

**CHAPTER 90**

**WORK FIRST NEW JERSEY PROGRAM**

**Authority**

N.J.S.A. 44:10-3; Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); and the Work First New Jersey Act, Public Law 1997 c.13, c.14, c.37 and c.38.

**Source and Effective Date**

R.1998 d.42, effective December 10, 1997.  
Sec: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

**Executive Order No. 66(1978) Expiration Date**

Chapter 90, Work First New Jersey Program, expires on December 10, 2002.

**Chapter Historical Note**

Chapter 90, The Handbook for Home Services Program, was filed and became effective prior to September 1, 1969. Chapter 90, The Handbook for Home Services Program, was repealed by R.1980 d.208, effective May 9, 1980. See: 12 N.J.R. 192(a), 12 N.J.R. 323(a).

Chapter 90, Monthly Reporting Policy Manual, was adopted as R.1982 d.399, effective November 15, 1982. See: 14 N.J.R. 958(a), 14 N.J.R. 302(a).

Pursuant to Executive Order No. 66(1978), Chapter 90, Monthly Reporting Policy Manual, was readopted as R.1987 d.454, effective November 16, 1987. See: 19 N.J.R. 1517(a), 19 N.J.R. 2193(a). Pursuant to Executive Order No. 66(1978), Chapter 90, Monthly Reporting Policy Manual, expired on October 14, 1992.

Chapter 90, Work First New Jersey Program, was adopted as R.1997 d.311, effective July 1, 1997 (to expire January 1, 1998). See: 29 N.J.R. 3287(a).

Pursuant to Executive Order No. 66(1978), Chapter 90, Work First New Jersey Program, was readopted as R.1998 d.42, effective December 10, 1997. See: Source and Effective Date. See, also, section annotations.

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#### SUBCHAPTER 1. GENERAL PROVISIONS

##### 10:90-1.1 Purpose, philosophy and scope of the WFNJ program

(a) The Work First New Jersey (WFNJ) program has been established to transform the design and purpose of the welfare system in New Jersey. For the first time, one comprehensive program has been created by the Legislature and the Governor to uniformly both inspire and require all able-bodied families with dependent children, single adults and couples without dependent children to WORK rather than receive welfare. WFNJ builds and expands upon the foundation of the basic principles set forth in the Federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, Public Law 104-193. The Act established the Temporary Assistance for Needy Families (TANF) block grant program which ended the Aid to Families with Dependent Children program and established the WFNJ Program pursuant to the Work First New Jersey Act, Public Law 1997 c.13, c.14, c.37 and c.38.

(b) WFNJ, building upon the base of our former State and Federally funded Aid to Families with Dependent Children (AFDC) program and our State funded General Assistance (GA) program, creates one WFNJ program. However, due to certain necessary differences in the requirements and the responsibilities entailed in being a single adult, a couple without dependent children or a single adult or couple with dependent children, the WFNJ program recognizes two segments which, for ease of reference and clarity throughout this manual are referred to as either the WFNJ/TANF component, which encompasses families with children whether headed by a single adult or a couple, and the WFNJ/GA component, which encompasses single adults and couples without dependent children.

(c) The WFNJ Program is designed specifically to emphasize personal responsibility, instill dignity, promote self-sufficiency and pride through work and strongly reinforce all parents' responsibility for their child(ren) through strict enforcement of child support requirements. WFNJ clearly recognizes that both parents of a child(ren), whether or not they are the custodial caretakers of these children share fully and equally in the responsibility for the financial support of the child(ren), as well as all the positive developmental aspects which occur throughout childhood. All adults have primary responsibility for supporting both themselves and their families.

(d) Assistance benefits provided under WFNJ are time-limited and considered a temporary cash subsidy to bridge the gap while individuals seek and obtain self-sufficiency through bona fide unsubsidized employment. Applicants shall be informed that receipt of WFNJ assistance benefits is limited to a lifetime maximum of 60 cumulative months and that seeking and accepting employment are the primary requirements for receipt of continuing cash assistance.

(e) In WFNJ, for the first time, a major commitment has been solicited from all arms of State and local government to pull together resources and philosophy to clearly demonstrate to all welfare and potential welfare clients that WORK is the answer and self-sufficiency is the key to a better life for all New Jerseyans. The changes brought about by this program are monumental. They require all adults to accept personal responsibility and immediately contribute something back to their community in return for the temporary helping hand WFNJ will provide them in their time of need or crisis. Welfare is not a way of life. Work, however, is a way of life for all able-bodied adults. WFNJ recognizes that working families and individuals need temporary supports such as child care, transportation and health care and has strengthened the State's commitments in these areas. Additionally, the WFNJ program is designed to increase the health and well-being of children and young adults reared within the welfare system as well as to instill in these children the dignity, value, pride and self-satisfaction that are derived from work and positively contributing to our society. While WFNJ maintains our commitment to protect the most vulnerable who are unable to care fully for themselves, the major focus in the New Jersey welfare system has definitely changed from welfare to work with the onset of WFNJ. This new era in the public welfare system should be made very clear by the focus and standards put forth in this manual.

(f) However, in line with protecting its most vulnerable citizens, it should be emphasized that the WFNJ Program has availed itself of the PRWORA option regarding protections for victims of Domestic Violence. PRWORA and WFNJ provide the flexibility to uniquely address the specific problems of victims of domestic violence, as well as victims of rape and incest. The flexibility provided is not intended to allow or force individuals to remain on the welfare rolls; rather, it is intended to extend to domestic violence survivors the flexibility, protections and services necessary to begin or continue on the path away from a life of abuse and forward toward a life that will provide safety; physical, mental and financial recovery and self-sufficiency gained through work experience and/or employment as soon as victims are able to avail themselves and their families of these opportunities.

