a definite place in the case record for recording information secured when clearance is made. Any agency which is reported as having known applicant should be listed here. If the case worker has consulted any agency so listed, the nature of the contact should be described - such as "worker reviewed agency record", or "worker consulted by telephone," or "interview", etc.