VOLUME III

P U B L I C H E A R I N G

before

ASSEMBLY COUNTY GOVERNMENT COMMITTEE

on

FEDERAL BUDGET CUTS

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Held:
April 19, 1982
City Hall Commission Chamber
Atlantic City, New Jersey

MEMBERS OF COMMITTEE PRESENT:

Assemblyman Michael J. Matthews (Chairman)
Assemblyman Guy F. Muziani
Assemblyman Harry A. McEnroe

ALSO:

Assemblyman John T. Hendrickson, Jr.
9th Legislative District

Virginia A. DiBianca, Research Associate
Office of Legislative Services
Aide, Assembly County Government Committee

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ASSEMBLYMAN MICHAEL J. MATTHEWS (Chairman): Good afternoon. We will begin the hearing at this time. I would like to introduce the members of the Committee. On my extreme right is Assemblyman Hendrickson, our invited guest. Next to him is Assemblyman Muziani. And, to my left is our Committee aide, Virginia DiBianca. I am Assemblyman Matthews.

We are here on a fact-finding mission. This is the third in a series of hearings on Federal budget cuts. We had the first hearing in Newark and the second hearing in New Brunswick. The third hearing is being held here in Atlantic City. And, the fourth and final hearing will be held in Trenton, next Monday, at 11:00.

As I said, we are here on a fact-finding mission. The State is very interested in hearing how Federal budget cuts affect the counties. There is a lot of overlap between the counties and the State. For example, we can talk about twenty million dollars in Title Twenty Funds this year, and approximately fourteen million dollars in 1983. I know Senator Bradley has been very interested in this, as has Congressman Roe. Everyone in general is interested in what this Committee learns. So, this is not merely going to be a give-and-take meeting, but one at which we listen to your comments. You are being recorded, and we will come up with a final report on what we have learned from your testimony. It will all be recorded, and we will make recommendations to the Legislature.

With that aside, we will start with the "heavies" first. County Executive Charles Worthington will be our first witness.

C H A R L E S W O R T H I N G T O N: That was quite appropriate, but uncalled for. Assemblyman Matthews and members of the Assembly County Goverment Committee, I would like to welcome you first to Atlantic County, and thank you for taking the time out of your busy schedules to come down to South Jersey and hear our concerns, which are similar to, but certainly somewhat different from, the concerns of some of the local and county officials in the northern part of the State.

My name is Charles D. Worthington. I am the elected County Executive of Atlantic County. We are here today to look at the inevitable and hard-hitting impact stemming from the tremendous Federal cuts. And, in looking at this single and foremost ingredient, one already has the suspicion -- to use an analogy -- that this bread will not rise. Stir in increased mandated costs and a five percent spending cap in New Jersey, and you know you are not about to recreate the miracle of the loaves. No matter how you slice it, this is one loaf that won't go around. There certainly is not enough.

In 1982, the Atlantic County operating budget is fifty-four million, four hundred and sixty-eight thousand dollars, and that budget is up only two hundred thousand dollars over our 1981 operating budget. However, in 1981, fifty-five percent of the total budget was raised by county taxes. In 1982, that percentage has increased to sixty-four percent. The nine point five million dollars in Federal funds that came into the Atlantic County budget in 1981 to support our manpower and social service programs, excluding welfare, was reduced in 1982 to four point three million dollars, a fifty-three percent decrease in the Federal share. So, while our total budget was up by only two hundred thousand dollars, the amount to be raised in county taxes -- or the property tax on the Atlantic County citizenry -- was up five million dollars. And, we are just dealing with the first round of the Federal cuts.

Let me summarize for you the impact on the at-risk programs and the at-risk population. Number one, aide to the poor through the AFDC Program has been cut by over four million dollars, or twenty point five percent, in Atlantic County,

with a caseload reduction from six thousand households to approximately four thousand households. There are approximately seventy-one thousand households in Atlantic County.

The Food Stamp Program has been decreased from sixty-eight hundred households to fifty-five hundred households. Moreover, proposed cuts in the Food Stamp Program would mean that an elderly family receiving food stamps would lose one dollar out of every four dollars in their aid. If these older people are also receiving thirty dollars a month in fuel aid, their food stamp program would be entirely eliminated. And, if they live in government-assisted housing, their food stamp benefits are now to be counted as income, and could result in a very sharp increase in the rent that they have to pay.

Three, the Senior Citizen Nutrition Program has been cut back by fifteen percent. One nutrition site in the County has been slated to be closed permanently. During 1981, these sites served an average of about one thousand persons per day.

Number four, the Transportation Project for the Elderly depended on Title Twenty funds of the Social Security Act, which were reduced last year by twenty-five percent. This has eliminated all social and recreational trips and has limited transportation to essential services for the elderly. It has had a tremendously severe impact on a lot of our rural poor.

The Title Five, which has provided jobs for senior citizens, will be totally eliminated by October of this current year. The forty-two jobs which we provided through the county for senior citizens included a fix-it program, where older retired carpenters, electricians, and workmen were involved in winterizing and security programs for other elderly people. That program will entirely disappear.

The Homemaker Service provided three thousand five hundred hours of service to the elderly in 1981, and will be cut to thirty-two hundred hours in 1982. Additional reductions will result in a decrease of a life-sustaining service that provides basic hygene, food preparation, feeding, cleaning, and companionship services for the elderly who are alone and cannot do for themselves. Without this service, many of our elderly will be placed in institutions or boarding homes.

The county has been advised that the third-year funding of a three-year grant for the disabled will not be forthcoming. Condequenty, unless the county picks up the cost -- which seems extremely unlikely -- the unit staff will be reduced from eight to two. And, without the advocacy and coordination of services provided by this unit, the disabled and handicapped will have lost a strong voice, and may tend to withdraw from the mainstream of society.

The tremendous cuts in the Child Support and Paternity Program strikes a direct blow to children that have been abandoned by their parents. This unit has been quite successful in its effort to locate absent parents and facilitate arrangements for them to meet child support obligations. If the proposed program changes are enacted for fiscal year '83, the seventy-five percent Federal funding and the fifteen percent collection incentive now enjoyed by State and county units would be entirely eliminated. States and counties would be required to fund child support payments from collections only.

We are in a final funding cycle for the LEAA and the SLEPA programs. Funds from those sources were provided for the development of many critical and innovative criminal justice programs which in the past had been picked up eventually by county government. However, today, given the financial crunch, several such programs, including our adolescent treatment unit in juvenile court, will cease

in October.

The cuts in CETA funds for fiscal year 1982 are absolutely devastating. This year, Title II (d), and Title VI, the Public Service Employment Programs, were eliminated. This meant a four million dollar loss of funds, which virtually abolished this type of job training. When this cut is combined with the reduction in classroom training, youth programs, and the Title VI private industry fund, they represent a fifty-nine percent cut in Federal funds for 1982 alone. And, becuase of these decreases in funding, fifty-nine percent of the eligible people in these worthy programs will be dropped -- and the outlook for the future is even more ominous.

The foregoing has only touched the surface of some of the social welfare programs in the county that are seriously impacted by the President's present and proposed budget reductions. If the direction of the Administration's plan remains on course, the poor and the elderly will experience severe hardships in trying to achieve an adequate standard of living.

Inherent in the President's program is a rejection of the nation's poor. As Senator Alan Cranston describes it: "The Reagan program is a presecription for abdicating our national commitment to meeting the most basic human needs of our poor, disabled elderly citizens, and our children of tomorrow."

The first and the obvious question I am sure you are looking for the solution to is, "Does local government have the wherewithal to continue the social and human service programs started by the Federal government, and funded, largely, through Federal funds?" The answer is, quite simply, no. County governments cannot fill the gaps created by the demise of Federal funds because the cost to counties for providing the so-called "mandated services" which the State statutes assign to counties, and over which we have very limited control, continue to climb at an accelerated rate.

Secondly, the budget controls proposed by the State, limits the amount of money we can raise locally, how we raise it, and generally how we spend it.

And, third, we need a solution to the problem of the continuing raid on the traditional sources of funds for local government by State government. As the resources become scarcer, debate will sharpen on who should do what, and who should finance what. Since local governments are currently delivering many of the programs under discussion, and partially funding those same programs, we feel that our voice should also be heard in that discussion.

From the point of view of the local governments, we realize that we must forge a new partnership with State government. I would be less than candid if I did not admit that frankly many local governments have dealt better with Washington than they did with their State Capitols. Here in New Jersey, local governments have some real and deep-seated concerns with the State's capacity to respond, politically and institutionally, to the challenge that is presented, and specifically, number one: Will the State administer the block grants like the categorical programs? Our experience with the State administered programs in the past has been that their regulations and requirements are much more stringent, more bureaucratic, and have much more red tape than those of the Federal programs.

Number two, will the State share in the cuts by administrative reductions at the State level, or will the cuts in funds simply be passed on to local governments, to come out of the program costs? We would certainly like to see some guaranteed pass-through of funds to assure that this doesn't happen.

Three, will the formulas used by the State government to determine the methods of sharing the Federal funding be based on objective criteria of need or on political considerations? I am sure most of us in South Jersey have felt for years that many of these decisions were political, and not based on the criteria of need.

Four, will the State Executive Branch and the State Legislature actually be able to control the State agencies administering the monies? The counties' experience with the Divisions of the Department of Human Services, a multi-billion dollar department of State government, has led us to have some real apprehension on this point.

Some of the divisions within the Department operate with a great deal of autonomy in the decision-making process, and pass on to the local governments, in the form of absolute dictate, their decisions about how programs are to be offered. This use of power is particularly galling since New Jersey is the only State in the Union which does not pay any of the administrative cost of public welfare. That is a national disgrace. Sixty percent of the costs are borne by the Federal government and forty percent by the county governments, and not a nickel comes from the State government.

Number five, will the State provide for participation -- legitimate participation -- in the decision-making process of the formulation of how the programs will be administered at the State level, and how the formula for distribution of funds will be arrived at?

Last Fall, local governments participated in, frankly, what was something of a charade. We were asked for opinions. A great deal of time was spent in coming up with those. In the final analysis, the formula for distribution of the Title XX cuts was revamped on several occasions, and the last revision, made at the State level, bore absolutely no relation to the participation that had gone on during the local process. Ironically enough, even after that last analysis, the entire decision was put on hold, and all of those decisions and all of those cuts were deferred until this year. Parenthetically, that deferral was possible because the State Department of Human Services found, within its budget, sufficient money to cover the first phase of that twenty-five percent reduction in funding on the Federal level. We at the local level have to ask: How could that have been possible?

I guess, finally, you are interested in what our response is to these cuts. I will try to sum up, quickly, some of the things we have been trying to do. We are actively working in both Washington and Trenton to find the answers. The National Association of Counties, in which Atlantic County is actively involved, is lobbying to keep the AFDC Food Stamp and Medicare Programs at the Federal level, since it is our feeling that they should be consistently and uniformly administered throughout the fifty states.

Policies which underlie the administration of those programs are truly Federal policies, and not State or local policies.

We are also continuing the effort to have the State absorb the cost of those programs which we properly feel are State programs, in particular the judicial system. We have begun exploring other lines of response. We have developed, in Atlantic County, a private sector initiative task force, which is already working very hard with county government in the development of private sector involvement to offer some of the programs that are being dropped by the Federal cuts.

We are concentrating, initially, on job training and on some of the social service programs, and, through in-kind contributions, on consultation time.

We are also honing in on efficiency and productivity, concentrating on certain areas of county government where we can improve the operations and cut back on the cost of providing these very basic services.

We are shifting, wherever possible, to user fees for particular services where that strategy is appropriate. This, of course, is not a generator of major revenues for the county; however, it is part of the overall strategy.

We are continuing our efforts to offer consolidated programs to municipalities and other quasi-governmental agencies in an effort to both save money and to offer some regional leadership. These are but a few of our responses. What with the uncertain status of the Federal budget and our own State budget, there still remains a great deal of confusion as to where we will finally wind up.

Every day it seems as if we are being thrown another curve ball, and, quite frankly, we are having to do a lot of quick thinking on our feet.

In conclusion, it goes almost without saying that the budget cuts proposed by President Reagan will have a devastating impact upon the much-needed services now rendered by Atlantic County to its poor and its elderly residents. Furthermore, the proposed transfer of many of these programs will drastically affect their quality, because there is no mechanism at the State level to efficiently channel these funds back into counties. That mechanism must be created. The counties must have a voice in this crucial process, and we call on you, gentlemen, in your very high-placed position on that very important legislative committee, to help us out.

I would be happy to answer any questions, if you have any at this time.

ASSEMBLYMAN MATTHEWS: Assemblyman Muziani.

ASSEMBLYMAN MUZIANI: Mr. Worthington, you cite these cuts. Percentagewise, do you have any information concerning the comparison between the cuts you are experiencing here in Atlantic Couty and South Jersey and what is being experienced in North Jersey?

MR. WORTHINGTON: Well, the same kinds of cuts are being proposed, and people in North Jersey are certainly also faced with the same kinds of percentage cuts. The problem is that a lot of the Federal dollars that we anticipated coming down under the new Federalism Program, in terms of block grants -- we understand that the monies are going to go from to the Federal government to the State, and when that happens, we have found that there is no means, no equitable means, of distribution of those funds from the State down into the local communities and into the counties. We find, for example, that if a block grant of money is passed down to the State, there are a lot of different ways you can-- Let's take some social service monies. If the monies come down in a black grant to the State for distribution to counties and local municipalities, certainly there are a lot more voters up in North Jersey than there are in South Jersey, and so some of the people up there are more inclined to say, "Let's have a per capita distribution of funds." So, this helps the people in Bergen County, which is affluent, for example, and where they don't have the need; and it hurts the communities, such as the South Jersey communities, where the need is quite apparent and real, but where we don't have the per capita population.

For example, if those dollars were to be distributed on the basis of those people who are eligible for SSI, that would mean that the monies would be focused in and distributed on the basis of where the need is, rather than just where the population is. So, we are very leery of State redistribution formulas because we, in South Jersey, for years, and years, and years, have suffered under those kinds of

politically-manipulated distribution formulas. And, what we have to do is to make sure that if the monies are being set aside for social programs, then we have to identify that group of people and make sure that wherever they reside in the State, those monies then go to the people who are needy, rather than to just where the population is.

ASSEMBLYMAN MUZIANI: You made a point that I want to clarify in my own mind. When you were making reference to welfare, you said something about the fact that the Federal government and the county government were subsidizing this parcicular program, and not the State.

MR. WORTHINGTON: That's exactly right. The State has never paid one nickle into the adminstrative cost of welfare in the State of New Jersey. It is all subsidized -- and this is the only state where it happens. Forty percent of the share comes from the county, sixty percent comes from the Federal government, and not a penny -- not a blessed penny -- comes from the State.

ASSEMBLYMAN MUZIANI: You are speaking about the administrative costs?

MR. WORTHINGTON: The administrative cost of welfare, certainly, which is all of the money it takes to run a welfare program.

ASSEMBLYMAN MUZIANI: I am a new Assemblyman, so I wasn't in the Assembly last year when, I understand, there was an emergency appropriation requested -- back in May -- for $11.6 million additional funds to be earmarked for the Division of Welfare.

MR. WORTHINGTON: No, we are talking about the money that goes to the people there. The State does participate in that. But, all of the workers -- we have about 400 people who work in our Social Service Department. We pay that, along with the Federal government. The State doesn't pay a nickle.

ASSEMBLYMAN MUZIANI: I see, you are talking about administrative.

MR. WORTHINGTON: The administration of the program, right, which is considerable.

ASSEMBLYMAN MUZIANI: But, there is money in the State budget for welfare?

MR. WORTHINGTON: Yes, and that comes from the county, the State, and the Federal government.

ASSEMBLYMAN MUZIANI: My last question is--

MR. WORTHINGTON: Excuse me. The cost, for example -- the administrative cost of providing our welfare program this year is budgeted for about $4 million, of which the State pays not one penny. Forty percent of that cost comes from the county, sixty percent comes from the Federal government. So, it is not an inconsiderable amount of money; it is very big money that we are talking about.

ASSEMBLYMAN MUZIANI: Are you suggesting there is an inequity in the allocation formula?

MR. WORTHINGTON: Absolutely. There have always been inequities in the State distribution allocation formulas. The Title 20 formula last year -- the 25% cuts -- was such a hot potato that, as I indicated in testimony, they deferred making any decision on it.

But, what I am saying is, I think the counties and the local people who are affected should certainly be involved in the decision-making process -- how these formulas are arrived at and how they are administered.

ASSEMBLYMAN MATTHEWS: All right, Charles, thank you very much. Your testimony was very good.

ASSEMBLYMAN HENDRICKSON: Mr. Chairman?

ASSEMBLYMAN MATTHEWS: Do you have a question?

ASSEMBLYMAN HENDRICKSON: Yes. Mr. Worthington, in the past few years we have all, I am sure, read in the newspapers about some of the problems we have had in the Department of Human Services. Would you actively support a complete revamping and change in the Department of Human Services with regard to the distribution, the inequitable distribution, of money? I know you are talking now about the way the formula is.

MR. WORTHINGTON: Absolutly. We think that some of the decisions there are the most bureaucratic, written-in-stone kinds of decisions made. There is absolutely no flexibility in many of the areas. It is like a totalitarian state to try to deal with some of those agencies at the State level. They are absolutely horrid.

ASSEMBLYMAN HENDRICKSON: I believe you must be aware of that, because I know how active you are. We have been around the State together on more than one problem with the North Jersey/South Jersey thing.

MR. WORTHINGTON: We sure have, John.

MEMBER OF AUDIENCE: I am sorry to interrupt you, sir, but we are not able to hear any of your conversation.

ASSEMBLYMAN HENDRICKSON: I'm sorry. Can you hear me now?

MEMBER OF AUDIENCE: Yes.

ASSEMBLYMAN HENDRICKSON: Fine. Mr. Worthington, I believe you are aware that the present budget being proposed is about $9.8 million higher for the Department of Human Services than it was in the prior fiscal year?

MR. WORTHINGTON: Yes.

ASSEMBLYMAN HENDRICKSON: And, if that Department could, perhaps, have a redistribution, just in budgetary areas, wouldn't that help Atlantic County and some other counties down here?

MR. WORTHINGTON: Well, frankly, we have a lot of faith in the new Commissioner. George Albanese is a former administrator of county government in Union County. He certainly is aware of the problems we face in dealing with that bureaucracy up there. I would certainly hope that there will be some radical changes under George's administration. I would like to see that.

But, aside from that, there are tremendous problems up there with the integration of the Federal rules and the way the State bureaucracy interprets, very inflexibly, some of those rules, and the way they come down. They are very difficult people to deal with.

ASSEMBLYMAN HENDRICKSON: Thank you, Mr. Chairman.

ASSEMBLYMAN MATTHEWS: Mr. Worthington, once again, thank you very much.

MR. WORTHINGTON: We hope we will be seeing a lot of this committee as the year goes by. We will certainly keep you advised of our concerns. You are very important to county governments all over the State.

ASSEMBLYMAN MUZIANI: Mr. Chairman, may I make a request?

ASSEMBLYMAN MATTHEWS: Yes.

ASSEMBLYMAN MUZIANI: Do you mind sending us a copy of your--?

ASSEMBLYMAN MATTHEWS: We have it.

ASSEMBLYMAN MUZIANI: Oh, you have it.

ASSEMBLYMAN MATTHEWS: Yes.

ASSEMBLYMAN MUZIANI: Thank you.

MR. WORTHINGTON: Thank you very much, Assemblyman. It's been very nice to see you again.

ASSEMBLYMAN MATTHEWS: Thank you very much.

ASSEMBLYMAN HENDRICKSON: I would like to thank Assemblyman Matthews for inviting me to this hearing. Although I am not a member of his Committee, I am from Ocean County, and I am interested in the budgetary process for human services. So, thank you, Mike, for the invitation.

ASSEMBLYMAN MATTHEWS: My pleasure.

Oscar Harris, Executive Director of the Atlantic City Housing Authority.

O S C A R H A R R I S: Good afternoon. We welcome this opportunity to appear before you, and to offer testimony to your Committee on the Federal Budget Cuts and their Impact on County Operations and Services.

On January 26th of this year, our president announced his new federalism initiatives in his State of the Union address, which outlined forty-three Federal programs that, beginning in 1984, will be turned over to the states. Included within these forty-three programs are the Community Development Block Grant and Urban Development Action Grant programs. Other programs that will be folded into what might be termed a giant revenue sharing program will be Low-Income Home Energy Assistance, Water and Sewer Grants, Community Facility Loans, Waste Water Treatment Grants, and other programs in the areas of transportation, education, and social services. The citizens of our nation and our state, and, more specifically, the residents here in Atlantic County and in Atlantic City, felt this new federalism last year, in light of the many budget cuts which have affected their very existence.

My name is W. Oscar Harris, Jr. I am Executive Director of the Atlantic City Housing Authority and Urban Redevelopment Agency. Before going further, I wish to share with you what role the Housing Authority plays here in Atlantic City. The Authority was created in 1938 and given the primary function of providing public housing for the city's low income residents. The Authority owns, administers, and operates over 2100 units of housing for low income families and seniors and its goals encompass not only the provision of needed housing, but the provision of programs and services to improve the quality of life and social mobility of its resident population. The housing that we provide accommodates more than five thousand persons. The Agency also offers a variety of different social services funded from many sources. The various social services delivered by the Authority are:

Homemaker Chore Service Program, which offers home health care for the aged, disabled, and shut-ins within the Housing Authority, funded through Title XX, in the amount of $181,000 annually.

The Infant Toddler Stimulation Program, which provides day care services for children, between the ages of six months to four years, of working parents, funded through the Community Development Block Grant Program, in the amount of $56,000.

The Child Care Food Program, which provides food for the Infant Toddler Program, funded through the State of New Jersey in the amount of $11,900 annually.

The Summer Nutrition Education Program, with funding received, again, from the State of New Jersey in the amount of $5800, which provides for nutrition education for Housing Authority children between the ages of six and eleven years in a camp setting, conducted during the summer.