1. When an individual in the course of either application, redetermination or at any other point of contact with the county or municipal agency is identified as a victim of domestic violence, rape or incest, it must be determined with the victim whether or not this represents an immediate barrier to engaging in work. If the victim attests to an inability to participate as would otherwise be required in WFNJ activities, an affidavit to this effect shall be secured from the individual. This affidavit will temporarily exempt the individual from the five year lifetime limit on benefits receipt and will also temporarily defer the individual from the requirement to engage in work or a work activity until the case is redetermined. At any point, the victim may provide corroborative evidence, if available, and it is clear to the victim that providing such information will in no way pose a threat to the safety of the victim and the victim's family.

i. Even though an affidavit is taken, an initial individual responsibility plan (IRP) will be developed with the individual to set goals so that the individual will move forward toward safety and self-sufficiency. Information and referral to the Department of Human Services' (DHS) Designated Domestic Violence Programs which provide all core services or to Rape Crisis Programs will be suggested to the victim as well as referral to any other appropriate community services which can assist the victim and any dependent children in the family. The goals established in the individual's IRP shall be reviewed with the individual at three month intervals to determine the status and progress the individual has made toward meeting the goals established in the IRP. If appropriate, the IRP will be updated to reflect the individual's progress and establish new goals. If, upon disclosure of the domestic violence victimization, the victim expresses a willingness to begin to engage in a work activity prior to the next regular redetermination, this shall be accommodated. For example, the victim may wish to begin work as soon as permanent housing has been secured, the children have been enrolled and settled in school and major court appointments have been kept.

ii. Once the individual has expressed a willingness to engage in work or a work activity the individual will no longer be exempt from the five year lifetime limit on benefits' receipt or deferred from work requirements, unless or until the victim encounters further debilitating factors due to domestic violence and makes these known to the county or municipal agency via an affidavit.

2. The State has a responsibility to protect victims in these cases but it also has a responsibility to help promote the victim's self-sufficiency. Therefore, at the point of the first regular six-month case redetermination following disclosure of domestic violence victimization, unless the victim is in crisis and clearly indicates via affidavit that the inability to participate in work activities still exists, when reviewing the IRP, the individual will be scheduled to begin a regular work activity or, at a minimum, engage in 20 hours per week of community service. If the victim requests or if the victim selects to do only 20 hours of

community service, the victim will also be referred to the local DHS Designated Domestic Violence Program for core services, related support and/or community service placement in counties where arrangements have been made to assist such individuals through purchase of service agreements with the DHS Designated Domestic Violence Programs. The goals established in the individual's IRP shall be reviewed with the individual after three months to determine the status and progress the individual has made toward meeting the goals established in the IRP.

(A) Benefits cannot be granted or reinstated until the person completes another drug treatment program, and remains drug free for a minimum of 60 days and is determined via testing to be free of any non-prescribed controlled substance.

9. A person found, on or after August 22, 1996, to have willfully and knowingly fraudulently misrepresented his or her residence in order to simultaneously obtain means-tested, public assistance benefits in two or more states or jurisdictions, shall be ineligible for benefits for a period of 10 years from the date of conviction in a Federal or State court.

10. A person who, after July 1, 1997 and provided that the person has received written notice informing them of the WFNJ disqualification penalties, intentionally makes a false or misleading statement or misrepresents, conceals or withholds facts for the purpose of receiving benefits shall be ineligible for benefits for a period of six months for the first violation, 12 months for the second violation, and permanently for the third violation

11. In addition to (b)1 through 10 above, persons found eligible for or who are recipients of WFNJ/TANF, or who have been found ineligible for such programs due to voluntary refusal to comply with program requirements shall not be eligible for WFNJ/GA assistance.

(b) When the county agency determines a family to be financially ineligible for WFNJ/TANF, such family shall not be eligible to receive WFNJ/GA benefits, unless there is a change in family status, such as the only minor child in the home becoming 18 years of age.

(c) WFNJ benefits shall not be payable for any month in which any individual applicant/recipient in the assistance unit is participating in a strike. The individual who is on strike is ineligible for benefits; however, other members of the assistance unit remain eligible for benefits.

1. The term "strike" includes any strike or other concerted stoppage of work by employees (including a stoppage by reason of expiration of a collective bargaining agreement) and any concerted interruption of operations by employees.

2. The term "participating in a strike" means an actual refusal, in concert with others, to provide services to one's employers.

3. Examples of non-strikers who are eligible to participate in the program include, but are not limited to:

i. Employees whose workplace is closed by an employer in order to resist the demands of employees (for example, lockout);

ii. Employees unable to work as a result of striking employees (for example, truck drivers who are not working because striking pressmen prevent newspapers from being printed); or

iii. Employees who are not part of the bargaining unit on strike who do not want to cross the picket line due to fear of personal injury.

Amended by R.1998 d.42, effective January 20, 1998.  
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

Added (a)7 and 7i, recodified former 7 through 10 as 8 through 11; and added language to (a)8 regarding occurrence date of state law offense.

Amended by R.1999 d.177, effective June 7, 1999.

See: 31 N.J.R. 249(a), 31 N.J.R. 1507(a).

Inserted a new (b); and recodified former (b) as (c).

#### **10:90-2.9 Definition of employable/unemployable persons in WFNJ/GA**

(a) The definition of employable/unemployable persons for determination of payment level is as follows:

1. An employable person is any person applying for or receiving assistance who is able-bodied and does not meet any one of the criteria of deferred delineated in (a)2 below. Individuals who receive medicals only and are classified as employable shall comply with WFNJ work requirements.

2. An unemployable person is any person who meets any of the criteria listed below:

i. Persons who are over 60 years of age;

ii. Persons receiving inpatient hospital care and treatment who were receiving an unemployable grant prior to entering the hospital. (Persons who were listed as employable shall retain such employable status until hospital discharge.);

iii. Persons who are residents in long term care facilities;

iv. Persons in the first 12 months of residential treatment in centers licensed by the New Jersey Department of Health and Senior Services for the treatment of drug abuse, when medical evidence exists that the residential treatment is necessary (see N.J.A.C. 10:90-2.8(a)7ii regarding drug abuse treatment for those convicted of possession or use of controlled substances). The 12 month period starts anew for each commencement of treatment, previous incomplete or unsuccessful courses of treatment notwithstanding;

v. Persons normally eligible to receive RSDI (Title II benefits), SSI or Railroad Retirement benefits on the basis of disability, but due to administrative delays in that respective program, payments are being withheld;

vi. Persons who have been determined to be legally blind by the New Jersey Commission for the Blind and Visually Impaired;

vii. Persons in the third trimester of pregnancy when an examining physician certifies to both the pregnancy and its term;

viii. Pregnant persons when an examining physician certifies that employment poses a threat to the mother or the fetus;

ix. A caretaker relative of a disabled dependent who must provide full-time care for the disabled dependent (see N.J.A.C. 10:90-2.4(a)2ii). No more than one person in an eligible unit may be considered unemployable for this reason without written authorization from the DFD; and/or

x. Persons determined to be incapacitated by the agency which administers the WFNJ/GA program are unemployable when such determination of incapacity is supported by any of the following circumstances:

(1) Form WFNJ-5S, Confidential Medical-Psychiatric Examining Physician's Report, or WFNJ-5 (DRS1), Examining Physician's Report, as appropriate, shall be fully completed by an examining physician that the individual is unable to comply with WFNJ/GA requirements. Such certification shall include, at a minimum, the date of examination, diagnosis, length of incapacity, functional limitations, prescribed treatment, an indication of whether or not reevaluation will be necessary, and the examining physician's signature.

Amended by R.1998 d.42, effective January 20, 1998.

See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

In (a)2ix, added reference to N.J.A.C. 10:90-2.4(a)2ii.

#### **10:90-2.10 WFNJ TANF/GA citizenship/eligibility requirements**

(a) Only those persons who are United States citizens, or eligible aliens shall be eligible for WFNJ TANF/GA benefits. In addition, for WFNJ/GA eligibility purposes only, those persons permanently residing in the United States under color of law as of August 21, 1996 are considered eligible for WFNJ/GA benefits.

1. Eligible alien means an alien as defined in the provisions of section 431 of Title IV of Federal Public law 104-193 pursuant to section 101 of the Immigration and Nationality Act (INA) (42 U.S.C. §§ 601 and 602).

(b) The following individuals are considered to be eligible aliens:

1. An alien present in the United States prior to August 22, 1996, and who is;

i. A lawful permanent resident;

ii. A refugee, pursuant to section 207 of the Immigration and Nationality Act;

iii. An asylee pursuant to section 208 of the Immigration and Nationality Act;

iv. An alien who has had deportation withheld pursuant to section 243(h) of the Immigration and Nationality Act (8 U.S.C. §§ 101 et seq.);

v. An alien who has been granted parole for at least one year by the Immigration and Naturalization Service pursuant to section 212(d)(5) of the Immigration and Nationality Act;

vi. An alien granted conditional entry pursuant to section 203(a)(7) of the immigration laws in effect before April 1, 1980;

vii. An alien who is honorably discharged or on active duty in the United States armed forces and his or her spouse and the unmarried dependent children of the alien or spouse;

viii. An alien who is a Cuban or Haitian entrant as defined in Section 501(e) of the Refugee Education Assistance Act of 1980; or

ix. An alien admitted to the United States as an Amerasian immigrant as described in Section 402(a)(2)(A)(i)(V) of the Refugee Education Assistance Act of 1980.

2. An alien entering the United States on or after August 22, 1996 and who is:

i. An alien described in (b)1ii, iii, iv, vii, viii or ix above; or

ii. An alien described in (b)1i, v or vi above is not eligible until five years after entry into the United States.

3. The cash assistance limitation related to residency requirements for newly arrived eligible aliens is addressed at N.J.A.C. 10:90-3.1(d).

4. Certain eligible aliens, regardless of their date of entry into the United States, as provided in Section 431 of Title IV of Federal P.L. 104-193 pursuant to Section 101 of the INA who resided in the United States and are victims of domestic violence, subject to certain conditions as described below:

i. The alien has been battered or subjected to extreme cruelty in the United States by a spouse or a parent or by a member of the spouse or parent's family residing in the same household as the alien and the spouse or parent acquiesced to such battery or cruelty; or

ii. The alien's child has been battered or subjected to extreme cruelty in the United States by the spouse or parent of the alien (without the active participation of the alien in the battery or cruelty), or by a member of the spouse or parent's family residing in the same household as the alien when the spouse or parent acquiesced to and the alien did not actively participate in such battery or cruelty; and

iii. In addition to the provisions described in (b)4i or ii above, if the individual responsible for the battery or cruelty continues to reside in the same household or family assistance unit as the individual who was subjected to such battery or cruelty, then the alien shall be ineligible for benefits.

iv. Federal law stipulates that the Attorney General of the United States shall issue guidance in the Attorney General's sole and unreviewable discretion concerning:

3. All remaining income of the natural or adoptive parent shall be considered as unearned income and shall be added together with any other countable income of the children to determine the total countable income available to the eligible assistance unit.

4. The total countable income shall be deducted from the payment benefit level for the appropriate eligible unit size in Schedule II at N.J.A.C. 10:90-3.3, and the remainder shall be the WFNJ benefit payable for the eligible children.

i. In the event that the WFNJ benefit calculation results in a benefit of less than \$10.00, (b)2ii(2) above shall apply.

Amended by R.1998 d.42, effective January 20, 1998.  
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

In (b)2, substituted "is less than" for "does not exceed" following "income" in the second sentence, and inserted "equals or" following "income" in the third sentence; and in (c), substituted references to N.J.A.C. 10:90-3.3 for references to N.J.A.C. 10:90-3.5 throughout.

**10:90-3.15 Eligibility of sponsored aliens and deeming of sponsor's income and resources to a sponsored alien for eligible aliens who entered the United States prior to August 22, 1996**

(a) The income and resources of an alien's sponsor shall be deemed to be unearned income and resources of an alien applying for WFNJ for a period of three years following the alien's entry into the United States. For purposes of deeming, a sponsor is an individual who executed an affidavit of support or similar agreement on behalf of an alien (who is not the child of the sponsor or the sponsor's spouse) as a condition of the alien's entry into the United States.

1. No income or resources shall be deemed from a sponsor who is (or whose spouse is) receiving WFNJ or SSI.

(b) An alien may also be sponsored by a public or private agency or organization, however, alien sponsor deeming provisions are not applicable. In such situations, (b)1 below applies.

1. Any alien who was sponsored by a public or private agency or organization, and is not exempt from deeming provisions as described in (i) below, shall be ineligible for public assistance for a period of three years following his or her entry into the United States unless the county or municipal agency determines that the a public or private agency or organization no longer exists or has been declared bankrupt by a court of appropriate jurisdiction.

(c) For a period of three years following entry for permanent residence into the United States, a sponsored alien who is not exempt from deeming, as described in (i) below, shall provide the county or municipal agency with any information and documentation necessary to determine the income and resources of the sponsor and the sponsor's spouse (if applicable and if living with the sponsor) that can

be deemed available to the alien, and obtain any cooperation necessary from the sponsor.

1. If the alien's circumstances change during the three-year period such that the alien is no longer exempt from or subject to deeming in accordance with (i) below, the county or municipal agency shall reflect the resulting change in unearned income in the assistance payment.

2. A sponsored alien is ineligible in any month in which adequate information concerning the income and resources of the sponsor (or sponsor's spouse if living with the sponsor) is not provided.

3. Un-sponsored family members may remain eligible even if a sponsored alien fails to provide information concerning the sponsor (or sponsor's spouse if living with the sponsor). However, any income the un-sponsored family members actually receive from the sponsor must be reported and considered in determining their eligibility.

(d) The amount of income of a sponsor which shall be deemed to be the unearned income of an alien shall be determined as follows:

1. The sponsor's total monthly wages, salaries, and net earnings from self-employment (and that of his or her spouse if living with the sponsor) shall be reduced by 20 percent.

2. The amount determined in (d)1 above shall be added to the unearned income of the sponsor (and that of his or her spouse if living with the sponsor).

3. The amount determined in (d)2 above shall be reduced by the following:

i. The appropriate amount from Schedule VI at N.J.A.C. 10:90-3.18 (Schedule VI is also used for calculating lump sum income) for the sponsor, spouse, and other persons residing in his or her household who are or could be claimed by the sponsor as dependents for determination of Federal personal income tax liability and who are not recipients of WFNJ;

ii. Any amounts actually paid by the sponsor or sponsor's spouse to people not living in the household who are or could be claimed by them as dependents to determine their Federal personal income tax liability; and

iii. Actual payments of spousal support or child support with respect to individuals not in the household.

4. The remaining amount shall be deemed to the alien and shall be counted as unearned income in the determination of eligibility and cash assistance benefit.

(e) The amount of resources of the sponsor (and of the sponsor's spouse if living with the sponsor) shall be determined in accordance with the provisions of this subchapter. The value of the sponsor's resources shall be reduced by \$2,000 and remaining amount shall be deemed available to

the alien and counted in the determination of WFNJ eligibility and benefit payment level.

(f) In any case where a person is the sponsor of two or more aliens, the income and resources of the sponsor (and the sponsor's spouse if living with the sponsor), to the extent the income and resources would be deemed to any one of the aliens under the provisions of this section, shall be equally divided among the sponsored aliens.

(g) Income and resources which are deemed to a sponsored alien shall not be considered in determining the need of other unsponsored members of the alien's family except to the extent the income and resources are actually available. The sponsor's obligatory contribution shall not exceed the per capita share of the eligible unit's adjusted allowance for the alien(s) for whom the sponsor is liable.

(h) Any individual sponsor of an alien, and the alien, shall be jointly and severally liable for any overpayment of public assistance made to the alien during the three years after the alien's entry into the United States that was caused by the sponsor's failure to provide correct information under the provisions of this section, except as provided in (h)1 below.

1. When a sponsor is found to have good cause or to be without fault for not providing information to the county or municipal agency, the sponsor will not be held liable for the overpayment and recovery will not be made from this sponsor.

2. An overpayment for which the alien or the sponsor and the alien are liable as described above shall be repaid to the county or municipal agency or recovered in accordance with the provisions of N.J.A.C. 10:90-3.21. If the county or municipal agency is unable to recover the overpayment through this method, the overpayment shall be withheld from future payments to which the alien or the alien and the individual sponsor are entitled under:

- i. Any State administered or supervised program established by the Social Security Act; or
- ii. Any cash benefit program administered by the Social Security Administration and established by the Social Security Act.

(i) These deeming provisions do not apply to any alien who is:

1. Admitted as a conditional entrant refugee to the United States as a result of the application of the provision of Section 203(a)(7) (in effect prior to April 1, 1980) of the Immigration and Nationality Act;

2. Admitted as a refugee to the United States as a result of the application of the provisions of Section 207(c) (in effect after March 31, 1980) of the Immigration and Nationality Act (8 U.S.C. §§ 1101 et seq.);

3. Paroled into the United States as a refugee under Section 212(d)(5) of the Immigration and Nationality Act;

4. Granted political asylum by the Attorney General under Section 208 of the Immigration and Nationality Act;

5. A Cuban or Haitian entrant as defined in Section 501(e) of the Refugee Education Assistance Act of 1980 (Public Law 96-422);

6. The dependent child of the sponsor or sponsor's spouse; or,

7. An Amerasian admitted under Section 584 of the Foreign Operation Appropriations Act beginning March 20, 1988.

Amended by R.1998 d.42, effective January 20, 1998.  
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

### **10:90-3.16 Deeming income of parents of adolescent parents**

(a) An adolescent parent is an individual under the age of 18 and who is himself or herself a parent of a dependent child.

(b) Whether or not an adolescent parent lives in the same home as his or her own parent(s), the income of such parent(s) shall be deemed available to the eligible assistance unit; however, inability to obtain financial information of such parent(s) shall not preclude eligibility of the adolescent parent. These rules do not apply if the parent(s) of the adolescent parent receive(s) SSI or WFNJ. Deeming under this provision shall be in accordance with the following procedures:

1. Reduce the gross earned income (and net income from self-employment) of each employed parent by the 50 percent disregard as specified at N.J.A.C. 10:90-3.8;

2. Add the result to the unearned income of the parent(s);

3. Any income remaining shall be reduced by any amounts paid by the parent(s) as spousal support or child support to individuals not living in the household; and

4. All income remaining shall be counted as unearned income available to the eligible unit and shall be counted toward total income and in the determination of financial eligibility and the cash assistance benefit amount.