And, our Senior Citizen Outreach Program, funded through Title III of the Older American Act, in cooperation with the county, reveiving some $47,700 annually in funds, which provide for Senior Citizen Outreach, Friendly Visitor Volunteer Service, telephone reassurance to shut-in's, shopping transportation, assistance to get to health screenings, and adult education.

All of the aforementioned programs are matching funds programs.

The Atlantic City Housing Authority uses Federal funds exclusively for its Housing Authority operations. The funding of the Authority's operating budget comes in part from rents received from its tenants, and from a direct subsidy provided by the Federal government. The housing component of the Authority's operation has not been spared from the Federal budget cuts that were imposed last year, and that are being contemplated for this coming fiscal year. Our housing program experienced some 14.5% decrease in overall subsidies to its programs. It has been suggested that this year's reduction in Federal subsidies will amount to approximately 25%. An example of how severe this reduction may be to the Authority can best be typified by examing the Authority's overall operations three years ago, and the monies needed to cause the Authority to operate smoothly and effectively then, as opposed to what the Authority needs in terms of revenues to allow for the same level of service and smooth operation for its housing units now.

Our approved budget for the fiscal year ending March 31, 1981 was $4.1 million. Our submitted budget for fiscal year ending March 31, 1983 is $7.7 million. Our total operating receipts have increased 52%, while our total operating expenditures have increased by 73%. At a time when spiraling costs for ordinary maintenance, non-routine maintenance, protective services, tenant services and utility rates are on an increase, the Federal government, in its infinate wisdom and in its adoption of a new federalism, has seen fit to effect a reduction in the overall funds necessary for a smooth and effective public housing program within our nation, and more specifically within Atlantic City. Unfortunately, we in Atlantic City will not be immune from these budget cuts. We continually look to our reserves to cover any Federal short-falls in funds to address the problem. To more graphically illustrate the seriousness of the problem, allow us to provide you with some startling statistics concerning residents of our public housing units:

The average income for seniors residing within our units is $4,200 annually.

The average income for families residing within our units is $6,700 annually.

The average rent paid by seniors within our developments is $79 monthly, which includes utilities.

All rents are based on 25% of the adjusted gross income of the family or individual for occupancy within our housing complexes.

In addition to the housing cuts which we have enumerated, there are very deep and severe cuts which have already been initiated and new budget cut proposals which are being called for and shall affect recipients of food stamps, aid to families with dependent children, medicaid, school lunch program, summer food program for children, and a myriad of various social services, such as day care, in-home services for the home-bound elderly and handicapped, and protective services for abused children, the child care food program, low-income energy assistance, compensatory education for poor and disadvantaged children, unemployment insurance, and public service employment programs.

As an example of how deeply affected Atlantic County would be on the proposed cuts involving the summer food program, we will suffer a loss in reimbursement of $130,000 in the county alone. The Food Stamp Program, which affects some 8,000 households within Atlantic County, will cause 1,000 of those families to be made ineligible. The despair and frustration which is being felt by those families affected, those families and individuals which help make up your constituency, should not be tolerated any further.

The entire Federal budget is about $750 billion. Over $200 billion is

in defense, and nearly $200 billion in Social Security. Nearly $100 billion goes to pay the national debt. This leaves about $250 billion, or about one-third of the Federal budget that absorbs nearly all of last year's cuts, and is targeted for all of the new cuts. The entitlement and benefit programs account for 40% to 50% of the Federal budget. Most of these funds in these types of programs go to the middle class rather than to the poor. There are two basic types of programs that provide for benefits and services: Those which are available to persons without regard to their income, such as social security, medicare, and other pension type programs, and those which are limited to those who are found to be in need because of low income.

As a result of massive tax cuts and an increase in defense spending, our nation now faces Federal budget deficits of unparalleled dimensions if changes are not made. The Office of Management and Budget is approximating deficits in the range of $100 billion in fiscal year 1982, $180 billion in fiscal 1983, and $200 billion in fiscal 1984.

In an effort, under the scheme of new federalism, to balance the budget, the Administration has unsheathed its sword and has elected to cut deeply into the soft underbelly that provides safe cover for our nation's needy, that being our programs that are entirely and primarily income tested, such as AFDC, Food Stamps, Medicaid, SSI, School Breakfast and Child Food Programs, and Low Income Housing Programs.

The nation as a whole has been laboring under a misconception that these types of programs are too expensive and no concrete results are seen. Let me state for the record that most of the Federal funds in the entitlement and benefits area that are primarily middle class, such as Social Security, Medicare, and other types of civil and military pension programs, serve all, regardless of age, and are not income tested. In contrast, 10% of the entire Federal budget is devoted to the basic programs that are targeted to low income groups.

Again, allow me to reiterate that the popular perception that welfare-type programs consume 1/3 or 1/2 of the budget is a total untruth. The facts are that these programs fall below 1/10th of the Federal budget. Should the various proposed budget cuts be imposed, your constituency here in Atlantic County, and more specifically here in Atlantic City, would be severely hurt financially. At a time when the Housing Authority's operations are going up and services, which heretofore had been provided to our residents, are being reduced and, in some instances, curtailed, causing them to use their dollars to purchase the services, while at the same time the Federal government is causing the Housing Authority to raise its rents to cover the reductions experienced in its subsidies being reduced, creates an undue hardship for the residents of our housing units.

At no other time in the history of our country has there been a greater need for all of its people to come together for one purpose, the purpose which this country has stood for through the two hundred and some odd years it has been in existence, the fulfillment of the American dream, the right of its citizens to avail themselves of the pursuit of life, liberty, and happiness. We translate that into the basic needs of life, which are: food, clothing, and shelter.

In closing, we solicit your help and aid in taking the message back to Trenton and telling your fellow legislators that these are dire times, that should these programs be given over to the states, in order for them to work effectively, they have to be appropriated at sufficient levels to guarantee the delivery and the fulfillment which is mandated under our Constitution. Thank you.

ASSEMBLYMAN MATTHEWS: Thank you. (applause)

MR. HARRIS: We have some children from the Infant Toddler Stimulation Program and some seniors with us in the rear of the room.

ASSEMBLYMAN McENROE: Mr. Chairman, through you, I would just like to comment a bit on the testimony of Mr. Harris. Mr. Harris, you are Executive Director of the Housing Authroity, and I can't think of anything that is obviously more important than housing in Atlantic City. In your comments, you did make a broad statement -- which, frankly, I, for the most part, support -- but you did not emphasize the need for additional housing. Wouldn't that be the first concern to an Executive Director of a Housing Authority -- the lack of housing and the lack of effort in that direction?

MR. HARRIS: Yes. The Housing Authority's official policy governing the construction of new units for low-income families does not take on a traditional characteristic. What I mean by that is, we have learned through experience that the type of public housing that we have created in this town, in terms of congregate housing sites for people, is not the way the needs of low-income families should be met in terms of housing. Our approach would be to offer housing opportunities through a combination of things. The first is, there are a number of housing proposals that are presently being entertained by our agency, as well as a county agency, that contemplate market rentals. And, our approach will be that either 15% to 20% of the units that will go into making up the various housing proposals that we have before us will be targeted for low and moderate income families, in an effort to lessen the impact and the stigma which is associated with residing within public housing. That is one of the approaches that we intend to follow.

Still another approach is, we have a very unique phenomenon here in Atlantic City. Approximately 15% of our units are occupied by persons who are over income, which seriously affects our ability to move families into our public housing units, because those folks have no place to move to. We will be developing a number of housing scenarios that immediately address the needs of those over-income families, such as the one that contemplates the use of city-owned land for manufactured housing, which we shall offer to those over-income families in an attempt to get them out and free up those units.

But, again, in answer to your question, Assemblyman McEnroe, we no longer want to build congregate housing sites, which carry a stigma and create a myriad of problems in terms of ownership and management of those units, and serve no real purpose for the residents within those types of housing developments.

ASSEMBLYMAN McENROE: You are interested in Federal Section Eight money, aren't you?

MR. HARRIS: Oh, yes, sir. We have 110 Section Eight existing certificates that have already been placed in this town. We think there is a growing need for the Loan Authority through the Section Eight program to be expanded, to allow us to get more certificates here in Atlantic City. Out of all of the programs that I have outlined, some 43, which will be going to the Federal government, have elected to retain the housing aspects of most of the programs that are being funded now. It is unfortunate that at least this Housing Authority, for example, has, through the last five years, and more recently over the last year, suffered a very serious depletion in its reserves. By Federal mandate, we are obligated to maintain a certain level of reserves for the efficient and effective operation of our projects.

Just recently, we have drawn on those reserves and we have depleted them to a very seriously low level. We, in all likelihood, in this coming year, will

deplete those reserves to a level of about $100,000. That is about $700 thousand less than what it should be. So, we are cognizant of the fact that these are very drastic times, and we have tightened our belts, if you will, and we are examining every facet of our operation in an effort to save money where possible.

At the same time, the Federal government has thrown out suggestions that its public housing program will, in all likelihood, suffer some revamping, and the rents are being predicated now on 25% of the adjusted gross income of individuals. They are suggesting that we look to upping that percentage by 20%, to a level of 30% of the adjusted gross income.

So, again, it creates an undue hardship in terms of our operations, as well on those who reside within out public housing units.

ASSEMBLYMAN HENDRICKSON: I am sure we are all aware of the need of the poor, particularly in South Jersey. Are you familiar with the Committee that looked into the welfare problem last year, headed by Assemblyman Flynn, and the recommendations that come out of that?

MR. HARRIS: Somewhat.

ASSEMBLYMAN HENDRICKSON: Would you support some of the income maintenance of alimony or child support -- such as deduction at payroll level -- in order to help our poor, particularly the women and/or the spouse that might be left with the child? What I am trying to do here is, the report I have in front of me says that there is about a $36 million savings in about seven different areas of problems. And, it specifically said that fraud is not so much the problem as the proper administration of the welfare program.

MR. HARRIS: That may, in part, be true, but the public housing experience here in Atlantic City -- and we are not atypical of the rest of the State -- is, most of our public housing units, our family units, are headed by female heads of household. They are the ones who receive the brunt of any type of Federal cuts because if affects what they can do with their children in terms of them going to work. It also affects their ability to create a more wholesome environment with respect to after-school programs. It creates a tremendous burden on them in terms of fulfilling a life role with the rearing of their children.

Unfortunately, the stigma that we have attached to residents in public housing has permeated all of our thinking, or the majority of our thinking, at higher levels of government, and it is reflected in attitudes in terms of areas in which the budget cuts are now being contemplated and the areas in which budget cuts have been made. It affects the WIC aspects of the AFDC components. It affects a whole host of social services, which are targeted to persons who are primarily residents of public housing. So, again, we would be in favor of supporting that if it in no way affects the formula for rent of persons residing within our family units.

ASSEMBLYMAN HENDRICKSON: What I am trying to get at is, will you specifically support the revamping, again with the seven recommendations made by the legislative committee, in order to redistribute the money? Again, I specifically say that it is not so much the "welfare fraud" that we hear so much about, but it is trying to get the responsibility placed where it rightfully belongs -- on that parent who is making the money. And, there is a $36 million savings there if that parent could be brought to, if you want to say, justice for the child that is there to be brought up in this world.

MR. HARRIS: Again, we would--

ASSEMBLYMAN HENDRICKSON: Will you support that?

MR. HARRIS: Yes, we would support it, with certain conditions.

ASSEMBLYMAN HENDRICKSON: I have one other question. Do you have an average cost-per-child in day care at this particular time? Day care, as it is, is in different centers, as opposed to other counties where they are put in qualified homes in order to give them the same type of help they are getting, and the same type of education they are getting, but perhaps giving it to them in a home atmosphere.

MR. HARRIS: Yes, we do. Yes, the average cost per child for a week is $50.

ASSEMBLYMAN HENDRICKSON: The average cost?

MR. HARRIS: Yes.

ASSEMBLYMAN HENDRICKSON: Well, the average cost that I am reading -- and I will be brief -- is $4,600. We are talking about $165 thousand a year for 60 children.

MR. HARRIS: Well, our average cost per week is--

ASSEMBLYMAN HENDRICKSON: I am talking about under the Title XX Program. I am talking about day care -- or whatever title it is.

MR. HARRIS: Yes.

ASSEMBLYMAN HENDRICKSON: Thank you very much.

MR. HARRIS: Thank you.

ASSEMBLYMAN MATTHEWS: Do we have a copy of your statement?

MR. HARRIS: Yes, I will provide you with that.

ASSEMBLYMAN MATTHEWS. Thank you.

MR. HARRIS: Thank you.

ASSEMBLYMAN MATTHEWS: Zelda James, Senior Citizens' Outreach Advisory Board.

Z E L D A J A M E S: Good afternoon, Assemblymen, ladies and gentlemen. I have listened to Mr. Worthington and I have listened to Mr. Harris. I have no monetary information to give you. I am not here for that particular purpose. I am Chairman of the Advisory Board of the Atlantic City Senior Citizens' Community Service Program.

We are very concerned with your cuts under Title V, and all the services of the Old American's Act. We are very much interested in our social programs that deal with services to the senior citizens -- homemaker aids and chore aids. You may not think that is very important, but it is very important, and when that is cut out these senior citizens are going to suffer.

As Mr. Harris has stated, the Atlantic City Housing Authority has such a program, which at the present time is just about hanging. We are not sure just how much longer it will be kept up because of these cuts.

I personally -- myself -- have been working with senior citizens for the past ten years. I feel as though I know how they feel. I know how they think. Some of these senior citizens are unable to do any ordinary household duties themselves. These homemaker aids and chore aids are very important to them. When you reach the age of 70, 75, or 80, and you are crippled, for one reason or another, your hearing is impaired, and your sight is impaired, you need someone to come in to bring you encouragement, to bring you reliance, to being you a little happiness. Then all of a sudden you are told it is going to be taken away from you. What do the majority of people say? They say to place them in an institution. What institution? That is not the question, because we do not have enough institutions to place them in.

As the present moment, I am trying to locate a bed in a nursing home for a patient that is to be discharged from the hospital tomorrow, and there are no

beds available. But, she has to leave the hospital.

You sometimes say that you have nothing to do with this; this doesn't matter; you are not interested in this; it is just the money and the cuts that President Reagan is making. These are cuts also. They were made because of the President's cuts. This has to be solved. This is not solved by isolating your senior citizens. If you don't help us, and if you, our Assemblymen and our Senators, don't do something about it, then they are going to be left on the shelf.

We have had 15 centers, nutritional sites, closed nationally. If I am not mistaken, we had one closed in Atlantic City, on Massachusetts Avenue, and 906 is overcrowded. Stanley Homes is overcrowded. How can you overcrowd a nutritional site because you close one nutritional site? It is important. These senior citizens don't always go there for its nutritional value; they go there for companionship, to have someone to talk to, someone to greet them. If something isn't done, when you gentlemen and others in this room - in the 40 to 60-year-old bracket - reach the age of retirement and it comes time for you to decide that you want to sit in the rocking chair and enjoy your retirement, will there be anything for you to retire for, will there be anything for you to retire to? (applause)

We can not and we must not put this issue on the shelf and say time will iron it out. Time is a matter of days, weeks, months, and years. It takes good judgment to plan ways to protect our social services. Not only time is running out, but you also tell me money is running out because of your cuts. I grant you that the cuts are very severe.

Seniors represent one-quarter of the population of Atlantic County. I think, if I am not mistaken, I heard Mr. Worthington say that North Jersey is more densely populated with senior citizens than Atlantic County is, and that Atlantic County was always lacking. But, I say this: I have noticed in trips to Trenton that your northern senior citizens are there to fight. Senior Citizens need leadership. When we go to the polls and we vote for our Senators and our Assemblyman, and they know the plight that we are in, we only ask for help. We can write you petitions, we can write you letters, and you send us back a form letter. True, you are willing to help us. You agree that we need help. But, that seems to be as far as it goes. And, we want a little more than just that. We want a little more than just a form letter.

I realize you may be doing the best you can do, or as far as your ability may go. But, I am sure that you should be able to stand up and be counted so that some of these things can be taken care of. I thank you. (applause)

ASSEMBLYMAN MUZIANI: May I make a comment? Mrs. James, I just want to respond to you, if I may, realizing of course that you are talking about the cuts we are experiencing which are based on the Federal cuts. I want you to understand that providing adequate programs to meet the needs of the senior citizens and disabled citizens is uppermost in the mind of the new Governor of this State. And, he is including in his proposed budget excess monies for the use of the senior citizens and the disabled citizens of the State. It is a considerable amount of money -- $450 million -- that he is asking for to be put in that budget. In addition, he is talking about increasing the pharmaceutical assistance program by $12.7 million, increasing Lifeline from $150 to $175, and reinbursing the municipalities for tax exemptions for senior citizens and disabled residents, from $200 to $225.

In addition, he is recommending $46.3 million for the pharmaceutical assistance to the aged and disabled program be supported by the general fund.

The point I am trying to make is, we are experiencing these cuts -- federal cuts -- but there is consideration being given on the State level to the needs of the senior citizens and the handicapped. I hope that you would support what the Governor is attempting to do in assisting the senior citizens and the handicapped by way of his budget proposals.

MRS. JAMES: These are the recommendations that you are going to make?

ASSEMBLYMAN MUZIANI: The Governor is proposing these.

MRS. JAMES: The Governor is proposing them?

ASSEMBLYMAN MUZIANI: That's right.

MRS. JAMES: Well, if the Governor is going to propose them, he has to have someone that is going to vote for it -- someone that is going to back him up, does he not?

ASSEMBLYMAN MUZIANI: That's correct.

MRS. JAMES: Well then we still have to depend on our Assemblyman, do we not?

ASSEMBLYMAN MUZIANI: That's correct.

MRS. JAMES: That's all I want to know.

ASSEMBLYMAN MUZIANI: I just want you to know that there is sentiment in this direction.

MRS. JAMES: That's all I am asking for, because when you work with senior citizens and you see the plight that they are in, and you see it every day -- you see it day in and day out -- we realize the fact that senior citizens are sterotyped: "They can only do this, or they can only do that." They are not senile, as they are considered to be. They may be a little slow. You can be senile at 50; you don't have to be 80 to get senile. So, therefore, all I am asking -- I am speaking for the senior citizens -- is that you just help us out. You know our plight. We need your help. These cuts have come down, and we know when the block grant goes through, you are going to have to divide it and decide where it is going to go. I only hope that everybody gets a little bit of that block grant when it goes through, and that nobody is left out. That's all I am asking. Thank you.

ASSEMBLYMAN MATTHEWS: I want to apologize if anyone has sent you a form letter. I don't know who would do such a thing.

MRS. JAMES: I have received three of them, and you read the letter and you judge for yourself that it is a form letter, because it is sent not only to you but to others as well. When we write to an Assemblyman or we write to a Senator, we expect a letter from him. We would rather the letter be in his own handwriting. Even if it typed, that's all right. But, it should be his own thoughts and his own feelings, and not if ten people write to you, ten people get the same letter back.

ASSEMBLYMAN MATTHEWS: I don't know who did that.

MRS. JAMES: Well, it is done.

ASSEMBLYMAN MATTHEWS: I apologize for those who did do that.

MRS. JAMES: Okay. Thank you.

ASSEMBLYMAN MATTHEWS: Cheryl Miller.

C H E R Y L M I L L E R: Mr. Chairman, members of the Committee, and members of the public. My name is Cheryl Miller. I am a 24 year old lifelong resident of Atlantic City.

I am pleased to be here to testify as to the results of my individual research and my anaysis of the impact of the Regan Administration's budget cuts on higher

education.

My basic premise agrees with Thomas Jefferson and John Quicy Adams, that education is one of the foundations of society. Whether in the Colonial Virginias or the Massachusetts of the founding fathers, or today's contemporary, modern society, education has always played a key role in building and sustaining democracy through literacy and citizenship training, through scientific and technological research and development, and the broadening of liberal arts.

If education then is a generally acknowledged pillar of today's and tomorrow's democratic society, how is it faring under the Reagan administration thus far? The National Education Assocaition -- NEA -- has furnished some enlightening data in this regard. In September, 1981, public schools opened after President Reagan had requested a 30% cut in Federal aid to education. According to the NEA, such a move "would effectively eliminate much of the Federal assistance for public schools legislated over the past two decades."

The 1981 Federal budget for education was $14.2 billion, and this fiscal year Congress slashed education funding to $12.8 billion. Elementary education, secondary education, and college loan programs were all devastatingly cut, and in particular the disadvantaged children's program was hard-hit. Local districts did not, or could not, fund these programs without federal assistance. Title I of the Elementary and Secondary School Act -- ESEA -- had funded many special programs much needed by poor children, including special equipment, instructional materials, special counselors, guidance personnel, use and training of teachers' aides and also teachers hired to service the needs of the educationally deprived. President Reagan lobbied to slash such programs, and to lump them into unearmarked block grants. Congress did modify his proposal and left in Title I, and education for the handicapped -- the two largest educational programs, separate and relatively intact.

However, this vital program was only funded at $2.8 billion, a $629 million cut. In higher education, Congress voted to slash aid to college students by reducing the Pell Grant -- formerly known as the Basic Education Grant -- by $500 million, and the Guaranteed Student Loan program by $450 million. What is the impact of these drastic cuts? Number one, ESEA cuts will hit nine million of our most disadvantaged children. Estimates are that 3.2 million may be excluded from educational programs.

Number two, the Federal bi-lingual educational program will be reduced by $82,500. Children's limited English usage deprives them of a good education and they have a dropout rate twice that of English proficiency students. Over 70,000 teachers will receive pink slips this fall as a result of Federal budget cuts, adding to the already high unemployment rolls.

Classes will be even more overcrowded and teachers will be more overworked than at present, when class size and techer-pupil ratio are already too high. The number of students in each class will be greatly increased; thus, the amount of time each teacher can give each student will be drasitically reduced.

Higher education will raise tuition for middle-class and other students, slash research capacity, close the newly-opened college doors to low income students, and slash financial support during a time when most colleges and universities are already hard pressed for funds.

The Student Mobilization Against the Cuts and the Youth Action of the DSA have provided the following data and analysis of the higher education cuts, and I quote: "President Reagan has proposed devastating cuts in student's financial aide and loan programs by reducing the Federal student aid by 47%. The cut will deprive

one million undergraduates of Pell, formerly BEOG -- as I mentioned before -- and 600,000 graduate students of guaranteed student loans. Cuts will also eliminate social security benefits to college students, affecting some 750 youth, as well as wipe out $189 million in aid to campus-based programs, such as college work/study programs.

The Reagan new federalism and the effects of Reganomics on state and local budgets threaten the public universities that represent most American's best chance for education. Education in America is expensive and inaccessible. The proposed cuts will make an already unequal system more unjust. They threaten to close the door to both education and many jobs to all but a privileged and overwhelmingly white few.

In this period of high unemployment fewer and fewer students can find part time employment. Those who leave school because they cannot afford tuition may join the unemployment rolls. As fewer people can afford education, where will the educated workers our society needs come from? In the not so distant future, we may be faced with a severe shortage of teachers, health care professionals, and other college educated workers. Education is an investment in the future, and one that this nation cannot afford to abandon. At the same time the scarcity of funding for education will drastically alter the character of education itself. Schooling will be more vocational as programs in the humanities are cut further. Universities will increase their business training while slashing programs in the humanities, social services, women's, and Afro-American studies.

Increased dependence on defense research contracts will militarize the campus. We, united to fight for human services in a full employment peace economy, together, look forward to fighting for an educational system that allows for individual fulfillment, and for meeting the needs of an egalitarian, and humane society."

Opposed to the previously-mentioned sentiments are the words of Reagan budget official, David Stockman, in testimony before the House Budget Committee, in October, 1981, and I quote: "I do not accept the notion that the Federal government has the obligation to fund generous grants to anybody that wants to go to college. It seems to me that if people want to go to college enough, there is opportunity and responsibility on their part to finance their way through the best they can."

Strongly disagreeing with Mr. Stockman's analysis of our higher education budget cuts is the outlook of the United States Students' Association. Let me read to you excerpts from the fact sheet, entitled: "Supply Side Education," by the United States Students' Association: "Beginning last March, 1981, the budget administration and Congress embarked upon the most severe retrenchment in financial programs for higher education in the past decade. Hundreds of thousands of lower and moderate income students have been directly affected by these cutbacks. Ultimately, one out of every three students will be affected by these cuts. Social security benefits have been completely eliminated, with present recipients phased out over a four year period. Two hundred and fifty thousand students will be dropped from the Pell program -- BEOG -- as a result of severe reductions in the awards as scheduled. The maximum Pell grant is now set at $1,670, while the average tuition cost for college and universities is up $4,000. These cuts will devastate the historically black institutions, as 70% to 80% of students in attendance receive some form of financial aid. Altogether, close to 600,000 students will be affected by the Pell cutbacks.

In 1983, if the Administration is successful, Pell will be slashed in half again, from $2.4 billion to $1 billion. Hundreds of thousand of more students will be eliminated. Five hundred thousand to one million students will be dropped from

the Guaranteed Student Loan Program. For the first time since its inception, the yearly minimum payment has been doubled and a 5% orientation fee has been levied against the students. In 1983, GSL could become totally need-based, eliminating moderate income students from the program. The administration has proposed doubling the orientation fee, requiring that students pay market interest rates while paying back their loans, cutting graduate students out the program entirely.

Out of the three campus-based student aid programs, national direct student loans have been severely slashed, forcing the elimination of 143,000 students. The Supplemental Educational Opportunity Grant, known as the SEOG programs, has been reduced by $80 million, forcing 75,000 students out. Reduction in funding for the State Student Incentive Grant will force 30,000 additional students out. The Office of Management and Budget would like to eliminate completely the SEOC and DSL programs, leaving only college work/study, and slashing that allocation by 28%.

The five programs under the trio umbrella have already been reduced by 60,000 students. The administration is proposing to eliminate three out of five programs, funding for the Equal Opportunity centers, Talent Search, and the Staff Training Authority, and to cut the Outward Bound program by 60%. Primary and secondary schools will also be disseminated as the Reagan administration seeks to totally cut the education program budget in half."

Mr. Chairman, the impact of this United States Students' Association factual study and analysis is heavy indeed. Education is to be severely cut back, thus threatening the future leadership, productivity, citizenship, realization, and tax-paying productivity of the Republic. The American middle-class is to be frozen in place, and even diminished.

In summary, Mr. Chairman, I would like to read the closing words of the NEA fact sheet on the Federal education budget cuts: "These cuts constitute a catestrophic change in both education funding and equality of educational opportunity. They will literally reverse the hard-won gains in education over the last 30 years, and they will come when school districts are already economically strapped.

The 1983 outlook -- the Reagan administration is planning more budget cuts for 1983. New budget estimates for education stand at $8.5 billion, a 40% cut from current funding. President Reagan has recommended that Title I, ESEA, be halved, to $1.5 billion by 1982, meaning more cuts before March, 1982 are in the works. By 1983, Title I finding will be literally killed. Education for all handicapped children is scheduled for a 66% decrease in 1983, and will then be combined with several other programs to compete for those funds. Other programs will be targeted for at least a 50% cut.

The Federal government is retreating from the commitment to education, as these budget cuts clearly show. By 1984, it is rumored that all Federal aid to education will be wiped out. All services and programs for school children that the State and locals could not or refused to meet will fade into history."

Mr. Chairman, an educated citizenry is surely part of the real national defense of any democracy or any republic. Without it, we shall not have either the economic backbone of a strong middle class or social justice for the poor. Today, the reckless Reagan Federal aid to education budget cuts threaten the present day social stability of America as well as the future viability of this vital part of the American dream, the foundation of America.

Mr. Chairman, I stand with the founding fathers who gave us public education and Harvard, against the narrow-minded David Stockman's of the world. Mr. Chairman, if we are to continue the research, the creativity, the productivity, the restless inventiveness,

the practical intellectual curiosity, growth, and development, which caused America to become great, to master mountains, to tame rivers, to hurdle deserts, to cross the perilous plains, to conquer rivers, and polio, to sail to the moon and the far flung stars, we must both fight and restore these penny-wise, pound-foolish educational budget cuts; otherwise, those who share my heritage -- the poor, women, the minorities, the great-great grandaughters and sons of former ex-slaves and old and new immigrants -- shall never be able to rise to the mountains, to the U.S. Presidency, or to the realization of the American dream. By restoring these self-defeating educational budget cuts, Mr. Chairman, we shall remain true to the audacious, forward-looking, invincible democratic American spirit, which the late Senator Robert F. Kennedy found in Shakespere's words: "Some men see things as they are and wonder why. I dream dreams that never were and ask why not?" Thank you. Are there any questions?

ASSEMBLYMAN MATTHEWS: Student loans aren't a function of County Government. What we will do is to pass your testimony on to the Educational Committee for their consideration. Are there any questions?

ASSEMBLYMAN HENDRICKSON: Just one real quick one. The student loan program, nationally, has the most devastatingly delinquent loan rate that any Federal program has ever had. In order to have that program back, have the student committees thought anything about that? Do they have any recommendations to make to these lending institutions that are stopping student loans because of the non-paying students? There are over $1 billion in delinquency loans in that program. Do they have anything at all that they could possibly recommend so that some of that money could be recouped, or to make it more successful in the future?

MS. MILLER: Do you mean in terms of getting the repayment of that money?

ASSEMBLYMAN HENDRICKSON: Well, I doubt that we can get that money anymore. It would be very, very difficult -- impossible. That billion is already gone. It is lost to private enterprise. Is there any recommendation that lending institutions who are not lending that money -- okay?

MS. MILLER: Okay.

ASSEMBLYMAN HENDRICKSON: (continuing) --could possibly use in order to start lending money again, and still recoup those loans in the future?

MS. MILLER: I'm not really sure, but I would say that the school faculty and the school administration needs to come together with the students to try and come up with some kind of solution to that problem. But, to totally cut it out is no solution; it is tragic. Are there any more questions, gentlemen?

ASSEMBLYMAN McENROE: I have one, if I may, Mr. Chairman, through you. The Governor of this State has recommended in the fiscal '83 budget for the State, an increase in college tuition of 10%. For the record, can we have your reaction to that proposal by Governor Kean?

MS. MILLER: Okay. I have heard of the proposed 10% increase. Now, I have also heard that there is supposed to be a 23% increase at Stockton, where I attend school. I think it is going to be devastating in terms of the fact that it is not going to allow a lot of students who have come out of school to go to work, or whatever, to go back to school. I am an example of that myself. I did come out of school last year to go to work, and I want to go back.

But, it was hard then, and I was receiving financial aid. Now, with the slashes in financial aid, along with the increase of 10%, or higher, and the cost to go to school, I am being doubly hit. So, it is just twice as hard for me to go

back and support myself while I am in school, and to get through school. So, I think it is tragic.

ASSEMBLYMAN McENROE: Thank you. Thank you, Mr. Chairman.

ASSEMBLYMAN MATTHEWS: Thank you, Cheryl.

For the record, we are presently about one-half hour behind schedule, so please bear with us.

James Jorgenson, Pennsgrove Housing Authority, Salem County. Mr. Jorgenson, do you have other people here who will testify besides yourself?

J A M E S J O R G E N S O N: Yes.

ASSEMBLYMAN MATTHEWS: Are they all going to say different things?

MR. JORGENSON: Yes.

ASSEMBLYMAN MATTHEWS: Okay.

MR. JORGENSON: Good afternoon, Mr. Chairman, Assemblymen, ladies and gentlemen. My name is James Jorgenson. I am the Coordinator of Social Services for the Pennsgrove Housing Authority and Community Development Authority, located in Salem County.

I am here today to represent the approximately 250 people who reside in the public housing units of the Housing Authority. I have a letter I brought with me which I shall read as testimony and I will leave it with you today. It contains a brief history of our program, a description of services provided, and details concerning the impact that Federal budget cuts may soon have on us.

I do not stress the FY 1983 Federal budget and its possible effect on our program, as our problems are much more immediate. We face either a severe funding cutback or termination of our program within the next three months. Our testimony given here today is presented with the hope that your Committee will investigate and, hopefully, prevent this cutback from taking place.

The Pennsgrove Housing Authority's Social Services Program, operating solely under Title XX Federal Social Service funding, has been providing senior citizens and low-income families with assistance concerning family life problems and improving general health since 1976. The services provided to the needy include, transportation to medical appointments, grocery shopping, banking, housekeeping by licensed home health aides, family counseling, summer nutrition program for over 100 children, assistance with PAA, medicare, medicaid, Blue Cross/Blue Shield applications and statements, blood pressure testing, prevention of child abuse and neglect, and many others.

Should the services that we provide be ended due to funding cutbacks, a great many people in our public housing facilities will suffer. For example, our elderly recipients may have to go to rest or nursing homes, which are already too few, overcrowded, and expensive.

At this time, I would like to read three short testimonies from senior citizens who were not able to be here with us today, as they are confined to their home. The first one reads:

"My name is Anna Cholister. My age is 83. I am a recipient of the Pennsgrove Housing Authority Homemaker/Health Program, funded under Title XX Federal funds. Without this program, I would be required to live in a nursing home. I require assistance with washing, using the carpet sweeper, and I depend on the Homemaker for my transportation to and from doctor's visits.

"There are others who have the same problems I have, who also would have to give up their homes.

"Please use your influence to help not only me, but others in my unfortunate

position. Thank you. Sincerely yours, Anna P. Cholister."

There is another one here from Mrs. Ruby Brady: "I wish to voice my opinion concerning the abandonment of social services we have been receiving at Penn Towers through the Homemaker/Health Program, funded under Title XX. It would mean extreme hardship for some and great difficulty for the rest of us.

"My food stamps have been taken from me. I depended on them to help with expenses. Now I do not know how I will manage.

"I am also concerned about my Medicaid being taken from me. There is no other way I could possibly manage. I can honestly say that I have no other source of income, other than the blue and gold checks I receive. I could not make out if Medicaid were taken from me.

"Please give my basic needs your true concern."

The third letter is from Florence E. Bradley: "Dear Sir: Being a victim of stroke, cancer, and heart disease, I am in need of assistance, such as transportation to the doctor, or elsewhere. I also need help in my home, and I rely on the Homemaker/Health Program to assist me, as they have done in the past. Please keep this program going, as senior citizens, like us, need it very much.

"This program is funded under Title XX funds and is in jeopardy of having funding taken away within the next few months. Please help us with this problem. I am 74 years old."

Within the next three months, our Title XX Purchase of Service contract will expire. We have been informed that we must submit a proposed budget renewal application, as usual. However, we have also been informed that we may be subject to part of a $117 thousand Title XX cutback, due to affect Salem County. Our percentage of this funding slice could mean the termination of the program. Our parent organization, Pennsgrove Housing Authority, will be unable to assist us, as their own budget has been cut by 14.5%.

This problem has not come upon us unexpectedly, as we faced a similar cutback last year which was averted by savings within the Department of Human Services. Since last year's threat, we have not been idle, as we have searched for alternative funding from many various sources, including private foundations, but we have been unsuccessful so far.

We have written many letters, hoping to gain support, and have been successful in gaining attention, but not alternative or additional funding.

I have brought with me representative clients who have written letters expressing their concern to your Committee. These letters have been added to those of others who are also concerned, but not able to attend this hearing, due, in some cases, to their inability to leave their apartments.

I have also brought with me two petitions signed by senior citizens and family clients who are very concerned, as well as a copy of a letter from State Senator Raymond Zane. This letter, addressed to the Commissioner of the Department of Human Services expresses his concern regarding our program, and that should be evaluated closely, as the loss of services to our clients may have a devastating effect upon them.

I have brought with me four senior citizens. I am not sure who wants to testify. Thank you.

E L E A N O R L O V E L L: I am Eleanor Lovell, President of the Penn Towers South Tenant Association of Penns Grove, Salem County. The service that our Homemakers give us under the Homemaker/Health Program, funded under Title XX, makes it possible for several of our tenants to have their own home instead of the added expense of

placing them in nursing homes.

The service of our Homemakers includes trips to the doctors, and many personal errands, such as banking. While these people are working they are paying taxes; if they are laid off, they will collect unemployment. Thank you.

M A R G A R E T J A N E J O N E S: Ladies and gentlemen, Mr. Chairman, I am Margaret Jane Jones of Penn Towers Tenants' Association -- past President. In the past four years that we have had these ladies -- and I must say ladies -- working for us, we are able to take care of more people who would be placed in homes -- in nursing homes and in private homes that would look after them because they are incapable of looking after themselves.

Now, we have people in wheelchairs that are quite capable of looking after themselves, but there are certain things they can't do, such as they can't pick up a wash basket and go into the elevator, go down, and put those clothes into the washer, wash them, hang them up, fold them, and put them away. We use these ladies for this purpose. These ladies go to the store for us. They take us to the doctor when we have to go. And, they don't just make one special trip for one special person. They regulate themselves so that if there are three or four people going to the doctor in Salem, all those people make their appointments accordingly, and they can take three or four people at one time.

If we don't have these girls, then these people have to find a way to the doctor, to the hospital, to the store -- they must find an individual to take them. They have to pay that individual to take them to the store. We have to pay these girls a certain percentage for their tasks. We have to pay for it. This we are willing to do.

Now, I am 74 years of age. I don't have to have any of these services, but I hve a neighbor right next door to me who is 97 years of age, and she definitely needs these services. I have another neighbor on the 9th floor who is 95 years old, and she needs these services.

The letter from Mrs. Bradley states she has cancer, heart disease, and she is crippled. She is crippled because she has had two or three strokes. She needs these services. And, I could go on, and on, and on. There are 83 apartments in our complex alone, and each person holds out a hand to the other to try and help. But, we can't hold out four hands when we only have two.

If I can help you, I will help you. If you can help me, you help me. And, if you can help someone else, you help someone else. This is the way we work. But, we still need these girls for outside work. We need them to do our washing. We need them to change our beds, and turn our beds. Some of us need these girls to come in and prepare a meal for us, serve us that meal, and leave us another meal that we can eat later on in the day, cold, because we can't warm it up on the stove. But, we do need these girls, and we need them desperately. And, if this is taken away, even by the slightest margin, we are going to be in trouble -- we are going to be in big trouble, because we desperately need these girls.

I couldn't say anything I wanted to say better than the lady that is sitting back there. She said it all for everyone. We need the help. Thank you.

J E S S E H A R B E S O N: Good afternoon. My name is Jesse Harbeson. I live in the Towers. I am 78 years old, and thankful I do not need the assistance of these girls myself. But, I can verify what Mrs. Jones and Mrs. Lovell, who just proceeded me, said. There are several people in the Towers who are badly incapacitated and need the help of these ladies, very badly. I won't take a whole lot more time because

I can only verify what they have already said.

I hope you will take into consideration what they have said. Thank you.

ASSEMBLYMAN McENROE: Mr. Chairman, one question for Mr. Jorgenson, or for the other representatives of Penns Grove Towers. You talk about the inability of the senior occupants of Penns Grove Towers. Now, these programs, of course, are available to other people in the community, are they not?

MR. JORGENSON: Yes, the program we are talking about is for--

ASSEMBLYMAN McENROE: The Home/Health Aid Program?

MR. JORGENSON: The program we are talking about is for the clients of the Housing Authority. There is a family unit, low-income housing project, and a low-income housing senior citizen high-rise, and of course these are public housing units. Anybody in the community who should move into the units would, of course, be qualified for the services.

ASSEMBLYMAN McENROE: Your county has an Office on Aging also?

MR. JORGENSON: Yes.

ASSEMBLYMAN McENROE: And, do they provide similar services for people who are in similar need?

MR. JORGENSON: Yes, throughout the county, but not to the extent of the services we provide for our clients.

ASSEMBLYMAN McENROE: Through your own application?

MR. JORGENSON: Yes.

ASSEMBLYMAN McENROE: Thank you, that's all I have.

ASSEMBLYMAN MATTHEWS: Mary Haynie, Children's Seashore House.

M A R Y H A Y N I E: Mr. Chairman -- Michael -- and gentlemen, I want to put my advocacy in perspective for you. My name is Mary Haynie. I am Director of Volunteer Services at Children's Seashore House in Atlantic City.

Children's Seashore House is a private not-for-profit hospital which was founded in Atlantic City in 1872. Atlantic City was about 16 or 17 years of age itself at that time. We have always been in Atlantic City and we have always served the poor, and we have always served children. We have never gone over the age of 18, which was in our registered corporation papers when we were incorporated, in 1872, by the Legislature of the State of New Jersey.

However, with a great deal of vision and a great deal of planning, the hospital, over the years, has been well-endowed by the public, through their generosity, in its work with handicapped and crippled children.

The Federal budget cuts and numerous program consolidations that are contained in the Omnibus Budget Reconciliary Act of 1981, will have an impact on the lives of all America's children. To have an advocacy on behalf of children isn't easy. It wasn't easy when I was in politics, and it is never, nor will it ever be, easy, because children do not vote. Children do not lobby. And, children do not give campaign contributions.

Since parents often lack the confidence, the information, and the resources to question or affect governmental policies of vital importance to their children's lives and futures, children's needs are all too often short-changed in decisions made by government. It has become apparent, not only to us but to everyone else, that in a little over one year in office, President Reagan is still hard at work attempting to shift Federal responsibility for -- I will mention one program, handicapped education -- to state and local education agencies.

Last year's plan failed to repeal -- although they tried hard enough --

the Federal Education for All Handicapped Children's Act, which we know as Public Law 94142. But, present plans include a proposed deregulation of P.L. 94142, and also Section 504 of the Rehabilitation Act of 1973 -- Public Law 93112, which bans discrimination on the basis of handicaps in Federally funded programs.

In addition, the Reagain administration has another tactic to change the Federal role in handicapped education. In its fiscal year 1983 budget request, the Administration has asked that all Federal Special Education programs be cut in funding, and combined into one of two proposed block grants. This is going to make it very difficult for those of us that feel that children have a great potential in rehabilitation, and that children are certainly the future of America -- and that somehow we have had really good luck. I know we have had luck in our hospital, with the help of God and skilled technicians. We have turned severely handicapped children into taxpaying professionals and taxpaying citizens in southern New Jersey -- particularly in southern New Jersey.

The U.S. Education Department's Special Education Program staff has presented a proposal based on statutory requirements, and does not depend on any administrative rules or regulations that exceed the statutory mandate. They have presented a program, but this rule is currently being reviewed by the Administration. However, they are attempting to change the definitions for specifically related services to more general definitions. In our business, a physical therapist is a physical therapist, registered under all the rules and regulations set down under the law, fully and completely educated to handle physical growth and development, or to direct it in the proper way, as a full professional. There is no other way to define either occupational therapy, which deals with the fine motor control -- the wrists, the vision, the small muscles -- and physical therapy, which deals with the walking, sitting, and standing. Cutting out, or cutting up those definitions certainly only changes the delivery of the kind of care that the child or individual is going to get, and whether he or she is going to be a tax producer instead of a tax user.

The Education Department's proposal is still subject to revision, and should be in the April rules and regulations. We will have sixty days to comment in the comment period, but I would like to bring it to your attention so that we in New Jersey are prepared for comments on these kinds of cuts.

Barbara Kulik of California State University, serving as the President of the Council for Exceptional Children's Divison on Physically Handicapped, of which I am a member, has said: "The exceptional individual, including the physically handicapped, has been in the spotlight recently, primarily through Public Law 94142, and the International Year of the Disabled. We have received some positive publicity and the public has learned a great deal, and has gained many insights into the world of the handicapped. But, my concern is with the transitory nature of such a spotlight."

In our field, we cannot settle for a couple of new ramps. We had the first one on the boardwalk in front of our hospital. We were very grateful for that, but it certainly is not enough. And, we had several dedicated plaques in the area in our quest for bettering the education and lives of the physically handicapped. but we should not be expected to carry this quest by ourselves; we simply do not have the resources.