Amended by R.1998 d.42, effective January 20, 1998.  
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

### **10:90-3.17 WFNJ/GA special payment provisions for other living arrangements**

(a) When an individual is purchasing a room and board living arrangement, the following shall apply:

1. When an individual who is in need of extensive personal services on a regular and continuous basis is purchasing a room and board living arrangement in a residential health care facility (licensed by the New Jersey Department of Health and Senior Services for purposes other than the care or treatment of drug or alcohol abuse), the monthly assistance payment (\$662.05), including a personal allowance, shall not exceed the rate approved by the New Jersey Department of the Treasury, less any countable income. When a rate increase is approved, a notice of administrative change to that effect will be published in the New Jersey Register. Information about the current rate may also be obtained by contacting the DFD. However, the cost of purchasing such living arrangement shall not exceed the minimum amount which the establishment customarily charges to or for other guests not dependent on public assistance, for the same accommodations and/or services.

2. When an individual is purchasing room and board in a group facility or a boarding home (including a private home) other than a residential health care facility as in (a)1 above, or a center for treatment of drug or alcohol abuse as in (a)4 below, the total monthly benefit payment shall be the maximum benefit payment amount for a single adult as given in Schedule IV or Schedule V at N.J.A.C. 10:90-3.5 and 3.6, as appropriate, less any countable income.

i. The spouse of a boarding home operator when living in the same home is also considered a boarding home operator. Neither the spouse nor a child under age 18 of a boarding home operator may be considered a boarder there.

3. See N.J.A.C. 10:90-13.3 regarding care in nursing facilities.

4. When an individual is receiving room and board in a residential center for the treatment of drug or alcohol abuse, whether or not the center is licensed by the New Jersey Department of Health and Senior Services, the total allowance shall not exceed the amount to which the individual would be entitled as an eligible unit of one as given in Schedule IV or Schedule V at N.J.A.C. 10:90-3.5 and 3.6, as appropriate. Of that amount, \$25.00 shall be considered as an allowance for personal incidentals and the remainder as the room and board payment to the center. (Note: Licensure of the center by the New Jersey Department of Health and Senior Services as a medical institution will not affect the payment rate.)

Amended by R.1998 d.42, effective January 20, 1998.  
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).  
Administrative Change.  
30 N.J.R. 2090(a).  
Administrative change.  
See: 31 N.J.R. 873(a).  
Administrative change.  
See: 32 N.J.R. 1395(a).

#### 10:90-3.18 Treatment of lump sum income WFNJ TANF/GA

(a) Lump sum income includes, but is not limited to, payments in the nature of a windfall such as inheritances, lottery, casino and racetrack winnings; RSDI, Railroad Retirement, Veterans and Worker's Compensation retroactive awards; and personal injury awards.

1. Nonrecurring lump sum income will be subject to repayment of past assistance (including emergency assistance) in accordance with the agreement to repay; after the agreement to repay is satisfied, any remaining amount of the lump sum income shall be considered in determining the period of WFNJ ineligibility.

2. SSI payments shall not be subject to lump sum repayment rules for WFNJ/TANF recipients (see (a)2i below for WFNJ/GA recipients).

i. For WFNJ/GA recipients, retroactive SSI payments are subject to repayment in accordance with WFNJ/GA fiscal provisions at N.J.A.C. 10:90-14.5.

(b) The recipient shall notify the county or municipal agency within 10 calendar days of the receipt of a lump sum income.

(c) When a recipient receives nonrecurring earned or unearned lump sum income, the extent it is not earmarked and used for the purpose for which it was paid (for example, moneys for back medical bills resulting from accidents or injury, funeral and burial costs, replacement or repair of resources, and so forth), that income shall be used to repay assistance granted in accordance with the agreement to repay. After the agreement to repay is satisfied, any lump sum remaining will be added together with all other countable income received that month by the eligible assistance unit after application of the appropriate disregards in N.J.A.C. 10:90-3.8.

1. An allowance may be made to disregard a portion of the remaining lump sum money that may be spent to purchase items that are integral in promoting self-sufficiency, such as the purchase of a first vehicle (up to the resource allowed for such vehicle in these rules at N.J.A.C. 10:90-3.20), vehicle repairs or essential household items.

2. Effective April 2, 1997, if assistance payments (including emergency assistance) are repaid to a county or municipal agency, in accordance with the agreement to repay, the months of assistance for which cash payments were repaid shall not count toward a recipient's five year time limit on receipt of public assistance.

(d) When the total remaining lump sum income (for either a WFNJ/TANF or WFNJ/GA case) exceeds 200 percent of the WFNJ/TANF maximum payment level for the appropriate eligible assistance unit size as set forth in Schedule VI below, the assistance unit will be ineligible for WFNJ for the number of full months derived by dividing

this total income by the payment level applicable to the eligible assistance unit size in Schedule VI.

1. Schedule VI shall also be used for alien sponsor-income deeming as set forth in N.J.A.C. 10:90-3.15.

WFNJ/TANF and WFNJ/GA Schedule VI

Number in Eligible Unit	200% of WFNJ/TANF Payment Level
1	\$ 324
2	644
3	848
4	976
5	1104
6	1232
7	1354
8	1456
More than 8	Add \$100.00 each person

(e) For purposes of determining the period of ineligibility, the WFNJ assistance unit and any other individual (such as a stepparent) whose lump sum income caused the assistance unit's income to exceed the allowance standard shall be included in such determination.

1. The period of ineligibility shall begin in the first month subsequent to the month the nonrecurring income is received or, if there is insufficient time for a timely adverse action notice, the following month.

2. In the event the nonrecurring income is not reported timely, the period of ineligibility shall begin at the point the ineligibility would have occurred had the county or municipal agency had knowledge of its receipt. The amount of overpayment for the period of ineligibility must be established and recovery made.

3. The period of ineligibility applies to each individual in the eligible assistance unit at the time of receipt of the lump sum nonrecurring income.