In a time of economic and social crises, must we inherit the unfulfilled leadership of a larger society? Are the disabled of our nation to remain represented only by those who have a career commitment, while the rest of society moves on to its next social token? And, what about our families? I also serve as President

of the New Jersey American Mothers' Committee -- and mothers matter. They are also taking the brunt of these cuts.

Since the mid-1960's, millions of families have relied on publicly funded child care centers, health programs, income supports, and nutrition programs, to help them meet their childrens' basic needs. Despite inadequate funding, many of these programs have helped to make children healthier, better fed, and better equipped to lead productive lives.

The Federal government has taken significant responsibility in the past, providing legislative framework for service delivery, for funding, and for monitoring and enforcement procedures to ensure that certain services were delivered to children. And, I can tell you that was a good thing, because, as I said before, an advocacy on behalf of children is never easy. I am talking about areas of critical importance to very vulnerable children, basic childrens' program areas, child care, health care, income support programs - have we ever seen a child arrested for fraud? - and child welfare services, including foster care and adoption. It is this Federal leadership which is now changing in favor of more local and state responsibility to children. It is important for concerned citizens to examine the shift of responsibility in their communities, to assess the impact of Federal policy changes on local children and their families.

I would like to say that a few of us, as concerned citizens, are asking the Association for Children of New Jersey to assist us with a child watch program, using materials developed by the Childrens' Defense Fund, a national public charity. We, in southern New Jersey, have many unique situations facing us in our normal day-to-day work with children, children in the hospital in which I work, children from all economic stratas -- from the very wealthy, who find themselves with a chronically ill child that literally breaks them financially, to the very poor who have Medicaid, but with the possibility, if they are wage earners, of losing that Medicaid.

We have the kid across the street from me who comes from a foreign country and goes to school in my town, since his parents are entertainers in a casino act. He may be tri-lingual, but he is a little confused about what is going on. We have the gifted child interested in computers and asking about card counters and a memory bank. We have the child out in the street after school because his folks are at work. And, we can go on and on.

We see the cuts coming, and we are trying to plan a bit and gather data. We will institute the Child Watch Program this coming Wednesday at ten o'clock at Childrens' Seashore House in Atlantic City. We have asked for volunteers to come together and help us gather data that we hope will help you to decide what children in New Jersey, particularly in southern New Jersey, have and what they need.

We ask for you to be patient and to help us. We want to consider the facts and let you know how we perceive the problems children must face in our area. The problems of America's children are rightly the problems of all of us. Our children are our future. Until we know the nature and extent of the problems they face right now, we cannot squarely face our responsibilities to them.

So, in this spirit, we launch Child Watch Atlantic, and we hope you will be interested in our efforts. We thank you, and we will see that you get the results of our efforts. We would like it to spread to Ocean County, Assemblymen, and certainly to Cape May, since Atlantic and Cape May are so interlocked in their relationships, particularly at Seashore House. At one point -- and this may be information that may amaze some of you who are on the panel -- the County of Cape May had no

resident pediatricians until very recent history -- possibly less than five years. I did marketing for a local pediatrician -- a local fellow who was a pediatrician and wanted to come back -- and he said that Cape May County was a gold mine, and it possibly was. But, Childrens' Seashore House continued to and has always served the poor children who have come to us from Cape May County. As a regional hospital, we are there.

Do you have any questions you would like to ask?

ASSEMBLYMAN HENDRICKSON: One quick one, Mr. Chairman, through you. You are familiar with the fact that in Governor Kean's budget there is an $89.9 million increase over the present budget in the Department of Human Services?

MS. HAYNIE: Yes. I know of that increase, but I am wondering where it is going to go. The Division of Youth and Family Services -- and this is a personal opinion, having been a southern New Jersey Chairman of the Title XX Coalition from 1975 through '76-- I made a presentation in 1976 in Vineland about the Division of Youth and Family Services, and one of the things I recall saying was that if the administrative cost of that Division continued to climb, they will be getting more money than the kids -- than the clients.

ASSEMBLYMAN HENDRICKSON: That's exactly my point.

MS. HAYNIE: Right. And, I am probably one of the most conservative people in the human service areas that you will ever know. But, it is really a problem as to how you manage that money. It is great that it is coming. It is needed, but if it is mismanaged, it isn't worth a hoot to any of us.

ASSEMBLYMAN HENDRICKSON: Well, that's true, because in 1980 there was a $16 million error. Evidentally, that is about 11.6% of the budget. I believe that is what is ~~trying to be~~ rectified.

MS. HAYNIE: Right, $6.2 million came in to us from the Federal government, into New Jersey, for Title XX, and out of that, $3.2 million went toward the administration of Title XX in Trenton. That was another disgrace. We fought it, particularly those of us from southern New Jersey, because we have always been -- should I say "honored" with unruly, unfair, and inequitable distribution of money. It was never equitable.

ASSEMBLYMAN HENDRICKSON: That's why some of us believe in the block program, as long as it is handled correctly.

MS. HAYNIE: That's right.

ASSEMBLYMAN HENDRICKSON: One can't just say that block grants will eliminate a lot of the in-between loss of dollars as the dollars are filtered down.

MS. HAYNIE: Right. I am a Director of Volunteers by profession. I believe in volunteers. I think that volunteers are out there to help us. The hospital I work for was founded voluntarily, and continues to function that way. And, if we can do it without a heavy, high administrative cost, I think it will be great, because we certainly need it.

I thank you for allowing me to sensitize you about children and their needs. Thank you. Thank you, Mike.

ASSEMBLYMAN MATTHEWS: All right. We are now 45 minutes behind schedule. We are going to the Human Service Council, and I would suggest that if you have statements, we can insert the statement in the record. You don't have to read the entire thing. We will make it part of the record, and you can just summarize your statement. It is not necessary for you to read it verbatim because we will make it part of the record.

We will now hear from Reverend Glenn Druse, President of the Human Service Council.

R E V E R E N D G L E N N D R U S E: Assemblymen, staff members to the Assemblymen, and fellow citizens, I am the President of the Human Services Council of Atlantic County. I will agree that most of what I had to say has already been said, so I will not say it. It was not all that much to start with. I know you run definite risks in inviting clergymen to talk to you, but perhaps not so great a risk as inviting politicians to talk.

Be that as it may, I would like to pick up on a few things that have been said. In the first instance, the impact of the cuts is probably going to be devastating, and they have not yet been felt in anything like full measure because of some rather miraculous accounting procedures pulled off by the Department of Human Services, in finding money that somehow no one seemed to know they had. So, we have been on a hold pattern for several months now, pending the implementation of any real cuts. And, any kind of a hold pattern simply means that when they come they are going to be worse than anticipated. And, rather than being gradually phased in, they are going to come in a lump and at once. So, we are apprehensive.

We are particularly disturbed from the viewpoint of the Atlantic County Human Services Council because of the references made to the fact that we are unfunded on the basis of any equitable distribution of funds -- this is absolutely true and verifiable. It is equally true to say that the Department of Human Services and other departments receiving the Title XX, and now block grant, monies, use no particular discernable formula for the distribution of these funds, other than the ability of the political process in any given county to pull them down.

For the citizens of Atlantic County, that has meant that they are funded at approximately 50% of level, in terms of need, population, or any other measure you would care to define, of citizens in other counties. What that basically means is, when we lose services, we are losing them from a base already 50% lower than that of other counties. This is a devastating situation for the very poor in our county, who are already two legs down.

It seems to me that if you are, in fact, interested in finding facts, this is a fact which doesn't need to be found so much as believed and acted upon. And, as the President of the Human Services Council, I would ask you to do just that. I would remind you that in an electoral process where a majority -- well, not a majority but a substantial number -- of the population does not seek to exercise its franchise, it is not fair to eliminate their concerns as citizens from the purview of your actions.

Specifically, the Reagan Administration's proposals amount to nothing short of a war on the poor, and since the poor tend to follow along racial lines, it is a war on blacks and other minority populations. It is a situation which a society, which purports to be democratic, cannot tolerate indefinitely. I am not here to tell you that it is situation which will be reversed at the polls, because I do not believe it will be. As you reflect upon the possible impact of having no redress of the equitable distribution of the nation's wealth, via the electoral process, then the options for redress take on other forms. That is a prospect which I do not even choose to think about at length.

From a very human viewpoint, as a parish priest, the impact of some of the Federal cuts, as visited upon some of my parishoners, has already become evident, and the inadequacy of the services presently available in Atlantic County -- in part,

inadeuate because we are disproportionately funded -- is something which is difficult to comprehend, and impossible to defend. Therefore, it brings me to you gentlemen to ask for redress and for careful consideration.

The last thing I would like to say -- well, there are two more things I would like to say. One is, and this goes, at least in part, along with the notion that we somehow find ourselves underfunded. This underfunding did not come through any particular Machiavellian plot; it came because of historical patterns, in terms of the fact that some counties were prepared to match monies before other counties were prepared to do so. Then, once these patterns got established, it became difficult to shift the monies around from county to county.

With that in mind, it seems to me that we are in a situation where we had inadequate planning at all levels in the State of New Jersey with reference to human services. And, certainly one of the first things to be cut, in the cry to beef up services, was those agencies which purport to do planning. It just simply does not make sense to cut out this tremendous amount of planning. It certainly makes sense to cut out things that don't work. But, it does not make sense to cut out things that are desperately needed. We must see to it that there is a fair distribution of the resources available.

To that end, a present proposal to establish in each county a planning agency that would cut across the public-private sector is a movement which I personally support, and which I would ask your support for also. It is critical in an economy and in an atmosphere of government that suggests the private sector should pick up increasingly larger portions of the human services load, that there be a medium to coordinate the efforts of both the public and the private sector as they apply to the needs that present themselves.

So, I would ask your consideration, as legislators, to beefing up efforts at planning, and particularly I would ask your efforts, as legislators, be directed toward providing a forum for planning to arise from the local level to the State, rather than from the State to the local level. I think at least with planning you need to start at the local scene, and them attempt to rationalize after the input has been heard -- and I mean heard, and not simply filed by title.

The last thing I would like to suggest is that it occurs to me that we are in a flux, or a change in attitude and philosophy, if you will, in terms of the nature, the need, the application of human services. On the one hand, as a theologian and as a part-time student in philosophy, this is an appealing process, and I would love to be put in charge of some sort of a think-tank operation, to think through the implications of all the changes. But, on the other hand, I would suggest to you that we are dealing with people who are not having enough food for their plates, and who are being denied in other ways the very basic necessities of life.

As Mr. Harris was relating the cost of public housing in Atlantic City, I only had to reflect that the minimum buy-in for private housing in Atlantic City is about $300 a month for a one-room efficiency. We are dealing with a society that makes it increasingly extremely difficult not only for those who used to be considered the poor, but for the middle class to arrive at even a semblance of a stable and an enjoyable level of income living.

So, I file all of these things with you for your consideration, and stand ready to assist as much as possible as you seek to respond.

ASSEMBLYMAN MATTHEWS: Thank you. Are there any questions? (no questions) Edward Reistetter.

E D W A R D R E I S T E T T E R: This testimony is provided by the Youth and Family Committee of the Atlantic County Human Service Council, Inc., in response to the Assembly Committee on County Government, concerning the impact of Federal budget cuts on day care services in Atlantic County.

The Federal government, as you know, is reducing the availability of day care by 25%. Even though publicly supported, day care meets the needs of only one-third of the needy eligibles, based on a family whose income is below 80% of the poverty line, which is adjusted by family size.

During this fiscal year, the budget cuts have directly resulted in the closing of Mediterranean Daycare Center, November 30, 1981. This represents the loss of 60 day care slots for abused and neglected children in Atlantic City, not to mention the loss of 12 jobs.

Also, during the fiscal year, the funding of the Family Life Center was transferred from Federal funds, under Title XX, as a specialized protective service day care center to a state-supported one. This represents, however, the loss of Federal support for 88 children who were receiving day care services. This July the State plans to close the Federally funded Adriatic Daycare Center. This means that an additional 65 day care slots will be lost within Atlantic County.

When the Reverend Druse was talking about a discernable planning process, to the best of our discernment, we can see there is no deliberate plan to close these centers other than their leases were close to expiration.

Countywide, this leaves approximately 140 Title XX-supported day care slots in three Federally supported centers. A 25% reduction to any of them could possibly result in a closing. Coupled with this are changes in the eligibility criteria for programs. The poverty line is an elusive thing that is always subject to change.

However, the State reduction scenario does not target specific programs, but asks each county to prioritize its program needs under existing criteria. It seems that day care will be the hardest hit because it is not a life-essential service. When you consider someone getting oxygen and someone having a child in a day care center, the person who needs the oxygen will obviously be the one who receives the service.

In terms of family day care, which is often seen as an alternative to day care center services, we are essentially dealing with the same eligibility criteria. The local DYFS office, with which I am most familiar, is serving, however, 31 less children and 31 less day care slots since September of '81 -- which was this fiscal year.

In summary, as a direct result of Reagan's economic program, Atlantic County has experienced five things: They have lost Mediterranean Daycare Center. They have had one specialized protective service center -- which is the family life center -- transferred from Federal support to state support. We have witnessed 30 less children being served in family day care since September of '81.

The future of center care looks uncertain for the next fiscal year. We know for certain that Adriatic Daycare Center is going to be closed. We are also uncertain as to what the status of the three remaining Federally-supported day care centers will be in this next fiscal year, and whether or not they will be able to tolerate a 25%, or greater, reduction.

Are there any questions?

ASSEMBLYMAN MATTHEWS: Can you make a copy of that statement available?

MR. REISTETTER: Yes.

ASSEMBLYMAN MATTHEWS: Thank you.

Carolyn Greenidge.

C A R O L Y N G R E E N I D G E: Good afternoon. Our parents are very grateful for the time you have afforded us so that they can come and speak before you to tell you how important we feel our child care program is.

Of course, at this hour of the day, almost all of the words in Webster's have been spoken. But, I thought this might give us an opportunity to tell you how we feel about Cecep. Cecep is the name of our program. It means the Center for Early Childhood Education Program , and is a program sponsored by the Atlantic City Board of Education. Our provider is DYFS, the Division of Youth and Family Services. We are a program that is servicing children four years old. Those children are located in the Atlantic City public school system, West Side School complex, and the Uptown School complex.

I thought it might be something different if I talked to you about the administration of the program rather than the things that have been said, because I can only agree with the two speakers who were before me, since we are part of that same coalition.

Our program is administered, of course, by DYFS, on paper, but actually, through the kindness of the Atlantic City Board of Education, a lot of the services they provide for us are in-kind services that we cannot even show in our budget. As an example, our bookkeeping is done by the Atlantic City Board of Education. As an example, we have swimming for our children, which is not a part of the program. It is provided in-kind. The janitorial services are provided in-kind. We do not have to have a janitor as we would if we were in a separate building. We have a nutritional program that is provided not only by the City's nutritional program, but also we have home-ec people who provide a service for us.

I am trying to show you that the fact that we are in a public school -- in a community school -- is helpful. We perhaps don't need as much money as other programs do that are outside, and I kind of feel for those people because I have been at meetings where the Directors have said that they have had to mortgage their homes in order to pay salaries. We don't have to do that.

We feel that our program, which is for the four year old, and our philosophy is that we are trying to educate each child. We see that child as being unique, that he belongs to a family and he has strengths and he has needs, and he has a right to a positive, individualized, meaningful, and comprehensive experience. Our goal is to improve the performance of children in oral language skills, cognitive development, and effective domain and cycle skills.

I will not go over all of this because I know that you would like to hear the other people, and I too would like to hear them. The thing that I want you to bear in mind is -- and we have not said this today -- that we feel the program is effective - very, very effective. That may be one of our biggest problems. We feel that we can, and we do, prevent scholastic failure. We feel that we also help children to have a lower delinquency rate. That has been proven. The statistics show that. And, we feel that the children who go through anyone's pre-school program, especially a structured pre-school program -- and ours is -- has a better earning prospect. We feel that society will spend less in dollars and cents for the child.

Research has shown that fewer children who have attended pre-school have been placed in special education. I don't know how aware you are of the cost of special education for children, but special education begins at $2,500 per year,

and can go as high as $14,000 per child, per year. So, my dear friends, I am asking you to give all consideration for the continuation of pre-school programs for the Atlantic City public schools, and for the area of Atlantic City. I am also asking that you think in terms not only of this year, but for future years.

Now, to answer your question of whether or not we have seen any cuts this year, the answer is absolutely, positively no, not directly, because this year our parents were willing to pay for the services, and that may be something where you would say, "If they can pay $4.00, why can't they pay $8.00?" We pay $4.00 a week, up to $18.00 a week this year. Now, when you begin to ask parents for more money, what you are asking is for people who are working for minimum wages to pay additional monies for their children. You have heard about the housing rates going up. You have heard about the food rates going up, and child care going up. And, we cannot afford to ask our parents for much more money. But, they were able to help us keep our budget down for this year.

So, in acknowledgement to all of the people who have been so kind as to be here from 1:00 until now, I thank you for your attention.

ASSEMBLYMAN MATTHEWS: Are there any questions?

MRS. GREENIDGE: I would like to recognize the fact that our President, Sarah Loper, is in attendance. She is the President of our Parent Advisory Council. I don't think I identified myself, but I am the Director of that Council.

Are there any questions?

ASSEMBLYMAN MATTHEWS: We have no questions, but would you leave a copy of your statement, please?

MS. GREENIDGE: Yes.

ASSEMBLYMAN MATTHEWS: Thank you.

Kaleen Shabazz.

K A L E E N S H A B A Z Z: To the Assembly Committee, I, like Mrs. Greenidge, who just proceeded me, am very glad for the opportunity to address my remarks to you for a couple of minutes on the impact of the budget cuts.

Rather than read from a prepared text, I just thought it would be pertinent to let your Committee know of a couple of things that are unique to Atlantic City and Atlantic County in relation to the budget cuts. I am quite sure that all of you have been bombarded, as we have, with the things that have been happening because of the budget cuts -- with numbers and statistics, and with impassioned pleas from many groups.

I think that it is significant that we are concerned as a society. Of course, you gentlemen would want to have some responsibility concerning the allocation of funds, the fate, and the at-risk situation of some segments of our community, which I would submit needs the protection of government. I know that while it is not politically fashionable at this particular time to exhibit that kind of compassion and concern with financial means, we do have to make sure that the level of cuts that are going to take place are done in some kind of equitable manner. That is why I am going to exclude my prepared text, because I think you have heard that very thoroughly and quite eloquently covered by the speakers that have proceeded me, in terms of statistics and substantive testimony.

I think it would be good for our conversation and discussion today to place on the record the fact that Atlantic City and Atlantic County have some very unique situations. Although we are not as populated an area as some of the northern regions, we have all the ills of the uban areas, and as speaker after speaker has indicated

we have a disproportionate amount of funding, which is going to be aggravated by the budget cuts.

I think it would be good for you to understand that Atlantic City has the third highest rate of drug addiction in New Jersey. I think that you can see, just from that statistic that that is way out of proportion with the population of Atlantic City in juxtaposition to the population of other areas in the State that you are well aware of.

I think that you should also realize when considering what we are going to do with these budget cuts that although we do have casino gambling, we still have a very seasonal economy. The impact of the unenployment picture is more devastating in the Atlantic County area than it is in other areas, first of all because of the seasonal aspect of the economy, until we can expand that, and then again because of the other factors that people have spoken to.

I think you should also take into serious consideration -- and I am sure that you will -- the vast difference in allocations between the amount of services in north and south Jersey. I think these are three factors I wanted to key in. I think the drug rate addiction is significant, first of all because of the high rate of addiction in relation to the size of the population; and, second, because of the fact that the drug rate, in an area that is basically not an urban area, has a spinoff rate in crime, a spinoff rate in jobs, and a spinoff in all the other services that are going to be negatively impacted -- for example, mental health and criminal justice.

So, I think you can see, just from that statistic and the circumstances surrounding it, that this area deserves special consideration. I know that is a politically-charged thing to say because you gentlemen are going to be pulled in many different directions as this thing gets closer.

But, I think there are some particular problems in South Jersey, particularly in Atlantic County, within South Jersey. I wanted to come here, for the record, to present those concerns and ask you, during your deliberations, to consider them as you move towards implementing the block grant.

I would like to also say, for the record, that I agree with Assemblyman Hendrickson's comment earlier, that the block grant is a more equitable concept. But, I think the exception I would take to that, and that other people would take to it, is the fact of the historical imbalance, and the fact that the people who are most adversely affected are people who are politically inarticulate and politically impotent. So, therefore, they have a very real fear of not being adequately represented in those cuts.

So, I think with those statements made, you gentlemen should bear that in mind as we begin to implement those cuts. Thank you very much.

ASSEMBLYMAN HENDRICKSON: I agree with you, Kaleen. I, coming from a shorefront community -- or county -- and as a representative of that county in the Legislature, totally agree that our poor, particular those in the shore counties, need our help, just because of not only academics but also because of the employment situation. I agree with you.

MR. SHABAZZ: Perhaps there is some kind of a formula that you gentlemen could propose, or some kind of legislative effort, to indicate that to north Jersey when we actually begin to divide that up. I am sure that you are thinking about that. But, I would think there would be tremendous support from community organizations, human service organizations, and other people who are behind you gentlemen for your legislative efforts, to, first of all, institute and draw up some kind of formula that would depict the things we have said today.

ASSEMBLYMAN HENDRICKSON: The hour is awfully late, but some of us were part of that north Jersey/south Jersey two-state fiasco, which was a tragedy for the State. But, a lot of this feeling is what generated seven counties to put it on the ballot in the form of a referendum.

MR. SHABAZZ: That's true.

ASSEMBLYMAN HENDRICKSON: Thank you.

ASSEMBLYMAN MATTHEWS: Thank you.

MR. SHABAZZ: Thank you, sir.

ASSEMBLYMAN MATTHEWS: Joseph Surowiec.

L E W I S E. G O R M A N, III: You don't have to pronounce his name, because I am speaking for him. My name is Lou Gorman, which is a lot easier to say. He is my boss. I am representing Camden County for him.

ASSEMBLYMAN MATTHEWS: The Camden County Health Department.

MR. GORMAN: Right. Mr. Surowiec is the Chairman, in this case, of the Coalition of Public Health Priority Funding, as well as the County Heath Officer for Camden County.

I won't go through this position paper, but I would like to submit it for the record. (see page 1X)

The Coalition has been formed, trying to secure a broad-based support, which we now feel we have; and, to expand further, that includes the New Jersey Health Officers' Association, the New Jesey Health Society, the Home Health Agency, and our indications are that we also have the support of the New Jersey Hospital Association.

Basically, the position of the Coalition is that the State of New Jersey has mandated a group of core public health activities, to be administered by the local, mostly county, health departments in the area of public health for the people and their county. Attached to the back of your statements are those minimum standards and list of public health activities that are mandated by the State.

To fund these, the State passed the Public Health Priority Funding Act that now is at a rate of 25¢ per capita as a basis for funding. This, as you will see in the attachments, particularly attachment number three, does not come anywhere near supporting the public health activities, nor the administration of those public health services to the people. The county governments and the county health departments and other regional health agencies have sought funding in other areas, particularly from the Federal government in the form of direct grants and contracts, local taxes, and also Federal grants passed through the State.

The problem that now exists, exists for all the other people who have testified today, and that is that the Federal funds are being cut and will be cut in the future. Therefore, the position of the coalition is that a recommendation be made to the State that the per capita support be increased from 25¢ to $1.00 per capita. This generated income would partially serve to supplant the lost Federal funds and help maintain these mandated activities which the local counties and local health agencies are now finding sources of funds for, other than public health priority funding.

That is the basic position. Other factors that play on that are, if the Public Health Priority funding is not increased, we will lose public health services, and we feel jeopardize the health of the people of the State through the loss of these public health programs. We don't feel that we can ask any more of the local taxpayers. We can't ask them, through local taxes, to pay any more taxes than the high tax rate they are already paying. If they do, some areas will be able to afford that tax better than others, which will result in inequality of public health services. We think that this inequality is something that needs to be corrected at the state

level, and we feel that this $1.00 per capita will help equalize these mandated public health activities.

Also, recent laws have been passed, such as the recent smoking act, which point to the State as asking the local county health departments to do more. Yet, we have yet to see, since 1977, an increase in the per capita income from that 25% level. Therefore, we are asking for the $1.00 per capita. This is the recommendation of the Coalition.

Are there any questions?

ASSEMBLYMAN HENDRICKSON: Overall, how much have you anticipated, in dollars, on the health side because of the Federal cuts?

MR. GORMAN: It was 25%. I don't have that exact figure.

ASSEMBLYMAN HENDRICKSON: Why I ask that is, the Department has requested that the State budget, in fiscal '83, pick up $56.9 million in Federal fund reductions, and the present budget, as originally proposed, provides $40.6 million of that. So, we are talking about $16.3 million, or so.

MR. GORMAN: Yet to be lost? Yes. Raising this to $1.00 per capita would only increase it by another $6 million, I belive, to the lost Federal funds, which, again, doesn't come anywhere near the lost Federal funds.

ASSEMBLYMAN MATTHEWS: Thank you.

MR. GORMAN: Thank you for your time, Mr. Chairman.

ASSEMBLYMAN MATTHEWS: Herod McLeod.

H E R O D E. Mc L E O D: Herod McLeod is going to be very short. Thank you, Mr. Chairman. May I ask a question? Who is this gentleman on the end?

ASSEMBLYMAN HENDRICKSON: My name?

MR. McLEOD: Yes, sir.

ASSEMBLYMAN HENDRICKSON: John P. Hendrickson, Assemblyman from the 9th Legislative District.

MR. McLEOD: Okay. You are an Assemblyman?

ASSEMBLYMAN HENDRICKSON: Yes, sir.

MR. McLEOD: I think you are in my corner.

ASSEMBLYMAN HENDRICKSON: Thank you.

MR. McLEOD: I am Herod McLeod. I am a member of the President's Task Force. I go all over the country. My particular interest right now is something I am going to file with you. It reads like this: Pursuant to the passage of the reconciliation Omnibus budget, the Reagan economic Marshal plan, contemplates a crackdown on police corruption and misconduct in public office. We support that plan, wholeheartedly.

We are concerned with fraud. We have discovered in this area alone 2700 persons -- families and connections -- that should not be on the welfare rolls. We are prosecuting some, and we are removing some from the welfare rolls. For instance, McLeod's private home-- I own half of the west side. I did. It was a million dollar setup, over a period of fifty to sixty years. My lovely wife was a teacher here for 45 or 50 years. We did accumulate certain assets, and certain material that cannot be duplicated. And, those assets and material consist primarily of research -- educational research; that is my basic interest here -- and educational matter pertaining to my wife's fraternal organization, Phi Delta Kappa, which has chapters throughout the United States, and in some parts of France and Africa. That was destroyed overnight be persons connnected with the casino industry. These persons -- $27,500 a year -- were represented by the State of New Jersey, and I have entered a Federal suit against some lawyers, judges, and policemen. That is my task and we are doing that.

We are in a position to go along with you on that. We will submit, a little later, our findings, which come through the GAO. We couldn't get certain information from our local welfare as to certain persons on welfare, so what we did was, we brought in the Inspector General.

I think I should conclude by thanking Assemblyman Matthews -- he will be your next Mayor -- and the other gentlemen, for giving at least five or six minutes to some substance. Your bill to take back from the State senior citizen's money and the casino fund -- if that is appealed, I am in on the appeal. I believe I have standing enough to assist you, or to go in on it, or to be a witness on the appeal.

Finally, in conclusion, as a result of the destruction of my west side private home, I now represent twenty-five million private one and two-family homeowners in the Federal courts, and what we had to do was, we had to move two Federal judges first. Now we are in the process of moving six Atlantic County judges. You see, you have a problem here that you don't see, but we know what the probem is and we hope that with your cooperation-- We won't get any from Atlantic County. We had to move our cases out of New Jersey, the same as the Williams case. I am part and parcel of that scam. I thank you.

ASSEMBLYMAN MATTHEWS: All right. That completes the list of witnesses. I want to thank the Committee members.

ASSEMBLYMAN HENDRICKSON: Mr. Chairman, through you, if I may, there is a very important piece of legislation for Atlantic County that Mike was the co-sponsor of, and that had to do with supermarkets at some of your public housing. So, maybe you can get some of your Atlantic County people to, with Mike and Assemblyman Gormley, bring that back to the floor, because I think it would be a big help to your area.

MR. McLEOD: Well, what we will do is, we will bring the Assemblyman to the Federal court so that he can testify there. I think that would be better.

ASSEMBLYMAN MATTHEWS: For the prosecution. (laughter)

I want to thank everyone. The next hearing will be held next week at 11:00 in Trenton. It is to be held in the General Assembly Chamber. With this, this hearing is adjourned.

(hearing concluded)

Lewis E. Gorman III

PUBLIC HEALTH PRIORITY FUNDING

I. Abstract:

The State of New Jersey has mandated a group of core public health activities and the standards for those activities to be administered by local boards of health under the Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health for New Jersey. This State requirement has not been supported financially to allow local health agencies to carry out those required standards, but the agencies have done so by levying local taxes and securing categorical grants from the federal government directly or through the N.J. Department of Health.

The federal sources that have traditionally funded required public health activities at the local level are now eroding. Local health agencies/departments will not be able to implement the State's mandated core of public health activities without funding from the State of New Jersey.

It is recommended that the level of funding for local public health agencies/departments through the Public Health Priority Funding (PHPF) "NJSA 26:2F1-15" must be increased to at least $1.00 per capita.

II. Discussion:

Presently the federal government funds New Jersey priority public health activities administered by local health agencies/ departments both by direct grant to the agencies/departments, and indirectly through the New Jersey Department of Health. Most of the categorical health grants financing core and elective public health activities in New Jersey will be transformed into block grants as of October 1, 1983. The block grants willgo directly to the State for distribution, but will be cut by 25%. Therefore, these federal cutbacks will have a drastic effect on the level and quality of services provided to the residents of New Jersey for public health services. Without a restoration of lost federal funds, the progress that has been made towards improving the health and well being of the people of the State of New Jersey will be severely crippled.

Although the State of New Jersey has mandated that local health departments administer a core of public health activities, they have not supported this requirement with the financial resources necessary to provide critical public health programs to the people. It has been up to the local health departments to secure funding for these public health activities from sources other than the State of New Jersey. In fact, New Jersey decreased the rate it funds PHPF from the 1971 rate of 50¢/capita to 25¢/capita in 1977. Appendix A lists the total amount spent providing core activities, and the amount the Federal government and the State of New Jersey has funded local health departments to implement required core activities.

Many health agencies have gone beyond the required core of public health activities as required by the State of New Jersey. They pursued elective activities as listed in the Minimum Standards of Performance to further implement the spirit of the Local Health Services Act: to improve the health of the people of New Jersey. Although elective activities are firmly delineated in the Minimum Standards and specific requirements for the implementation of those programs are established, few PHPF funds are available from PHPF appropriations to support any elected activities. Appendix B shows the elective health activities administered by local health departments, and the amount spent delivering those programs.

The State's PHPF contribution to local health departments has remained at a constant $2.3 million since 1977. During that same period local health agencies expenditures have increased from $46 million to $68 million. This serves to illustrate the dedication of local residents to support public health activities and fill gaps left by the dirth of State PHPF. As of 1980 the State of New Jersey's contribution amounted to only 3% of local health department expenditures, ranking it 46th out of 50 states with regards to the proportion of state aid to local property tax revenues for local health services. Competition for the local tax dollar is mounting and the loss of 25% of federal funds can not be entirely replaced by increasing local taxes. Public health services will suffer, but more affluent communities will replace some of the lost federal revenue to a greater degree than poorer communities. This will create an inequality of health services. The State must help to equalize the delivery of public health services.

With previously expended funds local health departments have posted some impressive gains in improving the health of the people of New Jersey. Larger local health departments have developed over the last 5 years that have evolved an increased number of health services to be provided to more people in New Jersey.

Although local health departments have implemented the required core activities as listed in the Minimum Standards and have expanded their efforts beyond Minimum Standards into elective activities, this effort can not continue without an increase in the PHPF. Without the recommended increase, impressive gains in public health over the last 5 years will be lost. This translates into jeopardizing the health of the people of the State.

To illustrate the severity of not increasing PHPF in 1983, Appendix C illustrates the funds from local, federal, and state sources for local health agency program delivery during 1981 and 1982.

The largest contributor to the implementation of public health activities by local health agencies in New Jersey is through the federal government. Decreased from 1981 to 1982, these funds are expected to be decreased again in 1983. This clearly shows that public health services for the people of New Jersey will face extinction. The increased assistance from the State of New Jersey

in the area of PHPF is a necessity if the people of the State are to be spared such agonies as increased numbers of people dying of cancer, rabid dogs running loose, venereal disease increasing at epidemic rates, lead poisoning striking increased numbers of people and lice outbreaks in our schools.

III. Recommendation.

Since federal Fiscal Year 1982, budget cutbacks have to alled approximately $5 million in available funds to local health departments, and a greater amount of cutbacks is anticipated in the federal Fiscal Year 1983, it is recommended that the State of New Jersey increase the PHPF from its present level of 25¢ per capita to $1.00 per capita. This recommendation will actually only return the real rate of funding to the 1971 level of 50¢ per capita. Taking inflation into account, the purchasing power of 50¢ in 1971 is approximately $1.00 in 1982. Approving this recommendation will help replace lost federal funding and allow local health agencies to implement the mandated core and elective activities as stated in the New Jersey Local Health Services Act to maintain and improve the health of the people of the State.

If this recommendation is heeded, the State's share of local health agency funding will increase from 3.2 million to 9.4 million. This still will not increase the share of the State's funding of local health agency services beyond 15% of the total amount of revenue generated from local taxes for public health program funding.

To not implement this recommendation is to foresake the health of the people of New Jersey, surrender past improvements and successes, retreat to an era of poor public health, and abandon the spirit and direction of the Local Health Services Act as manifested in the Minimum Standards.

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Enc. Appendicies A-C

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Appendix A

The amount expended on Core Activities by local health agencies and the sources of funding for 1981 *

Source of Funds	Amount expended on Core activities in 1981 *
PHPF	$ 1,669,720
Federal	5,578,807
Other (State primarily)	3,895,182
Local Taxes	2,286,446
TOTAL	$13,430,155

* These statistics include only the 83 local health agencies that applied for PHPF funds of the 117 local health agencies in New Jersey.

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Appendix B

The amount expended on recognized Elective Activities by local health agencies and the sources of funding for 1981. *

SOURCE OF FUNDS	AMOUNT EXPENDED ON ELECTIVE ACTIVITIES IN 1981
PHPF	$ 495,736
Federal	1,806,096
Other	1,788,608
Local Taxes	1,780,159
TOTAL	5,870,899

* These statistics include only the 83 local health agencies that applied for PHPF funds for 1981 of the 117 local health agencies in New Jersey.

Appendix C

A comparison of sources of funding for local health agencies for 1981, 1982 projected to support mandated public health services activities; core and elective.

	1981		1982	
SOURCE OF FUNDS	Core	Elective	Core	Elective
PHPF	1,669,720	495,736	1,587,936	585,286
Federal	5,578,807	1,806,096	4,039,215	3,823,803
Other	3,895,182	1,788,608	3,348,444	1,053,304
Local	2,286,446	1,780,159	2,420,847	2,268,339
TOTAL	13,430,155	5,870,599	11,396,442	7,730,702

* These statistics include only the 85 local health agencies that applied for PHPF funds for 1982 of the 117 local health agencies in New Jersey.

LHS-D16
August 80

New Jersey State
Department of Health
John Fitch Plaza, P.O. Box 1540
Trenton, New Jersey 08625

RECOGNIZED PUBLIC HEALTH ACTIVITIES AND MINIMUM STANDARDS OF PERFORMANCE FOR LOCAL BOARDS OF HEALTH IN NEW JERSEY

NEW JERSEY ADMINISTRATIVE CODE (TITLE 8—CHAPTER 51)

as revised by
THE PUBLIC HEALTH COUNCIL
OF THE NEW JERSEY STATE DEPARTMENT
OF HEALTH

Revised January 14, 1980
Effective September 1, 1980

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FOREWORD

Pursuant to New Jersey State Statutes annotated 26:3A2-1 et. seq. the Public Health Council of the New Jersey State Department of Health on January 14, 1980, approved the revision of the following Recognized Public Health Activities and Minimum Standards of Performance for Local Health Departments in New Jersey to take effect September 1, 1980.

New Jersey Statutes Annotated 26:1A-15 provides that the State Commissioner of Health shall

(i) " . . . recommend and the Public Health Council shall prescribe what are to be considered as 'recognized health activities' and 'minimum standards of performance.'

(j) Require local boards of health to establish and maintain a program of recognized public health activities and to meet minimum standards of performance as prescribed by the Public Health Council in accordance with the provisions of subsection 'i' of this section."

Pursuant to the authority vested in the Public Health Council under authority of Chapter 177, P.L. 1947, the following Recognized Public Health Activities and Minimum Standards of Performance for Local Health Departments are hereby revised this 14th day of January 1980.

Evelyn Geddes, Chairperson
Public Health Council of the
NJ State Department of Health

ATTEST:

David Sencer, M.D., Secretary

GENERAL SCOPE AND APPLICABILITY

1. Local boards of health are required to establish and maintain a program of recognized public health activities to meet the minimum standards of performance for each activity. The recognized activities are classified as follows:

a. Core

Core activities are designated as mandatory; these are considered the public health common denominators for all municipalities. A waiver may be granted for a core activity if a definite lack of need can be documented by the local board of health to the satisfaction of the pertinent State agency.

b. Elective

All recognized public health activities, other than those designated core, are deemed elective on the part of the local board of health. Depending upon needs and resources available, local boards of health which provide one or more elective recognized health activities are urged to meet the standards listed on each activity undertaken. However, local boards of health must meet all standards for each activity selected within two years from the effective date of this revision or the date of initial implementation if the activity is started after the effective date of this revision.

2. All New Jersey statutes relating to public health and the State Sanitary Code are hereby included and made a part of the Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey. No such minimum standard shall be construed as:

a. authorizing a lesser standard than that prescribed by said statutes or Code or other regulation imposed by a properly authorized agency.

b. empowering or requiring a local health agency to act in matters solely under the jurisdiction of a State, county or municipal agency.

3. A core or elective recognized public health activity meeting the minimum standards prescribed herein below may be planned and provided by the local board of health or by a person or agency under contract to the board. Personnel employed by, or under contract to, a local board of health must be licensed as required by law or qualified to the satisfaction of the pertinent State agency to carry out the minimum standards of performance for the recognized public health activities.

a. Personnel requirements for the activity "Provide public health nursing services" are satisfied when the program is administered by:

a public health nurse director who is a registered professional nurse currently licensed in New Jersey and who has

completed a Master's Degree program accredited by the National League for Nursing with a nursing major in supervision, teaching, consultation or administration and advanced study in a clinical specialty; or has completed a Master's program in public health in an institution accredited by the American Public Health Association, and five years of experience in public health nursing, one year of which shall have been a supervisory experience.

or

a public health nurse supervisor who is a registered professional nurse currently licensed in New Jersey and who has

completed a baccalaureate degree program approved by the National League for Nursing for public health nursing preparation and three years of experience in public health nursing under qualified nursing supervision.

b. Personnel requirements for the activity "Administer a planned health education program" are satisfied when the program is administered by:

a full-time employee who has a degree of Masters of Public Health in health education, or its equivalent, e.g. a Masters of Arts in community health education from an accredited program;

or

a full-time employee with a bachelors degree, preferably in community health education, who receives part-time direction from a person with a Masters degree (see above). If efforts, satisfactory to the State Department of Health, made to employ or contract for this part-time person are not successful, the local health agency may receive guidance in health education from the State Department of Health until such time that this person can be obtained.

4. Definitions

a. "local board of health", as defined in NJSA 26:1A-1 and NJSA 26:3-1, shall be the enforcement, policy and rule-making body with respect to Local Health Services provided by local health agencies under NJSA 26:3A 2-1 et. seq.

b. "secretary"—every local board of health shall appoint a secretary who shall keep accurate records of all official actions of said board and perform such other

duties as may be assigned by that board. A full-time health officer or other person in the employ of any jurisdiction may be appointed as the secretary of the local board of health.

c. "local health agency"—means a municipal, county, regional or other governmental agency conducting a public health program pursuant to law.

d. "full-time health officer"—means a holder of a license as a health officer issued by the State Department of Health and who is employed by a local board of health to function during all the working hours of the regularly scheduled work week of the governmental unit to which the local health agency is attached and not regularly employed during the working hours of that scheduled work week in other activities for which he receives remuneration.

e. "pertinent State agency"—means that governmental entity charged by law with the responsibility for a particular public health program that is not within the primary authority of the State Department of Health, but is acknowledged by the Public Health Council as a "recognized public health activity."

5. A local official body, agency, or department, other than the local board of health, which has the responsibility for and administers any recognized public health activity must comply with the minimum standards of performance for that activity to the satisfaction of the pertinent State agency.

6. Local boards of health retain responsibility to provide the following public health activities under direction of the Department of Environmental Protection: air pollution, water pollution, noise pollution, and solid waste (C.26:3A2-21 et. al.).

The standards for these activities will be promulgated by the Department of Environmental Protection and will no longer appear in the "Recognized Public Activities and Minimum Standards of Performance for Local Boards of Health" published by the Department of Health.

7. This document will be revised within three years following the effective date of this revision.

A. ADMINISTRATION AND SUPPORTING SERVICES

Administration

Activity 1, Core

Establish the administrative apparatus to manage the activities of the local health agency.

Standards

1. Provide the services of a full-time, licensed Health Officer who will administer all local health agency activities.

2. Employ qualified personnel who are licensed and/or certified as may be required by law to provide the recognized public health activities in accordance with the minimum standards of performance for these activities.

3. Enforce New Jersey statutes relating to public health, the State Sanitary Code and local health ordinance.

4. Establish and apply planning techniques in order to:
   a. Determine and define public health problems and needs based upon analyses and interpretations of health statistics and other pertinent information.
   b. Establish written program priorities and objectives based upon needs, resources and local demands.
   c. Participate in area wide comprehensive health planning
   d. Develop a pattern of activities to meet the current problems and needs.
   e. Evaluate current programs periodically to determine progress, need for continuation or expansion.

5. Provide current written administrative and personnel policies for all persons employed by the local board of health.

6. Conduct office practices and fiscal procedures which will:
   a. Provide for reception and telephone answering services during regular business hours and during other hours for health emergencies.
   b. Provide for prompt issuance of licenses and permits during regular business hours.
   c. Maintain a filing system to make correspondence and records readily available to health agency personnel.
   d. Provide records and forms for reporting by health agency personnel. Standard inspection forms shall be based upon the requirements contained in the specific regulation covering each inspection activity.
   e. Provide and maintain an accounting system to ensure control of income and expenditures, supplies and equipment, blank licenses, certificates and permit forms.
   f. Institute record management practices in conformity with the records retention schedule for local boards of health as prepared by the Archives and History Bureau, New Jersey State Library, Department of Education.

7. Provide physical facilities and equipment to include:
   a. Safe, sanitary, attractive, well-lighted and heated quarters adequate in size to accommodate the offices and clinics operated by the health agency.
   b. Office and communication equipment of a type and quantity to enable personnel to function competently and efficiently.
   c. Necessary transportation for field personnel.

HEALTH EDUCATION

Activity 2, Core

Administer a planned health education program.

Standards

1. Identify health education needs, establish written objectives, use appropriate educational methods and evaluate efforts.

2. Identify and involve local leadership to develop and maintain needed health services.

3. Cooperate with other agencies serving the community.

4. Determine, secure or develop health education materials and use appropriate media to:
   a. Assist health agency staff in their activities.
   b. Provide specific health information.
   c. Inform citizens of the objectives, programs and activities, and accomplishments of the health agency.