4. Once established, the period of ineligibility may be recalculated/ reduced only if the lump sum income used to determine such period becomes unavailable to the eligible assistance unit for reasons beyond the control of the assistance unit members. It is the responsibility of the former eligible assistance unit to provide all necessary information and documentation required to make a determination to shorten the period of ineligibility. The basis for a determination to shorten the period of ineligibility shall be thoroughly documented in the case record. Acceptable reasons include, but are not limited to, those below:

i. Allegation of loss or theft of part or all of the lump sum, including circumstances where a member of the former eligible assistance unit has absconded with the funds.

(1) The former eligible assistance unit shall thoroughly substantiate an allegation of loss or theft of income and must provide the county or municipal agency with evidence that a police report of an incident of theft has been filed. Upon receipt of credible evidence of loss or theft of the income the county agency shall reduce the amount of the original lump sum by the amount of the loss or theft;

ii. The former eligible assistance unit incurs and pays verifiable expenses due to an emergent situation, for which, had the assistance unit been eligible, emergency assistance would have been authorized under N.J.A.C. 10:90-6. Upon receipt of credible verification of those expenses, the county or municipal agency shall reduce the amount of the original lump sum;

iii. The assistance unit incurs, becomes responsible for, and pays medical expenses during the period of ineligibility; or

iv. Other circumstances, with the provision of appropriate verification, as approved by the DFD.

Amended by R.1998 d.42, effective January 20, 1998.

See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

In (d), inserted "(for either a WFNJ/TANF or WFNJ/GA case)" following "income".

**10:90-3.19 Exempt income**

(a) Exempt income is not considered in determining eligibility for assistance or in computing the amount of WFNJ cash assistance payments. The following sources of income shall be exempt:

1. Up to the first \$50.00 of child support received;
2. Income tax refunds;
3. Homestead property tax rebates;
4. Earned income credit (EIC) payments;
5. Unearned income (including moneys to offset training expenses) received by a WFNJ dependent child through the Job Training Partnership Act (JTPA);
6. Earned income received through the JTPA by a WFNJ dependent child;
7. Allowance payments to offset expenses related to training received by any WFNJ recipient who is participating in the JTPA program;
8. The earned income of any middle or secondary school student in the eligible assistance unit;
  - i. This income exemption applies to children who are full-time students up to the age of 18, or up to the age of 19 if they are expected to complete an educational program before reaching age 19; and children up to the age of 21, if they are enrolled in a special education program (see N.J.A.C. 10:90-2.7);

9. Any grant, scholarship, student loan or other financial aid received by an eligible child or eligible adult who is a student, including funds received through college work study programs, so long as the eligible child or

eligible adult continues to attend school and meets the conditions under which such moneys are granted and complies with required WFNJ work requirements at N.J.A.C. 10:90-4;

(f) The LAB is responsible for establishment of the official municipal agency office and designation of hours of operation.

1. The office of the municipal agency shall be in a location accessible to the general public and adequate for efficient operation.

2. The office of the municipal agency shall be open to the public a minimum of three hours a day during the five-day work week to take applications for assistance and to provide emergency assistance. Additional arrangements shall be instituted by the LAB to ensure that someone is accessible to the public seven hours a day during the five-day work week to take applications for assistance and provide emergency assistance, and that persons in need of assistance are served without delay at times other than normal office hours.

i. Each municipal agency office shall be required to post a sign(s), in a conspicuous place(s), which lists the telephone number(s) and the person or agency available to handle emergencies beyond normal office hours.

(g) The LAB shall act as a body in discharging its duties. A board member shall not individually take upon himself or herself the responsibility for creation of policy, investigation of a client or disclosure of data contained in a case record. Actions taken by the LAB on all matters pertaining to the administration of WFNJ/GA shall be discharged by the board at regular or special meetings and recorded in the secretary's minutes. Functions and activities of the LAB include the study of employment possibilities in local industry, health, housing, and social conditions of the community. Analysis of municipal financial needs, insofar as they are related to WFNJ/GA, shall also be a matter of concern to the LAB.

1. The LAB shall undertake the following additional activities:

i. Seek and utilize opportunities to interpret to the community the purposes of the WFNJ/GA program as provided by law, and the needs of the community as revealed through the LAB's experience with the administration of the program;

ii. Confer with the director on concerns, criticisms or recommendations coming to it from citizens in the community;

iii. Meet with individuals and organizations interested in the administration of the assistance program;

iv. Accept and act upon complaints relating to the administration of the WFNJ/GA program when submitted to the board, in writing, prior to its meeting;

v. Review problem cases presented by the director for discussion; and

vi. Make recommendations as to the adequacy in number and qualifications of personnel for the administration of the program.

2. Specific duties of the local assistance board include, but are not limited to, the following:

i. The LAB shall provide space within the municipal office for the proper protection and maintenance of all reports, case records and any other materials essential to the administration of WFNJ/GA.

(1) Access to case records shall be granted by the LAB, through the agency director, only to the following persons: employees of the municipal agency acting in an official capacity; representatives of another recognized public or private health or welfare agency, organization or institution for the purpose of obtaining information relevant to providing service to a current or former recipient of WFNJ/GA or to a member of his or her family; the client or his or her representative, in accordance with N.J.A.C. 10:90-9.11 and authorized representatives of the DFD relevant to State audits and quality control reviews.

(2) As a matter of policy, only the agency director or the LAB, by formal action and for a just cause, shall authorize the removal of a case record from the office.

(3) Information may be released to authorized persons for statistical purposes but shall not bear the name of the public assistance recipient or any other indication of his or her identity; and

ii. Responsibility is vested in the LAB to safeguard the applicants for and/or recipients of public assistance from discrimination by municipal agency employees and vendors who provide services to clients. Any discrimination based upon race, color, sex, religious creed, national origin, marital or birth status, political beliefs or disability is unlawful and subject to appropriate action (see N.J.A.C. 10:90-1.7).

(h) Nothing in this section shall be construed so as to allow access to confidential information beyond that authorized in N.J.A.C. 10:90-1.11.

(i) In Faulkner Act municipalities where no LAB exists, the authority, duties and responsibilities of the LAB resides with the mayor or manager as applicable to the form of government. Functions of the secretary of the LAB are assumed by the municipal clerk.

Amended by R.1998 d.42, effective January 20, 1998.

See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

In (d)1, added a fourth sentence.

#### 10:90-12.10 Appointment of employees

Employees for the municipal agency shall be appointed by the governing body in accordance with municipal ordinances

and in numbers adequate for the proper administration of the WFNJ/GA program. While the LAB shall appoint the agency director, the municipal governing body is responsible for the appointing of department staff.

#### **10:90-12.11 Establishment of Public Assistance Trust Fund Account**

(a) The governing body of the municipality shall establish a bank account titled "Public Assistance Trust Fund Account," with the municipal treasurer or other designated official as custodian (see N.J.A.C. 10:90-14.3).

(b) The governing body of the municipality may, at the request of the LAB, establish a Public Assistance Petty Cash Fund Account. Such fund shall be established and operated in accordance with N.J.A.C. 10:90-14.6.

### **SUBCHAPTER 13. MEDICAL SERVICES FOR WFNJ SINGLE ADULTS AND COUPLES WITHOUT DEPENDENT CHILDREN (WFNJ/GA)**

#### **10:90-13.1 Payment of medical service claims**

(a) Claims resulting from medical services provided to WFNJ/GA recipients, on or after February 1, 1997, shall be processed and paid by the New Jersey Division of Medical Assistance and Health Services (DMAHS) through its fiscal agent, in accordance with the rules appropriate for the services rendered (see N.J.A.C. 10:49). Payment of claims submitted to the fiscal agent for medical services covered under the WFNJ/GA program shall be based upon the Medicaid reimbursement methodology for the respective services. Those medical services identified at (a)2 below shall not be considered eligible for payment by the fiscal agent for WFNJ/GA program purposes.

1. Medical service claims with service dates on or after February 1, 1997 shall be submitted directly to the fiscal agent by the medical provider/vendor for payment processing. The original claim must be received by the fiscal agent within the time frame of one year from the date the service was rendered or the product was provided. If the original claim is not received by the fiscal agent within the one year time frame the claim shall not be processed for payment.

i. The provider/vendor shall direct all concerns relating to the payment or processing of WFNJ/GA medical service claims to the fiscal agent.

(1) A provider/vendor may, however, contact the agency in which the WFNJ/GA recipient is receiving assistance to ascertain information concerning WFNJ/GA policies, coverage of services and/or eligibility.

ii. Medical service claims, except for prescription claims, with service dates prior to February 1, 1997 shall be processed by the county/municipality. Such claims, however, must be received by the county/municipality within a time frame of six months from the date the service was rendered in order for that claim to be considered eligible for payment processing.

2. The following services are not considered eligible medical services for WFNJ/GA program purposes and shall not be processed for payment by the fiscal agent:

i. Inpatient or outpatient hospital services/care provided in a hospital either in-State or out-of-State, including, but not limited to, psychiatric hospitals, acute care hospitals, special hospitals, rehabilitation hospitals, Christian Science sanatoria and county or State hospitals;

(1) Exception: Inpatient hospitalization at Mt. Carmel Guild in Newark is an eligible medical service for the WFNJ/GA program.

ii. Professional services rendered to residents in public/private medical institutions;

iii. Professional services to WFNJ/GA clients residing in residential treatment centers for drug or alcohol abuse;

iv. Nursing facility per diem payments for individuals residing in Medicaid approved nursing facilities;

(1) See N.J.A.C. 10:90-13.3 concerning per diem payments for WFNJ/GA clients residing in non-Medicaid nursing facilities on or prior to June 30, 1995;

v. Early and periodic screening, diagnosis and treatment (EPSDT) services;

vi. Services provided under a home and community based services waiver, in accordance with Section 1915(c) of the Social Security Act, 42 U.S.C. § 1396n;

vii. Managed care services;

viii. Transportation for medical services provided under contract with a vendor or through a contract with the county agency;

ix. Medical services payable through other health insurance coverage, no-fault insurance benefits, or any other type of insurance/benefit coverage;

(1) Medical service bills shall be submitted to the appropriate primary carrier prior to being submitted for payment consideration through the fiscal agent;

x. Methadone maintenance services;

xi. HealthStart maternity and pediatric care services including comprehensive medical and health support service packages;

xii. Hospice services provided in a nursing facility;

xiii. Maternity services provided by any type of provider including, but not limited to physicians, certified nurse specialists/clinical nurse practitioners, certified nurse-midwives and clinics;

- xiv. Medical day care services;
- xv. Medical bills, which have been paid by the client or on his or her behalf;
- xvi. Federally qualified health center encounter rates; and
- xvii. Antiretroviral prescription medications (except for a one time emergency supply pending application processing and acceptance into the AIDS Drug Distribution Program).

3. The director of the county/municipal agency may authorize payment of other medical insurance premiums.

4. Prior authorizations required under the Medicaid program shall also be applicable for WFNJ/GA program purposes.

5. The municipality shall be billed for the administrative costs associated with the processing and payment of WFNJ/GA medical service claims by the fiscal agent in accordance with the procedures set forth at N.J.A.C. 10:90-14.8.

Amended by R.1998 d.42, effective January 20, 1998.  
 See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).  
 In (a)2, deleted former iii and recodified former iv through xvi as iii through xv.  
 Amended by R.1998 d.517, effective November 2, 1998.  
 See: 30 N.J.R. 2417(a), 30 N.J.R. 3962(a).  
 In (a)2, added a new xvi.  
 Amended by R.1999 d.182, effective June 7, 1999.  
 See: 31 N.J.R. 20(a), 31 N.J.R. 1508(a).  
 In (a)5, changed N.J.A.C. reference.  
 Amended by R.2000 d.267, effective July 3, 2000.  
 See: 32 N.J.R. 1142(a), 32 N.J.R. 2502(a).  
 In (a)2, added xvii.