5. Use appropriate educational techniques to provide:
   a. In-service training for agency staff.
   b. Opportunity for continued professional and technical training of personnel through courses, conferences and institutes.
   c. Education for citizens and community groups.

6. Provide a library of current technical and professional textbooks, periodicals and other publications for use by the agency staff.

LABORATORY SERVICES

Activity 3, Core

Provide for Clinical laboratory services.

Standard

1. Laboratories providing the local health agency with clinical laboratory services must be licensed by the New Jersey State Department of Health under provision of P.L. 1975, Clinical Laboratory Improvement Act.

2. Laboratories providing water testing service must hold a license issued by the State Department Environmental Protection.

PUBLIC HEALTH NURSING SERVICES

Activity 4, Core

Provide public health nursing services.

Standards

1. Provide the services of a public health nurse director or supervisor to assess, plan, inplement and evaluate public health nursing services in cooperation with the health officer and in accordance with community health needs.

2. Provide up-to-date written objectives, policies and procedures for the nursing program in relation to the overall goals of the local health agency.

3. Maintain and use individual, family and other service records according to current professional standards.

4. Provide orientation, inservice and continuing education programs for nursing staff.

5. Prepare quarterly and annual reports of services rendered which include pertinent statistics and descriptive narrative.

6. Any recognized public health activity inplemented by the public health nursing services must meet the minimum standards for that activity.

VITAL RECORDS AND STATISTICS

Activity 5, Core

Conduct or coordinate a vital records and statistics program.

Standards

1. Secure reporting of births, marriages, deaths and fetal deaths.

2. Make certified copies of vital records; transmit original certificates to the State Registrar and copies to other local registrars and such agencies as required by law.

3 Issue certified copies of vital records as provided by law.

4. Prepare, interpret and use public health statistics from reports of vital records.

5. Provide fire protection and security systems to preserve vital records.

EMERGENCY MEDICAL SERVICES

Activity 6, Elective

Participate in the establishment and maintenance of an Emergency Medical Care System.

Standards

1. Organization of or participation in the operations of an Emergency Medical Care System in accordance with community needs that will:

a. Integrate the ambulance services, hospital resources, police activities, and other community resources into an efficient, competent and time-conserving emergency system.

b. Utilize ambulance services and hospital emergency services which meet the criteria or guidelines of the State Department of Health.

2. Establishment of an Advisory Board to include physicians that will:

a. Develop written medical policies for the Emergency Medical Care System.

b. Maintain liaison with such groups as the Medical Society, Board of Medical Examiners, individual physicians, and other appropriate professional groups.

3. Maintenance of or participation in the operation of a 24-hour Medical Emergency Communication Service that will:

a. Dispatch ambulances.

b. Use available and appropriate treatment facilities.

c. Initiate mobilization of treatment team.

4. Secure reports of emergency medical care episodes from ambulance attendants, hospital emergency departments, and other appropriate individuals and/or agencies; forward such reports to the State Department of Health.

5. Provide for training programs for:

a. Accreditation of ambulance personnel in accordance with national criteria.

b. Other emergency care personnel.

c. Refresher training programs.

d. Local inspectors in cooperation with the State Department of Health.

6. Provide semi-annual inspections, using a standard inspection form, of ambulances, ambulance equipment and of premises where ambulances are garaged. Make followup inspections when deficiencies are found and take appropriate action to gain compliance. Seek assistance of the State Department of Health in conducting the inspection.

7. Maintain a file in the appropriate health agency office on each ambulance service and hospital emergency department to include records of inspections.

8. Provide public education on emergency medical care and systems in cooperation with appropriate local and state officials.

9. Comply with appropriate federal, State and local regulations.

MIGRANT HEALTH SERVICES

Activity 7, Elective

Conduct a program of health services for seasonal agriculture workers.

Standards

1. Provide public health nursing services for seasonal migrant agricultural workers employed in the community.

2. Conduct health educational activities for agricultural workers.

3. Provide prenatal and postpartum services, based upon the current New Jersey State Department of Health's publication "Standards for Prenatal Care Services," for the dependents of seasonal migrant agricultural workers.

4. Provide, as needed, for the delivery of patients.

5. Provide child health conferences for examination of infants and preschool children of seasonal migrant agricultural workers based upon the current New Jersey State Department of Health's publication "The Child Health Conference."

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6. Conduct a camp sanitation and safety program for camps established for seasonal migrant agricultural workers.
7. Provide ambulatory medical care as needed.
8. Provide social services as needed.
9. Provide emergency dental treatment.

SOCIAL WORK SERVICES

Activity 8, Elective

Provide social work services.

Standards

1. Provide direct social case work services to selected individuals and families.
2. Provide consultation to the local health agency staff in assessing social, emotional, and adaptive problems.
3. Advise local health agency staff on community health services to enable them to make appropriate referrals.
4. Collaborate with local health agency staff in analyzing pertinent community health resources, in identifying deficiencies, and in directing community attention toward remedial action.

B. ENVIRONMENTAL HEALTH

BATHING PLACES

Activity 1, Core

Control sanitation and safety at public bathing places.

Standards

1. Conduct a sanitation and safety program for public bathing places based upon local ordinances providing standards at least equivalent to the current edition of the "Swimming Pool Code of New Jersey" and the "Lake Bathing Places, Bacteriological, Sanitary and Safety Guides" established by the State Department of Health.
2. Inspect, using an inspection form, approved by Consumer Health Services, State Department of Health, each public bathing place at least twice during the operating season. Make follow-up inspections when deficiencies are found and take necessary enforcement actions.
3. Conduct sanitary surveys of natural bathing areas as indicated by bacterial counts and/or epidemiological evidence.
4. Maintain a file in the local health agency office on each public bathing place to include records of inspections and enforcement actions taken.

CAMPS

Activity 2, Core

Conduct a youth camp sanitation and safety program.

Standards

1. Conduct, as an authorized agent of the State Department of Health, a sanitation and safety program for youth camps based upon the N.J. Youth Camp Safety Act.
2. Inspect, using an inspection form approved by Consumer Health Services, State Department of Health, each youth camp once prior to opening or early in the operating season (within 2 weeks); at the request of Consumer Health Services, perform necessary follow-up inspections and take necessary enforcement actions; submit copies of each inspection report to Consumer Health Services, State Department of Health.
3. Maintain a file in the local health agency office on each youth camp to include records of inspection and enforcement actions taken.

FOOD SURVEILLANCE

Activity 3, Core

Maintain surveillance of food establishments, to include food and beverage vending machines.

Standards

1. Conduct a food establishment program based upon State laws and regulations, local ordinances and Chapter XII of the State Sanitary Code.
2. Inspect retail food establishments on forms approved by the N.J. State Department of Health at least once a year.
3. Initiate appropriate enforcement action to secure compliance with State law and local ordinance; collect and prepare evidence for legal action.
4. Maintain food establishment and vending machine files at the local health agency office containing inspection reports, food sample reports, and reports of enforcement actions taken and other pertinent data associated with the program.
5. Provide for, or conduct training courses for supervisors of food service personnel based upon curricula approved by the State Department of Health.
6. Collect samples and provide for laboratory analyses of any food suspected of being adulterated, misbranded, unwholesome, or associated with foodborne illness.
7. Embargo all food known or suspected to be adulterated, misbranded, unwholesome or associated with foodborne illness within the meaning of local ordinance or State law.
8. Condemn and supervise the destruction or otherwise dispose of food which is adulterated, misbranded, unwholesome or associated with foodborne illness within the provisions of local ordinance or State law.

HOUSING

Activity 4, Core

Conduct a housing program.

Standards

1. Conduct a program covering the maintenance and health aspects of housing based upon ordinance providing standards at least equivalent to the current edition of the "New Jersey State Housing Code" promulgated by the New Jersey Department of Community Affairs e.g. the B.O.C.A. Housing and Property Maintenance Code or A.P.H.A. Model Housing Code.
2. Conduct complaint inspections of any structure within the jurisdiction of the local health agency.
3. Provide legal notice of violations to any property owner found to be in violation; make necessary reinspections to monitor compliance and take necessary court actions to enforce compliance.
4. Submit to the Department of Community Affairs, for approval, Relocation Plans for the inhabitants of structures declared as unfit for occupancy.
5. Conduct surveys within areas where the municipalities Master Plan indicates a potential problem.
6. Maintain a file on each dwelling inspected within the jurisdiction to include correspondence, inspection records and enforcement action taken.

INSECTS AND RODENTS

Activity 5, Core

Control the prevalence of insects and rodents.

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Standards

1. Conduct an insect and rodent control program based upon State law and local ordinance providing standards at least equivalent to the current provisions of the "Public Health Nuisance Code of New Jersey" as they relate to the harborage, breeding and abatement of insects and rodents.
2. Based upon verified complaints and other evidence, survey the area of jurisdiction to determine localized insect and rodent problems.
3. Inspect problem areas; make necessary follow-up inspections and take required enforcement actions.
4. Conduct informational programs directed to owners and tenants in problem areas.
5. Maintain a current file on each insect and rodent problem area to include the person or agency responsible for the premises as well as inspection records and enforcement actions taken.

MOBILE HOME PARKS AND CAMPGROUNDS

Activity 6, Core

Conduct a mobile home park and campground sanitation safety program.

Standards

1. Conduct a sanitation and safety program for mobile home parks and campgrounds based upon State law and Chapters IX and XI of the State Sanitary Code.
2. Inspect each mobile home park and campground at least annually to ensure compliance using forms approved by the State Department of Health; followup inspections when deficiencies are found and take necessary enforcement actions; complete a report for each inspection and submit a copy of that report to Consumer Health Services, State Health Department.
3. Conduct educational programs directed to campground and mobile home park operators.
4. Maintain a file in the local health agency office on each mobile home park and campground to include records of inspections and enforcement actions taken.

ACCIDENT PREVENTION

Activity 7, Elective

Conduct an accident prevention program.

Standards

1. Establish a written accident reporting system in agreement with physicians, hospitals, schools, industries and the police department.
2. Establish liaison procedures with the local Poison Control Center.
3. Follow-up reported accidents and poisonings as to cause of death or injury to determine the prior condition of the victim and the environmental factors involved. Ensure that a standard report on each accident or poisoning investigated is completed; standard reports completed by other agencies may be used.
4. Analyze report forms periodically to determine the frequency that personal and environmental factors are associated with accidents.
5. Plan and evaluate activities for the prevention of accidents on the basis of these analyses.
6. Use educational services and films; conduct safety courses for schools, civic organizations and industries.
7. Conduct a safety program for the staff of the health department.

RAGWEED AND POISON IVY

Activity 8, Elective

Control ragweed, poison ivy and other noxious weeds.

Standards

1. Conduct a weed control program based upon local ordinance providing standards at least equivalent to the current edition of the "Weed Control Code of New Jersey," on both public and private property.
2. Survey for ragweed and poison ivy and other noxious weeds to identify problem areas; complete standard inspection report forms; take necessary enforcement actions.
3. Conduct educational programs for municipal weed control officials and property owners covering the identification of noxious weeds, the proper use of herbicides and other effective weed control measures.
4. Maintain a current file on each area of noxious weed growth to include type, magnitude of problem and person or agency responsible for premises, as well as inspection records and enforcement actions taken.

INSTITUTIONAL SANITATION

Activity 9, Elective

Control sanitation in institutions.

1. Conduct a general sanitation program for institutions including, but not limited to, hospitals, nursing homes, extended care facilities, schools, boarding homes for sheltered care, and homes for the aged based upon State law and local ordinances.
2. Provide for the inspection of all institutions, using a standard inspection form, at least once a year. Make follow-up inspections when deficiencies are found and take necessary enforcement actions as indicated.
3. Maintain a file in the local health agency office on each institution to include records of inspections and enforcement actions taken.
4. Notify pertinent State agency of findings and enforcement actions taken.

C. COMMUNICABLE DISEASE

ACUTE COMMUNICABLE DISEASES

Activity 1, Core

Control acute communicable diseases.

Standards

1. Secure reporting of reportable diseases; transmit reports as required by the State Sanitary Code and R.S. 26:4.
2. Make prompt investigations of reported illnesses as well as unusual manifestations of disease not listed as reportable in Chapter II of the State Sanitary Code and institute appropriate control measures. Promptly report all findings to the State Department of Health.
3. Disseminate and exchange information relative to outbreaks of disease with physicians, boards of education and other responsible health agencies.
4. Maintain surveillance of carriers of causative agents of disease as required by the State Sanitary Code; provide for exchange of information concerning carriers with other local health agencies and the State Department of Health.
5. Inspect annually, or more often if necessary, records of dealers in psittacine birds and as required by the State Sanitary Code.
6. Analyze reported data to provide a basis upon which to plan and evaluate an effective program for the prevention and control of infectious diseases.

Activity 2, Core

Promote and provide immunizations for protection against the acute communicable diseases.

Standards

1. Conduct periodic surveys to determine adequacy of community immunization levels in age groups one to eighteen years.

2. Promote and provide to specific susceptible segments of the population primary and booster immunization for protection against disease in accordance with current recommendations of the New Jersey State Department of Health.

3. Assist schools in implementing and enforcing the immunization requirements for school children.

4. Ensure that all consent forms required by the State Department of Health for State issued vaccines are used and filed for the required period of time according to State directive.

RABIES CONTROL

Activity 3, Core

Conduct a rabies control program.

Standards

1. Require rabies vaccination of dogs to comply with current rabies statutory requirements.

2. Ensure that a report of an annual canvass of all dogs owned, kept, or harbored within the limits of the respective municipality is received by the local Board of Health by May 1st of each year.

3. Inspect, using a State approved inspection form, at least once a year, kennels, pet shops, shelters and pounds, to determine and ensure compliance with the laws and regulations relating to rabies control as prescribed by the State Department of Health; if applicable, issue licenses to facilities in compliance.

4. Report and investigate animal bites; ensure that persons bitten are advised to see a physician; quarantine biting animals as indicated and report immediately to the State Department of Health clinically suspicious cases of rabies in animals as determined by a veterinarian.

5. Ensure that heads of animals that have died within 10 days after biting a person are delivered immediately to the State Department of Health laboratory for examination; unwanted dogs or cats or any other animal which has bitten a human may be sacrificed immediately and the head promptly delivered to the State Department of Health laboratory for examination.

6. Provide an organized program for control of stray dogs and other animals.

TUBERCULOSIS CONTROL

Activity 4, Core

Control Tuberculosis.

Standards

1. Comply with Section III of the Standards for Ambulatory or Outpatient Tuberculosis Control (N.J.A.C. 8:58-1.1 et seq.)

2. Secure prompt reporting of tuberculosis, transmit reports as required by the State Sanitary Code, and encourage the reporting of suspects and of atypical mycobacteriosis.

3. Provide for prompt investigation of suspects and diagnosed cases of tuberculosis to ensure effective respiratory isolation as indicated, treatment, and identification of close contacts.

4. Ensure that the diagnosis of tuberculosis is supported by mycobacteriological examination of specimens (obtained by nebulization, or gastric lavage when indicated) in laboratories approved by the State Department of Health for this purpose, and that drug susceptibility tests are done as needed on cultures identified as M. tuberculosis.

5. Ensure that contacts and tuberculin reactors are brought to examination, diagnostic conclusion and treatment as indicated.

6. Promote and provide preventive therapy in accordance with current recommendations of the State Department of Health.

7. Provide for reporting the current status of diagnosed cases at least every three months, using forms provided by the State Department of Health.

8. Provide for the collection of current data on contacts and report promptly to the State Contact Register in accordance with the policy of the State Department of Health.

9. Ensure continuing medical supervision and treatment of non-hospitalized tuberculosis patients; provide for supervision and instruction of tuberculosis patients by Public Health Nurses and/or Graduate Nurses (Public Health) and/or other trained community health workers acceptable to the State Department of Health.

10. Provide for the discharge from tuberculosis supervision of patients whose treatment has been completed, in accordance with the policy of the State Department of Health.

11. Ensure appropriate management of recalcitrant tuberculosis patients through the use of individual treatment plans, persuasion and, when necessary, commitment procedures prescribed by State law.

12. Provide for testing, including an approved intradermal tuberculin test, (preferably Mantoux), of pupils, teachers, employees, and volunteers in the non-public schools, and for follow-up of those in both the public and non-public schools as recommended in the current edition of "School Tuberculin Testing in New Jersey," published by the State Department of Health.

13. Analyze reported data to provide a basis upon which to plan and evaluate an effective program for the prevention and eradication of tuberculosis, including suspects, cases, contacts and reactors.

VENEREAL DISEASE

Activity 5, Core

Control Venereal Disease.

Standards

1. Forward immediately to the N.J. State Department of Health-VD Program, any case of venereal disease reported to the local board of health as required by Chapter II of the State Sanitary Code.

2. Provide public and professional education services to the community, i.e., the venereal disease prone population or target group, the general public and the professionals.

3. Provide all interviewing and investigative services to all patients diagnosed with gonorrhea and forward completed forms to the N.J. State Department of Health-VD Program. Follow-up on all syphilis cases shall remain the State's responsibility.

4. Provide for medical services for all persons seeking medical care for Venereal Disease.

5. Provide for method of evaluation for all required standards.

6. Prepare and forward annual activity report to the Venereal Disease Program Coordinator, N.J. State Department of Health.

D. MATERNAL AND CHILD HEALTH

BOARDING HOMES

Activity 1, Core

Control boarding homes for children.

Standards

1. Provide inspection, counseling and enforcement time to ensure compliance with Chapter VI of the State Sanitary Code.
2. License approved boarding homes.
3. Provide public health nurse counseling time.
4. Maintain a file in local health agency office of each boarding home to include records of enforcement actions taken.

INFANTS AND PRESCHOOL CHILDREN

Activity 2, Core

Provide health supervision for infants and preschool children.

Standards

1. Provide child health conferences for examination of infants and preschool children based upon the current New Jersey State Department of Health's publication "The Child Health Conference."
2. Maintain an informational service and referral procedure to encourage physicians, hospitals and social agencies to refer appropriate cases to the child health conference and the public health nursing agency.
3. Provide for information and guidance on physical and mental development of infants and preschool children through child health conferences and home nursing visits.

LEAD POISONING

Activity 3, Core

Control lead poisoning in children.

Standards

1. Provide staff capable of conducting investigations to identify environmental lead sources in conformance with N.J.S.A. 24:14A-1 et seq and Chapter XIII of the State Sanitary Code.
2. Conduct a case finding program to include:
   a. Children 1-5 years of age who live in or frequently visit, poorly maintained housing units, day care centers or other sites which have been constructed prior to the 1960's. Priority should be given to children who are 1 through 3 years of age, having a history of pica or who are siblings of a child with increased lead absorption or lead poisoning.
   b. Reevaluation at regular intervals of children with pica who at initial screening had elevated blood tests for lead.
   c. Other screening methods approved by the State Department of Health.
3. Conduct a follow-up program which will include:
   a. Parental instruction regarding the seriousness of repeated exposure of lead.
   b. Removal of lead from the environment in conformance with Chapter XIII of the State Sanitary Code and the removal of the child from the environment during those periods in which the actual renovation is in process.
4. Report in conformance with Chapter XIII of the State Sanitary Code.
5. Provide a lead poisoning education program directed to physicians, health workers and the public.
6. Refer positive cases to medical supervision; follow-up to insure positive cases are under medical care as needed.

AMBULATORY HEALTH CARE FOR CHILDREN

Activity 4, Elective

Provide comprehensive ambulatory health care for children.

Standards

1. Expand the role of the child health conference beyond the care of healthy children of infant and preschool age, to include the care of these children and older children, in illness and in health.
2. Provide through agreement with a community health facility i.e. hospital or health center, for 24 hour emergency coverage for patients registered with the program.
3. Provide for examination, immunization, laboratory studies, diagnosis and treatment to all registered infants and children.
4. Provide follow-up at the program site or through a referral system that will utilize other community medical resources.
5. Provide for consultation services with a nutritionist, health educator, social worker or other ancillary medical personnel, as required.
6. Provide for home visits by public health nurses and community health aides, as needed.

DENTAL HEALTH, CHILDREN

Activity 5, Elective

Prevent and correct dental disease in children.

Standards

1. Provide dental services for dentally indigent children which meet the current " Suggested Procedures for the Operation of Public Health Dental Clinics" as established by the New Jersey State Council on Dental Clinics.
2. Provide dental prophylaxis. This should include cleaning, and in areas where the potable water supply does not contain 1.0 P.P.M. of flouride, provide topical flouride application.
3. Provide dental treatment which will include fillings, space maintenance devices, extractions and prosthetic devices necessary for proper dental function.
4. Provide dental health education.

FAMILY PLANNING

Activity 6, Elective

Provide family planning information and services to those who voluntarily participate in a program.

Standards

1. Provide family planning services based upon the current New Jersey State Department of Health publication "New Jersey Standards for Family Planning Services, Personnel and Program Standards."
2. Provide family planning services in keeping with the ethical concepts of the individual patient.
3. Develop educational programs to make available family planning information to those who desire it.
4. Provide in-service training programs for health personnel.
5. Provide services and/or referral for problems in childlessness and other health problems.

6. Provide each program participant receiving family planning services with adequate medical supervision by a licensed physician.

OBSTETRICS

Activity 7, Elective

Provide public health obstetrical services.

Standards

1. Provide a prenatal—post partum—clinic preferably affiliated with a hospital, based upon the current New Jersey State Department of Health Publication, "Standards For Licensure of Ambulatory Care Facilities."
2. Provide, as needed, for the delivery of patients.
3. Maintain an informational service and referral procedure to encourage private physicians, hospitals and social agencies to refer appropriate cases to the prenatal clinic.
4. Provide for information and guidance on physical and emotional aspects of pregnancy through home nursing visits, nursing conferences and expectant parent's classes.
5. Investigate and provide public health nursing follow-up of births not attended by a physician or a midwife.

SCHOOL AGE CHILDREN

Activity 8, Elective

Provide health services for school age children.

Standards

1. Determine and define public health problems of schools, and the health needs of children attending them; provide leadership in planning activities to meet these needs.
2. Maintain liaison with the Maternal and Child Health and Dental Health Programs of the New Jersey State Department of Health.
3. Provide adequate physical facilities and materials for the health programs, and equipment for the health examination room.
4. Provide school health services to schools based upon current written medical policies signed by the school physician to include the following activities:
   a. Provision of written medical policies covering first aid treatment and emergency orders.
   b. Maintenance of a cumulative health record for each pupil, utilizing form MCH-7 or its equivalent.
   c. Performance of a medical examination at least every 3 years (in the presence of a parent when possible) and recording the findings on the pupil's cumulative health record (form MCH-7 or its equivalent) for pupils who have not had such examinations done by their family physicians.
   d. Review by the school physician of all reports of examinations performed by private physicians and recording of the pertinent findings on the pupil's cumulative health record (form MCH-7 or its equivalent).
   e. Vision screening performed annually on all pupils, using a method approved by the State Department of Health.
   f. Hearing screening performed annually on all pupils in the first 4 grades and biennially thereafter, using a method approved by the State Department of Health.
   g. Follow-up of deficiencies found in the health appraisal and screening procedures and effective communication by personal contact with the parents. Public health nursing conferences shall be held with parents either at school, home, or health department; nurses shall confer with teachers concerning health problems affecting the individual child in the classroom.
   h. Tuberculin testing of pupils, employees, and volunteers and follow-up as recommended by the current edition of "School Tuberculin Testing in New Jersey", published by the State Department of Health.
5. Provide dental health services for dentally indigent children in accordance with current recommendations of the Dental Health Program of the State Department of Health.
6. Establish a requirement of primary and booster immunizations for protection against communicable disease, in accordance with current recommendations of the New Jersey State Department of Health.
7. Establish a system of control of communicable disease in accordance with the control measures as outlined by the State Department of Health.
8. Provide sanitary inspection of the school's toilets, washrooms, cafeterias, food vending machines, water supply and sewage disposal systems in accordance with local and State regulations.
9. Provide safety inspections in accordance with the current recommendations of the State and local board of health, making accident prevention a major goal.

E. CHRONIC ILLNESS

CANCER SERVICES

Activity 1, Core

Provide cancer detection services.

Standards

1. Provide cancer programs for high risk groups according to criteria outlined in the New Jersey State Department of Health publication, "Chronic Disease Guidelines."
2. Provide screening and detection services for:
   a. 1% of the individuals at risk for colo-rectal cancer.
   b. 2% of women over 40 for breast self-examination teaching program, preferably coupled with a clinical breast exam and 1% of women ages 15-40.
   c. 1% of women at high risk for cervical cancer.
3. Provide screening personnel to meet the criteria for staffing as specified in the guidelines.
4. Establish a coordinated plan for counseling, referral and follow-up of all persons with non-negative results.
5. In cooperation with voluntary health agencies, develop, implement, and evaluate educational plan for professional groups and the general public.

DIABETES SERVICES

Activity 2, Core

Provide diabetes control services.

Standards

1. Provide a diabetes screening program for high risk individuals (over 40, obese, related to a diabetic or pregnant woman), in accordance with the New Jersey State Department of Health, Chronic Disease Guidelines. (Minimal level of required activity is to screen and follow-up 1 percent of the high-risk population over 40).
   a. Utilize approved screening method as specified in Guidelines, using quantitative blood glucose, as well as triglyceride and cholesterol confirmatory test.

b. Refer all individuals with a positive confirmatory test to their personal physician or hospital clinic for confirmatory diagnostic tests.

c. Follow-up positive screenees to ensure confirmative diagnostic tests and institution of medical supervision and treatment.

d. Maintain records that reflect the population screened, the outcome and the cost per newly diagnosed diabetic and submit quarterly to the New Jersey State Department of Health.

2. Develop a written plan to implement and evaluate Diabetes Educational Programs in accordance with the Guidelines.

HEART AND CIRCULATORY DISEASE SERVICES

Activity 3, Core

Provide heart and circulatory disease control services.

Standards

1. Provide heart and circulatory disease control services based upon the current New Jersey State Department of Health publication, "Chronic Disease Services Guidelines."

2. Provide screening programs to detect heart and circulatory diseases, including stroke, in high risk groups.

3. Identify high risk individuals through the correlation of the history of one or more of the following: excessive cigarette smoking, hyperlipemia, hypertension, obesity, history of ancestral vascular disease and other related factors.

4. Provide nutritional consultation to high risk groups.

5. Provide educational opportunities for professional groups and the general public in connection with voluntary agencies.

ALCOHOLISM CONTROL

Activity 4, Elective

Provide a planned alcoholism control program.

Standards

1. Identify the alcoholism problem in the community, establish objectives and priorities for educational and treatment activities, and evaluate efforts.

2. Involve local leadership in community action:

a. Develop local interest and support in problems of alcoholism control.

b. Prepare a local plan for comprehensive alcoholism services, providing for the allocation of resources and personnel, the coordination of existing services, and the initiation of needed services.

c. Maintain current affiliate agreements with alcoholism service providers especially the local councils on alcoholism, and with other health and mental professionals, local planning agencies to substantiate coordination.

3. Provide and support programs of public and professional information and education:

a. Maintain and distribute a variety of alcoholism educational materials.

b. Provide information and referral services for alcoholics and their families.

c. Establish a speakers bureau and utilize appropriate educational techniques to involve citizens and community groups.

d. Provide local employers with information and referral services and assist in the development of employee programs.

e. Assist State alcoholism education specialists in conducting refresher and in-service training courses for professional groups and agency staffs.

4. Promote and support prevention and treatment activities approved by the New Jersey State Department of Health.

5. Promote the efforts of service agencies to meet the standards for alcoholism programs established by the Joint Commission on Accreditation of Hospitals.

AMBULATORY MEDICAL CARE

Activity 5, Elective

Provide ambulatory medical care.

Standards

1. Determine the diagnostic, treatment, and rehabilitative services currently available to patients; make such information available to physicians, clinics, and public health nurses.

2. Provide a health maintenance service which shall include but not be limited to:

a. Health Education
b. Heart Disease Screening Services
c. Cancer Detection Services
d. Tuberculosis and Respiratory Disease Screening
e. Diabetes Screening
f. Vision Acuity Testing
g. Glaucoma Detection Services
h. Audiometric Testing

3. Assist in the establishment, expansion or provision of adequate facilities to ensure accessibility, availability, or acceptability of modern diagnostic and therapeutic procedures.

4. Provide diagnostic and therapeutic services.

5. Provide follow-up visits to ensure maximum disease control.

6. Through cooperation with physicians, hospitals, case registers and other agencies, secure referral of individuals with disease and disability who can benefit from public health nursing guidance, social case work, diet counseling, health education, and rehabilitation services.

7. Provide homemaker-home health aid services through a Homemaker-Home Health Aide Agency.

8. Provide the administrative mechanism to insure payment for medicaid, medicare, and other third party insured patients.

CHRONIC RESPIRATORY DISEASE SERVICES

Activity 6, Elective

Provide for chronic respiratory disease control.

Standards

1. Determine the diagnostic, treatment and rehabilitative services currently available to chronic respiratory disease patients; if none are available, assist in the establishment of adequate facilities to ensure availability of modern diagnostic and therapeutic procedures.

2. Inform physicians, clinics, public health nurses of the availability of diagnostic, treatment and rehabilitative services, stimulate needed referrals.

3. Provide public health nursing services to patients in respiratory disease diagnostic and treatment facilities on referral by physicians.

4. Provide follow-up visits to ensure maximum disease control.

5. Conduct public education activities related to chronic respiratory diseases and contributing factors such as smoking and air pollution.

DENTAL HEALTH, ADULTS

Activity 7, Elective

Prevent and correct dental disease in adults.

Standards

1. Provide services for dentally indigent adults in accordance with current guidelines for "Suggested Procedures for the Operation of Public Health Dental Clinics" to include:
   a. Examination and treatment for prenatal patients.
   b. Dental prophylaxis.
   c. Fillings, extractions and prosthetic devices necessary for proper dental function.
2. Provide dental health education.

DRUG ABUSE CONTROL

Activity 8, Elective

Provide a planned drug abuse control program.

Standards

1. Provide a planned drug abuse control program based upon the current State Department of Health publication "Standards for Licensure of Ambulatory Care Facilities" Sect. 19-19.15 and annual edition of "Combined Alcohol and Drug Abuse Prevention and Treatment Plan."
2. Identify the drug abuse problem in the community.
3. Identify and involve local leadership in community action to develop and maintain interest in the drug abuse problem and its control.
4. Secure educational materials from the Division of Narcotic and Drug Control, Training and Education Center.
5. Comply with improvement plan of the State Program Review Site Visit reports.

EYE SERVICES

Activity 9, Elective

Provide eye health screening services.

Standards

1. Provide the following eye screening programs to meet the needs of the community:
   a. Ocular tension measurements to detect early glaucoma in people forty years of age and over.
   b. Examination to detect eye defects in pre-school children, e.g., amblyopia and strabismus.
   c. Vision acuity testing (other than the school population) by a method approved by the State Department of Health.
2. Follow-up of all suspected defects found in the screening program. The family physician or other source of medical care designated by the patient shall receive written notification of suspected defects found; follow-up public health nursing conferences shall be held with patient or with the parent(s) of the patient either at home or at the eye clinic.

PREVENTIVE HEALTH

Activity 10, Elective

Provide preventive health services.

Standards

1. Provide multiphasic screening to include but not limited to:
   a. Chest x-rays, as needed.
   b. Diabetes testing.
   c. Vision acuity testing; perform ocular tension measurement as needed, to detect glaucoma.
   d. Audiometric testing.
   e. Other screening services acceptable to the State Department of Health.
2. Notify patients and their physicians or other treatment facility of positive findings.
3. Provide follow-up of patients suspected of having defects to ensure diagnosis and treatment.
4. Provide referral service to appropriate community facilities.
5. Provide a health maintenance service for information, health education, diet counseling, general medical counseling and referral.

HEALTH MAINTENANCE SERVICES

Activity 11, Elective

Provide public health nursing guidance, therapeutic and rehabilitative services for individuals and chronic disease and/or disability.

Standards

1. Through cooperation with physicians, hospitals, case registers, and agencies, secure referral of individuals with chronic disease and disability who can benefit from public health nursing guidance, therapeutic and rehabilitation services.
2. Provide public health nursing services in the home upon the written request of a referring physician to instruct in specific health practices, to provide services designed to achieve maximum function for the disabled, to encourage continuation of medical orders, to observe changes in physical, emotional and social status, to report these changes to the patients' physician and to arrange appropriate referrals to community agencies.
3. Maintain clinical records.

HEARING SERVICES

Activity 12, Elective

Provide an audiometric screening program.

Standards

1. Provide an audiometric testing with use of the individual audiometer test.
2. Follow-up all suspected defects found. The family physician or other source of medical care designated by the patient shall receive notification of the suspected defects found; provide a follow-up public health nursing conference either at home or at the clinic.

HEARING AND SPEECH SERVICES

Activity 13, Elective

Provide hearing and/or speech services.

Standards

1. Provide hearing and speech services based in a hospital, health department, health center or other approved setting.
2. Provide diagnostic testing for suspected hearing and/or speech defects. Refer individuals with positive findings to the family physician or hearing and speech clinic; follow-up to be made by public health nurse.
3. Provide therapy for speech disorders to include but not limited to:
   a. Voice and phonetic problems
   b. Articulation problems
   c. Delayed speech problems
   d. Orthodontia problems
   e. Foreign accent correction
   f. Language concepts, and therapy for those affected with learning disorders
   g. Cleft palate speech
   h. Brain injured children
   i. Aphasia
   j. Cerebral Palsy speech problems
   k. Deaf and hard of hearing

HOMEMAKER-HOME HEALTH AIDE SERVICES

Activity 14, Elective

Provide homemaker-home health aide services.

Standards

1. Provide homemaker-home health aide services through a Homemaker-Home Health Aide Agency approved by the State Department of Health in accordance with written policies and procedures.

2. The pamphlet "Presenting Visiting Homemaker-Home Health Aide Services in New Jersey" shall be used as a guide for appropriate activities of the homemaker-home health guide.

3. Use a standardized cost accounting and reporting system acceptable to the State Department of Health.

MENTAL HEALTH

Activity 15, Elective

Provide a program to aid in the prevention of emotional disturbances.

Standards

1. Provide follow-up home nursing visits to:
   a. Patients discharged from mental hospitals.
   b. Emotionally disturbed patients referred through physicians out-patient clinics and community agencies.
2. Maintain liaison with referring physicians, hospitals, out-patient clinics and other community agencies.
3. Provide staff education in the recognition of emotional patterns and problems.
4. Integrate concepts and practices of mental health with related health programs, e.g., maternal and child health, adult health and chronic illness.
5. Provide members of the health agency with professional assistance in evaluating specific cases and making appropriate referrals.
6. Through individual or group conferences, provide mental health counseling in specific areas of concern, e.g. pregnancy, child growth and development, adolescence, major physical disability and retirement.
7. Make referrals when indicated; follow-up on referrals made.

NUTRITION

Activity 16, Elective

Provide diet counseling services.

Standards

1. Provide diet counseling on physician's or dentist's prescription or orders to:
   a. Individuals requiring assistance with interpretation of a therapeutic diet.
   b. Individuals requiring diet modification to meet special needs for growth and development, e.g., infants, children, pregnant and lactating women.
   c. Groups or classes with similar diet requirements, e.g., weight control, diabetic, prenatal, teenagers or the elderly.
2. Conduct classes for persons with needs for similar nutritional information, e.g., low income families or parents of infants and/or young children.
3. Provide in-service training to members of the local health department.

Activity 17, Elective

Provide a program to meet nutrition education and service needs.

Standards

1. Integrate nutritional services with related health programs, e.g., maternal and child health, alcohol and drug treatment centers, chronic illness, or others with a nutrition component.
2. Assist other members of the health agency; give consultation to camps, schools, hospitals; skilled nursing, intermediate and sheltered care facilities and day care centers.
3. Through individual or group conferences, instruct public health nurses and para-professionals giving direct services in the dietary aspects of prenatal care, child health, adult health, chronic disease, geriatrics; such instruction should include specific information on available food programs, current food costs, food habits of specific cultural groups and interpretation of special diets.
4. Assist in joint planning among volunteers and official health agencies to develop nutrition education and feeding programs and to promote effective use of nutrition and diet counseling staff.

OCCUPATIONAL HEALTH

Activity 18, Elective

Conduct Occupational Health Services.

Standards

1. Develop an up to date industrial inventory.
2. Identify occupational health services needs.
3. Determine where asbestos is known to exist in local schools and other public buildings, what control measures are in existence and report findings to the New Jersey State Department of Health.
4. Respond to local complaints on workplace health and safety in a manner approved by the New Jersey State Department of Health.

PHYSICAL THERAPY SERVICES

Activity 19, Elective

Provide physical therapy services.

Standards

1. Assist in identification of need for physical therapy services in the community and in provision of consultation to community health agencies.
2. Provide in-service education and consultation to the local Health agency staff regarding physical therapy procedures.
3. Provide prescribed physical therapy services upon the written request of the referring physicians.

To Apl. 15, 1982

The State of New Jersey:

It would be a great help to my wife and some of the people in Pennsgrove Housing Authority if you continue Homemaker Health Program. Funded under Title XX Federal funds.

I am under Dr. care for my blood pressure test the rest of my life. age 68 also the transportation is a great help for medical treatments.

Please do what you can for this program.

Thank You very much.

Mabel Jordan
Penn Towers So.
Pennsgrove, N.J.
apt. 206.

19x

Penns Grove
N.J.
08069
1208 Silver Run Park

to The Hearing of
April 19-1982
Atlantic City
City Hall
Commissioner Chamber

I would Be
vetmost Grateful and Appreciate it.
if Social Service in Silver Run Park
would Continue as were and Extend
as long as possible
all services I Receive on a fixed
income
and have no way of Getting around
My food Stamps have Cut Down to $45
my light Bill is up. We of Silver Run
Park would like to have things as
as it were if possible.
such food Stamp Homemaker Service
Education for the poor and Disadvantage
Children Medicaid Low Rent.

20x

Blood Pressure testing

We would be very

Greatful if these

Progroms Could

Continue

these Cut Back Will Hurt very

much - I just Dont See How the

Elderly will make it ~~to~~ with

the Budget it will be Hard with out

these foods I live in Plum Grove

Housing Authority

Development

Thank you for listen

Sincerely

1208 - Silver Ranch

Ernie Marshall

21x

April 19-82.

New Jersey State Assembly Committee
on County Goverment, Room 206
City Hall Commissioners Chamber,
Atlantic City, New Jersey.

I would like to see the
Pems Grove Housing Authority Home makers
Health Program Funded Under title XX
Federal Funds Continued,
for its good to have some one that can
give a Helping Hand to the aged In case
of sickness or to do many things like cashing
my check and geting little things for me
as I am not able to get out and do my self.
and there are quite a few Jacks In this
Building that are getting on In years and
really Need some one they can call on If they
Need a little Help. so hope you can see
why I would appreciate your consideration

Sincerely Mrs Loretta Stathis
Penn Towers South Apt 505
Pems Grove N.J. 08069.
Birth Date 8-14-99 will be 83 Aug 14-82

22x

Florence Mc Gran
W04 Penn towers
Pennsauken NJ 08109

New Jersey State assembly Committee
on County Goverment
Room 206
City Hall comvisions chambers
Atlantic city New jersy

April 16, 1988

Dear Sir

I am currently recieving services from the Pennsdale Housing authority which is Cuerently recieving founds from Title XX.

I am Florence Mc Gran and I am 63 ayrs old I would appericate that this program be allowed to contune as it is very valuable to me I am currently disabled and recieve a small social security disabled check as my only source of income.

I do apperiate all the help that I get from Jim Jorgenson in filling out papers for me. And also from the homemakers for the things they do for me.

Florence M- Gran

23x

April 14, 1982

To Whom it May Concern,

I am a Senior Citizen

I am 75 years of age and I live in the Penn Towers Senior Citizen's building. I wish to give my opinion about cutting the Federal budget. Which would mean cutting the home makers health program and many other programs, we need them. There are people that are unable to help themselves, such as cleaning their apartment, washing clothes, and cooking their meals. Cutting out food stamps low rent especially would really be devastating.

Where would we go if they discontinued all these commodoties, which are not luxuries. And to close down the building, I think it would be a heartless thing to do. It seems they do not have any compassion for the elderly and many people that need help. (over)

24x

It would be a very TRAUMATIC Thing for everyone involved in this SITUATION

Sincerely

Mary Vanciguerra.

Penn Towers S.

Apt 207,

Broad St.,

Penns Grove,

N.J.

Attention:

To the hearing April 19 1982
Atlantic City — Recently I received
a Cut in food stamps from 68.00
to $21.00 because of the Life line
Program supposed to help pay electric
bills now if you have electric
lights and other service from electric
which goes up everyday; that
people on fixed income cannot
pay the bills, what has the
electric bills got to do with a
persons food? Seems if you want
to eat you cannot have lights or
any electric services, or Vice-versa.
why take food stamps from people
and still send these high electric
bills and ever present threat of
Shut Off if these people do not come
up with these high bills, and
they did not even bother to let you
know at least a week in advance
so you could prepare for such a
shock, when you opened the
food stamps for April Month) there
it was "Suprise Suprise" a Notice
and the Cut all at once.
I live in Housing in Pennsgrove, N.J

Silver Run Park on a fixed income - $336.50 a month, have no transportation, and 2 bad legs Arthritis spine and legs etc cannot walk much, I depend on the Services of transportation that the Social Services in this Housing Project Provides, going to doctors and attending to other business, Cook Etc, I would not accomplish anything from month to month, if it were not for this service, I can not afford taxis @ $3.00 a trip one way, Neighbors, can't depend on them, they are in same fix I am in, Please let this service remain in Silver Run park apts There are many more people in this project that are totally dependent on this service, for other reasons. such as caring for the Children, especially the sick, helping with food for families (Sr. Citizens) and for Childrens lunch programs, and other services that is so needed here.

Florence Richardson
1205 Silver Run Pk Apts
Penns Grove N Jersey
08069

27x

Mrs Philomena E Listio
909 Penn Towers
Penns Grove N.J. 08069

New Jersey State
Assembly Committee
on County Government
Room 206
City Hall Commissioners Chamber
Atlantic City, New Jersey,

Dear Sir:
Please help the Penns Grove Housing Authority Home Makers Health Program as it Provides Me Medical Transportation each Month and is a Service I depend on very Much. This Program helps Many of are Senior Citizens it are High rise Building and is a very Valuable Program to us & My self, & also

This Program Funded under Title XX Federal Funds is in jeopardy of having Funding taken Away with in the next few Months Please help us with This Problem. Also I am 72 years old & I do need help.

Mrs Philomena E Listio

Mrs. Wilma Renna
Apt. 905 Penn Towers
Pennsgrove N.J. 08069

New Jersey State Assembly Committee
on County Government
Room 206
City Hall Commission Chamber
Atlantic City, N.J.

Dear Sirs:

Please help the Penns Grove Housing Authority Homemaker/Health Program to continue in this Senior Citizen Bldg. Most everyone here needs help of some kind such as transportation to the Doctor, grocery shopping also medical such as taking blood pressure at least once a week. Some people are unable to clean their apt. and these Homemakers run the sweeper for them. All this is needed for us to be able to stay here otherwise some would have to go in a Nursing Home which would be sad as everyone here loves their home.

This program funded under Title X X Federal Funds is in jeopardy of having funding taken away within the next few months - please help us with this problem. I'm 64 yrs of age and don't need too much help now, but I'll see need help and assistence later on

Thank you

Wilma Renna

Mrs Anna M. Hagen
[illegible] Senior Citizen Apt [illegible]
Penns Grove N.J. 08069

Mrs Jersey Assembly Woman Muller & Committee Members
Room 206 City Hall Committee & Members
Atlantic City N.J.

Dear Sir:

I feel I am in need of assistance with my Firewood - going to the stores, and shopping - close to the doctor, & Medication because I am unable to shop- & therefore are need this program.

Also
This program for Senior Citizen XX Federal provision to go from at home by friend in Salem county with the help for months - Please do this amendment this program.

I am 78 years old. Thank you.

Anna M. Hagen

Elizabeth Geraldine Witt
Apt 904 Penn Towers so
Pennsgrove N J 08069

New Jersey State
Assembly Committe
on County Governement
Room 206
City Hall Commissioners Chamber
Atlantic City N J

Dear Sir's

I do hope and pray you can help the Pennsgrove Housing Authority Home makers health program as it provides me with transpatation and help in my apt which I dearly love but cant do the things I must to keep it nice and clean as it should be. With out the help of this program. Due to having Cancer heart trouble and "Raynaunds" disease. I must have help going back & forth to the Doctors and hospital and my Swaper plus shopping. It is really needed for senior citizen and the needy. I am 73 years old. and that is against me as well as my ailments.

This program funded under Title XX Federal Funds is in jeapardy of having Funding taken away with in the next few months. So please if it is possible please help with this problem.

Elizabeth G Witt

April 13-1982

Penn Towers So
Apt. 506
Pennsgrove, NJ
08069

New Jersey State Assembly Committee

I would like the Penns Grove Housing Authority, Homemaker/Health Program to continue as I receive blood pressure testing, Medical transportion, and baking assistance

This program funded under Title XX Federal Funds is now in jeapordy of being terminated.

This program has been very valuable to me and I depend on it.

Please look into this program

Sincerely

Catherine Hubble
Age 68

w Jersey State assembly committee
e County Ganernment Room 206
ty Hall Commissioners Chamber
tlantic City N.J.

april-14-1982
Penn Towers
Penns Grove N.J.

I am 78 years old and I receive paperwork
ssistance - Blood pressure testing and transportation
rom Penns Towers. Please help the program
to continue to receive funding as it is
nery valuable to me and I depend on it.

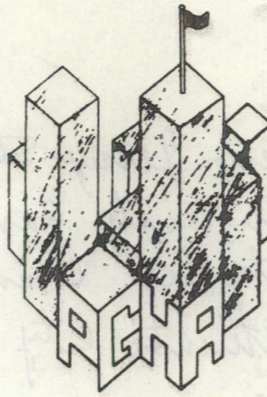
Thank you

Anna M Williamson
apt. 809 Penn Towers
Penns Grove N.J.



Penns Grove Housing and Community Development Authority

Michael J. Maurizio, Executive Director



. . . Planning Together for Tomorrow. . .

Elsie Reese Harbeson
409 Penn Towers So
Pennsgrove
N.J. 08069

The program is called:

Penns Grove Housing Authority
Homemaker/Health Program
funded under Title XX
Federal Funds

Give your name, the date, your age, and your reasons for wanting the program to continue.

Address it to:

New Jersey State Assembly Committee
on County Government
Room 206
City Hall Commissioners Chamber
Atlantic City, New Jersey

Elsie Reese Harbeson ~~78~~ years old. I think the fact that we are in our goldren years, we should be allowed to help the help we have, let us please, let us, live the rest of our lives in dignity. By taking away the least of the program, we will be forced to spend money we don't have for bus fare to doctors, help with our cleaning and keeping track of our blood pressure. People in this building who receive food stamp surely can't get along on less, this little help is the diffrence of living and exisiting

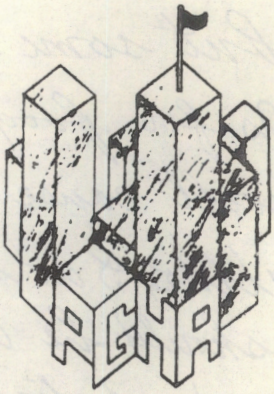
Elsie Reese Harbeson



(Undated)

Penns Grove Housing and Community Development Authority

Michael J. Maurizio, Executive Director



. . . Planning Together for Tomorrow. . .

Margaret J. Jones
apt 408 Penn Towers ~~Salem~~ So
Pennsgrove
Age 74 - 2-7-08 N.J. 08069

The program is called:

Penns Grove Housing Authority
Homemaker/Health Program
funded under Title XX
Federal Funds

Give your name, the date, your age, and your reasons for wanting the program to continue.

Address it to:

New Jersey State Assembly Committee
on County Government
Room 206
City Hall Commissioners Chamber
Atlantic City, New Jersey



April 13th 1982
Age 74 2-7-08

I am writting, to say that if even the Slightest, of the program is removed you will hurt a great many people. In this building of Penn Towers So Pennsgr we have people in wheel chairs, and although they can do quite a lot for themselves, there are things that are impossible to do alone. We have people to whom the nurses come and give needles to. We have people who cannot lift anything and need help with cleaning and clothes washing. We all try to ~~help~~ help the other

over

but some times, its the blind leading the blind.
As for food stamps, to take any part of that away
will cause a lot of young children to go hungry,
altho, I do say that where children are concerned, there
should be another way for them, some of these parents
or protectors need lessons on what is nutrious
we have here two young ladies who take us to doctors -
take our blood pressures - do our laundry - take us
to the store - help us with difficult tasks, and we would
greatly miss this help.

Hoping you will see to keep the full
program running and perhaps improve instead
of distroy. I remain Margaret J. Jones

ATLANTIC MENTAL HEALTH CENTER, INC.

13 North Hartford Avenue
Atlantic City, New Jersey 08401

John W. Halpin
Executive Director

Telephone (609) 348-1161
Emergency (609) 344-1118

Fire Road Office
Box 52, R.D. 2
Pleasantville, N.J. 08232
(609) 646-5142

April 21, 1982

Ms. Virginia DeBianco
Office of Legislative Services
State House Room 401
Trenton, NJ 08625

Dear Ms. DeBianco:

Enclose is a copy of my prepared testimony for the hearings on federal budget cuts held by Assemblyman, Michael Matthews on April 19, 1982.

Although I could not stay to testify, I would like my remarks included in the official transcript.

Thank you for your attention to this matter.

Sincerely,

Diana Cohen

Diana Cohen,M.A
Project Director

Enc. 3

DC/mb

ATLANTIC MENTAL HEALTH CENTER, INC.

13 North Hartford Avenue
Atlantic City, New Jersey 08401

John W. Halpin
Executive Director

Telephone (609) 348-1161
Emergency (609) 344-1118

Fire Road Office
Box 52, R.D. 2
Pleasantville, N.J. 08232
(609) 646-5142

TESTIMONY FOR THE REGIONAL MEETING ON

FEDERAL BUDGET CUTS AND THEIR IMPACT ON

COUNTY OPERATIONS AND SERVICES

Services in the last year for adolescents and, especially for delinquent adolescents, have been minimal and diminishing while the delinquent population and their problems have steadily increased.

In relation to this I would like to discuss a particular treatment program, The Adolescent Treatment Unit that will be lost to the community because of the Reagan budget cuts.

The Adolescent Treatment Unit (ATU) is part of the Atlantic Mental Health Center and is funded by a State Law Enforcement Planning Agency grant that ends on September 30, 1982. This is the only out-patient counseling and treatment program in Atlantic County specifically designed to work with juvenile probationers, and to date no other funding sources have been able to commit the funds necessary to maintain this program.

The type of client treated in the program is the adolescent involved in agressive assault on other people, sexual assault, breaking and entering and other violent acting out behavior as well as the teenager rebelling against his/her family and who is exper-

A Member Agency of United Way — Over 25 Years of Mental Health Service in Atlantic County

iencing the more usual adolescent distress. Without the ATU this group of clients will receive much less attention and many will go untreated. A scale being utilized now in the ATU screening process to measure suicidal potential indicates many of these youth are moderate to severe suicidal risks. There is a great need for these teenagers to be counseled and monitored.

The existing out patient programs with their already overloaded schedules cannot provide the same specialized, intensive treatment that is offered at the ATU and that is necessary to be effective with this population.

Without this program the result will be a noticeable drop in the quality of care available for these children.

The ATU provides immediate care for those adolescents and their families referred by the court who exhibit serious mental health problems. An ATU staff member attends court, interviews the families at that time, and schedules appointment at ATU for the following week. Weekly sessions of group, individual and family therapy are provided. The probation department and court work cooperatively with us to formulate a comprehensive treatment plan to improve the functioning of these juveniles. At this time, there are approximately 110 active cases with an average of twenty cases referred each month by the court. Measured over a six month period the recidivism rate for the program was twenty-five per-cent (25%) as compared to the national average of sixty to eighty percent (60%-80%).

Over the three years of this grant the staff has researched the literature to determine which treatment modalities work with delinquents and their families. From this literature review a treatment program was developed, and continues to be refined, based on specific models found to be successful with delinquents. This expertise will be lost to the adolescent and the community with the termination of this program.

Losing this program will also have an effect on the proposed family court in that the ATU has been a primary referral source for the juvenile court. Under the proposed new system more families will be seen in court and more treatment resources will be needed. With these budget cuts fewer services will be available to handle the increasing number of delinquency problems.

Diana Cohen

Diana Cohen, M.Ed.
Project Director

DC/mb

April 21, 1982

FEDERAL BUDGET CUTS

I am the

MY NAME IS STEPHEN KATZEN. ASSISTANT CRIMINAL JUSTICE PLANNER FOR ATLANTIC COUNTY. TODAY I AM HERE TO SPEAK AS A REPRESENTATIVE OF THE YOUTH AND FAMILY COMMITTEE OF THE ATLANTIC COUNTY HUMAN SERVICES COUNCIL.

IT HAS BEEN SAID REPEATEDLY, THAT THESE BUDGET CUTS, OR "REAGANOMICS" ARE REPRESENTATIVE OF THE "TRICKLE DOWN" THEORY OF ECONOMICS.

I WANT TO SPEAK ABOUT ONE REPRESENTATIVE CASE EXAMPLE OF REAGANOMICS AND HOW IT MAY IMPACT UPON THE SOCIAL STRUCTURES IN ATLANTIC COUNTY.

PRESENTLY THERE IS A SERIES OF BILLS PENDING BEFORE THE STATE LEGISLATURE: ASSEMBLY BILLS NO. 641 - 645. THE CAPSULIZED THRUST OF THESE BILLS ARE: (1) THE REVISION OF THE STATE JUVENILE JUSTICE CODE AND (2) THE DEVELOPMENT OF A COUNTY FAMILY COURT STRUCTURE. THE PLANNING, RESEARCH, AND DEVELOPMENT OF THESE BILLS ENCOMPASSES A WORK PRODUCT OF ALMOST THREE YEARS. ASSEMBLYMAN MATTHEWS ~~IS~~ CO-SPONSORS TO THIS LEGISLATION.

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THE BILLS WILL PROBABLY BECOME LAW BY THIS SUMMER, AND BECOME OPERATIONAL IN SEPTEMBER 1983.

THE STATE LEGISLATURE HAS NOT APPROPRIATED THE REQUISITE FUNDING TO THE COUNTIES IN ORDER TO MEET THE RESPONSIBILITIES MANDATED IN ~~THE~~ This FAMILY COURT LEGISLATION.

ATLANTIC COUNTY, RECOGNIZING THAT THE FUNDING RESPONSIBILITY FOR THIS LEGISLATION COULD POSE A FINANCIAL HARDSHIP TO THE COUNTY, DEVELOPED A GRANT APPLICATION TO THE STATE LAW ENFORCE-

PLANNING Agency
MENT ~~ASSISTANCE ADMINISTRATION~~ FOR A FAMILY COURT MANAGEMENT PROJECT. SLEPA IS THE STATE AGENCY THAT SERVES AS THE CONDUIT FOR FEDERAL FUNDING IN THE CRIMINAL JUSTICE FIELD. THE APPLICATION WAS DEVELOPED IN CONJUNCTION WITH, AND HAVING THE FULL SUPPORT OF JUDGE PHILLIP GRUCCIO, ASSIGNMENT JUDGE FOR THE ATLANTIC COUNTY SUPERIOR COURT.

THE KEY POINT HERE TO CONSIDER IS THAT DUE IN PART TO THE FEDERAL BUDGET CUTBACKS, AND EVEN TO THE PROPOSED BUDGET CUTBACKS, SLEPA HAS BEEN UNABLE TO COMMIT FUNDS TO ATLANTIC COUNTY FOR THIS IMPORTANT AND NECESSARY PROJECT.

THEREFORE, ASSEMBLYMAN MATTHEWS, WE HAVE HERE A REPRESENTATIVE CASE EXAMPLE OF MANDATED RESPONSIBILITIES BEING IMPOSED UPON THE LOCALITIES. THE LOCALITIES IN A TIME OF TRICKLE DOWN, REAGANOMICS, ARE HAVING A DIFFICULT TIME EVEN MAINTAINING ESSENTIAL SERVICES - WITHOUT THE ADDITIONAL BURDEN OF THE NEW MANDATED SERVICES AND NOW THE FEDERAL AGENCIES WITHIN THE CRIMINAL AND JUVENILE JUSTICE FIELD, THAT IN THE PAST COULD HAVE ASSISTED THE LOCALITIES WITH FUNDING CAPABILITIES HAVE BEEN DRASTICALLY CUT.

THE L.E.A.A. OFFICIALLY HAS BEEN TERMINATED. THE OJJDP (OFFICE OF JUVENILE JUSTICE & DELINQUENCY PREVENTION) THAT COULD HAVE ASSISTED ATLANTIC COUNTY WITH FUNDING HAS BEEN TARGETED BY THE REAGAN BUDGET FOR ZERO FUNDING FOR F.Y. 1983.

CRIME, ALL OVER THE NATION IS A MAJOR ISSUE. HOWEVER IN ATLANTIC COUNTY, CRIME AND THE FEAR OF CRIME ARE PARAMOUNT ISSUES DUE TO THE RAPIDLY CHANGING DYNAMICS TAKEN PLACE IN ~~ATLANTIC~~ the COUNTY IN RECENT YEARS.

WE NEED ALL AVAILABLE RESOURCES MARSHALED TO ADDRESS THE ISSUES OF CRIME AND JUVENILE DELINQUENCY. THE FEDERAL BUDGET CUTBACKS ~~WILL~~ could HAVE A NEGATIVE IMPACT UPON CRIME RELATED ISSUES.

FEDERAL FUNDING ASSISTANCE MAY BE "TRICKLING DOWN" TO THE LOCALITIES. HOWEVER THE PROBLEMS AND ISSUES THIS FUNDING WOULD ADDRESS ARE ~~NOT~~ NEITHER DOOD TRICKLING ~~AWAY~~. ~~THANK YOU~~ THAT NOR TRICKLING AWAY. THANK YOU.

Petition: Penns Grove Housing Authority Residents Residing Silver Run Park - Family Units

The Silver Run Park tenents feel That if you cut The Food Stamps and aide To dependent Children and Medicaid and Energy Assistance and school lunch program and CeTa and low rent assistance and other social programs. The Government would be hurting of adults and Children which needs these programs. The Government would be hurting alot of people in Salem County and all over the United States. We really needs these services. We may lose a great deal if The Goverment cuts the people on these programs anymore then the already done. The 1982 cuts have hurt us a great deal. IF you would like to protest this action and signify you disaproval on this action. Please Sign your name and address. Thank you.

1. Kathleen Vincent - 703 Silver Run Pennsgrove, N.J
2. Dorothy Schrance - 1111 Silver Run Pennsgrave, N.J
3. NANCY MESSER - 1111 Silver run - Pennsgrove, N.J.
4. James Chiampas 201 Silver Run Park Pennsgrove
5. Melvin + Lucille 1112 Silver Run Apt Penns Grove
6. Gertrude Horton 1107 Silver Run Apt Pennsgrove
7. Charle Bayless 1103 SILVER RUN

8. Dorothy Cordano 1104 Silver Run
9. Judy Burke 1002 Silver Run PL
10. Bessie M. Pitts 1001 Silver Run Park
11. Betty Lynard 103 Silver Run pk.
12. Peggy STONE. 105- Silver Run pk.
13. Cora Lewis 68 Madole Rd.
14. Sid Bailey 202 SilverRun Apts
15. ~~Lalerne Lopez 201 Silver Run~~
16. Mrs. Yvonne Cheeks 203 Silver Run Apts
17. Mrs. Linda Cuevas 902 Silver Run Apts
18. ~~Mrs~~ Mary Norman Silver Run
20. Mrs Maggie Harris Silver Run
21. Nancy Harrington 702 Silver Run Park Penns Grove
22. Judy Mincey 706 Silver Run Park Penns Grove NJ
23. Naomi Thomas 705 Silver Run park Penns Gr.
24. Margaret Holmes 707 Silver Run Park, Penns Grove
25. Lois Henry 92 Lanning Avenue, Pennsgrove, NJ
26. Ruby E. Swanson 704 Silver Run Pennsgrove NJ
27. BJ Swanson 304 Silver Run
28. B. Swanson 1710 Plum St, Phila, Pa.
29. Jacqueline Moore 601 Silver Run
30. Wilson Alexander 54 Van Buren St Deptford NJ 0823
31. Donna Layton 9 East Maple Ave. P.G. NJ
32.
33.
34.
35.

The Penns Grove Housing Authority Homemaker / Health Program, which aids the tenants of Penn Towers South and Silver Run Park, may lose a great deal or all of its federal social service (Title XX) funding within three months and may be forced to close down. This would mean an end to many services provided to you, such as the Summer Nutrition Program for Children, homemaker services for the elderly, budget counseling, paperwork assistance, blood pressure testing, family counseling and many others. If you would like to protest this action and signify your disapproval of this action, sign your name and write your address below:

Signatures:	Addresses:
1. Ruby Brady	805 Penn Towers S. Penns Grove, N.J.
2. Wilma Ranna	905 apt. " "
3. Blanche Green	604 Penn Towers Penn Grove N.J.
4. Mabel Jordan	206 Penn Towers Pennsgrove
5. Elizabeth Stamets	apt 509 Penn Towers Penns Grove N.J.
6. Grace Couch	apt 606 "
7. Florence M. Green	apt 404 Penn Towers Penns Grove N.J.
8. Catherine Hubble	apts-06 Penn Towers Pennsgrove N.J.
9. Phyllis Pratt	200 Penn Towers Penns Grove N.J.
10. Jeannette Shaw	304 Penn Towers Penns Grove N.J.
11. Mary Vinceguerra	207 Penn Towers Penns Grove N.J.
12.	
13. Frank Toney	305 Penn Towers Pennsgrove N.J.
14. Jesse D Harbeson	409 Penn Towers Penns Grove N.J.
15. Editha Williams	803 Penn Towers Penns Grove N.J.
16.	
17.	
18. Ramon Hevia	apt 603 Penn Towers
19. Casario Hevia	apt 603 Penn Towers
45x 20. HARRY MORRIS	APT. 903 PENN TOWERS
Edna M Harris	" 803 " "

Mabel Fields apt 309

Penn Towers

Anna Williamson

Penn Towers

Ellis R. Harbeson Penn Towers apt 409

Helen Hackett Penn Towers 407 Pennsgrove N.J.

Helen E. Brown Penn Towers 209 Penns grove N J

Mr & Mrs Joseph H Sparks 800 Penn Towers Pennsgrove N J

Loretta Stathis apt 505 Penn Towers South.

The Penns Grove Housing Authority Homemaker / Health Program, which aids the tenants of Penn Towers South and Silver Run Park, may lose a great deal or all of its federal social service (Title XX) funding within three months and may be forced to close down. This would mean an end to many services provided to you, such as the Summer Nutrition Program for Children, homemaker services for the elderly, budget counseling, paperwork assistance, blood pressure testing, family counseling and many others. If you would like to protest this action and signify your disapproval of this action, sign your name and write your address below:

Signatures:	Addresses:
1. [illegible]	504 Silver Run, Penns Grove, N.J. 08069
2. [illegible]	505 Silver Run Pennsgrove N.J.
3. Betty Lynard	103 Silver Run Pennsgrove, N.J. 08069
4. [illegible]	104 Silver Run PENNS GROVE N.J. 08069
5. [illegible]	105 Silver Run Pennsgrove N.J. 08069
6. Peggy J. Moore	106 Silver Run Park Penns Grove New Jersey 08069
7. [illegible]	202 Silver Run Apts New Jersey 08069
8. [illegible]	203 Silver Run Apts New Jersey
9. [illegible]	501 Silver Run apts N.J. 08069
10. [illegible]	902 Silver Run apts N.J. 08069
11. [illegible]	903 Silver Run Apts N.J. 08069
12. [illegible]	503 Silver Run Apts N.J. 08069
13. [illegible]	315 6th AVE PENNS GROVE 08069
14. [illegible]	604 Silver Run Park Penns Grove New Jersey 08069
15. Kathleen Kincent	703 Silver Run - Pennsgrove, N.J. 08069
16. Dorothy Schouse	1111 Silver Run - Pennsgrove, N.J.
17. [illegible]	201 Silver Run Penns Grove N.J.
18. Melvin Lucille Brown	112 Silver Run apt. Penns Grove N.J.
19. Gertrude Hutton	1107 Silver Run Apt Penns Grove N.J.
20. Charles Bayless	1103 Silver Run
[illegible]	1104 Silver Run

21. Judy Burke 1002 Silver Run Pk. PGNJ.
22. Bessie M. Hill 1001 Silver Run Park
24. Cora Lewis 68 Madole Rd.
25. Nancy Harrington 702 Silver Run Park Penns Grove, N.J.
26. William C. Thomas 35 East Fifth St. Penns Grove, N.J.
27. Judy Macey 706 Silver Run Park Penns Grove NJ.
28. Naomi Thomas 705 Silver Run Penns Grove NJ
29. Margaret Holmes 707 Silver Run Park, Penns Grove N.J.
30. Lois Henry 92 Lanning Avenue, Pennsgrove, N.J.
31. Ruby E. Swanson. 704 Silver Run Penns Grove NJ.
32. B.J. Swanson 304 Silver Run
33. C.B. Swanson 1710 Plum St. Phila, PA
34. Marcia Vego 54 Van Buren St Deepwater NJ 08023.
35. Donna LAYton 9 East MAPLE Ave. Penns Grove N.J.