**10:90-13.2 Obtaining medical services**

(a) The county/municipality shall provide the WFNJ/GA recipient with a current validation card or letter which will be utilized to obtain treatment by a Medicaid participating provider/vendor. The agency shall supply a validation card or letter to each WFNJ/GA recipient at time of opening or reopening of the case and monthly thereafter to ensure validity through all periods of assistance eligibility. The size and layout of the validation card or letter are optional. Each card or letter must contain, at a minimum:

- 1. The name, address, phone number and four-digit municipality code of the agency;
- 2. The first and last name(s) of the client(s) for whom the card or letter applies;
- 3. The required six-digit case number and two-digit person number. If the case number does not contain six digits, zeros are to be placed in the front of the case

number to accommodate the entry. A two-digit person number (that is, 01, 02, and so forth) must be used to identify the person in the eligible unit for whom the services are to be provided. The person number 01 should be used to reflect the person whose name appears on the case name and person number 02 reflects the person who resides with the case name person in a marital relationship or who represents themselves as a couple to the community;

4. The expiration date;

5. A notice to client as follows: This validation form indicates eligibility for WFNJ/GA benefits and is to be presented to the Medicaid participating provider when you require medical services; and

6. A notice to Medicaid participating provider/vendor as follows: Please complete the appropriate claim form according to Medicaid policies and procedures and forward the claim directly to the Medicaid fiscal agent for claim processing and payment.

(b) Claims for medical services eligible under the WFNJ/GA program shall be processed and paid by the fiscal agent when such services are provided by Medicaid approved providers.

1. When a WFNJ/GA recipient requires medical services from a provider and an appropriate clinic is not available to provide such services without charge, the client shall have the opportunity to select a Medicaid participating provider of his or her own choice. A representative of the agency may assist the client in obtaining an appropriate Medicaid participating provider.

Amended by R.1998 d.42, effective January 20, 1998.  
 See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

**10:90-13.3 Travel costs for medical care**

(a) The county/municipal agency shall authorize payment for travel costs necessary for the receipt of health services, provided that such transportation is not otherwise available without cost.

- 1. To the extent possible, such services shall be purchased directly from the vendor.
  - i. Payment may be made directly to the recipient when prior authorization for the expenditure has been obtained from the agency.
- 2. Payment shall not exceed the Medicaid rate, when appropriate, or the most reasonable rate for which service may be obtained.

New Rule, R.1998 d.42, effective January 20, 1998.

See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

#### 10:90-13.4 Nursing facility payments

(a) The agency director shall authorize payments for patient care and allow for a personal needs allowance (PNA) for those clients who were residing in a non-Medicaid nursing facility on or prior to June 30, 1995 when a physician certifies that the client has a defect, disease, or impairment (other than psychosis) which necessitates such care, the client is not eligible for Medicaid, or for nursing facility services under the Medically Needy Program, and there is no person available who will provide such care without cost to the client. Those WFNJ/GA recipients shall continue to receive WFNJ/GA nursing facility benefits until such time as the WFNJ/GA nursing facility benefits are no longer required, or when the client is no longer eligible to receive such WFNJ/GA benefits as long as the client remains in the same non-Medicaid nursing facility.

1. Physician certification shall be accomplished by means of Form GA-18, Certification of Need for Patient Care in Facility Other than Public or Private General Hospital. This form shall be completed in duplicate, by the attending or staff physician and the operator or superintendent of the appropriate facility. One copy shall be submitted to DFD for determination of nursing facility care and subsequently, filed in the case record and the other copy shall be retained by the nursing facility or institution.

2. Payment to the non-Medicaid facility shall not exceed the rates established by DFD for that facility. The county/municipality shall contact DFD to obtain the per diem rate for room, board and nursing care. A PNA of \$35.00 per month shall be allowed to the resident.

i. To determine the all inclusive rate the agency shall be authorized to pay the non-Medicaid nursing facility, the agency shall calculate the non-Medicaid facility rate established by the DFD, times the number of days of care for the month, less the payment by or on behalf of the client. Each month the agency will obtain a current bill for all services rendered during the previous month.

(1) The agency shall authorize per diem payments for periods of up to 10 days during which the client is temporarily absent from the facility for hospitalization, or for periods of up to 25 days in a calendar year for therapeutic visits.

ii. Prescription drugs, laboratory, x-ray, physician, dental, podiatry services and supplies are not included

in the nursing facility per diem rate. Payment for such services rendered shall be paid directly to the provider by the fiscal agent in accordance with the rules and regulations appropriate for the services rendered (see N.J.A.C. 10:49).

Recodified from N.J.A.C. 10:90-13.3 by R.1998 d.42, effective January 20, 1998.

See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

#### 10:90-13.5 Medically needy

(a) Individuals and families who are ineligible for WFNJ/GA, WFNJ/TANF, the Refugee Resettlement Program or SSI, because their income exceeds the standards established for the applicable program may apply to the county/municipal agency on a monthly basis for assistance in paying excessive medical costs. The provisions of this subsection are not applicable to the payment of bills for inpatient or outpatient hospitalization or for medical services rendered to an inpatient or outpatient by a hospital or hospital clinic. Those individuals who appear to be potentially eligible for the Medically Needy Program shall be referred to that program. Except as stated in (b) below, any person found eligible under the provisions of that program is not eligible for benefits under this subsection.

(b) Elderly, blind or disabled individuals who are ineligible for the SSI Program, because their income exceeds the SSI standard, will be referred to the Medically Needy Program. That program, however, does not provide payment for prescribed drugs. Therefore, individuals not entitled to receive assistance in meeting the cost of drugs from any other source may apply to the county/municipal agency on a monthly basis for assistance in meeting excessive medical costs.

(c) When an individual's or family's income over and above the appropriate income level as explained in (d) below has been used to pay medical bills, any additional medical costs are considered excessive.

(d) For the purpose of determining excessive medical costs, the total available monthly income (see (e) below) of individuals, couples, or families with children is measured against the appropriate allowance standard. For elderly, blind, or disabled persons, the Medically Needy Program standard applies. For families with children, Schedule II applies (see N.J.A.C. 10:90-3.3(b)). For all others, Schedule IV (see N.J.A.C. 10:90-3.5(b)) or V (see N.J.A.C. 10:90-3.6(a)), as appropriate, applies. Information about the current standards may be obtained by contacting the Division of Family Development.

(e) Form WFNJ/GA-19 will be used to determine income and the amount of excessive medical costs. Monthly earned income is adjusted by deducting any earned disregard, as appropriate (see N.J.A.C. 10:90-3.8), plus any child care necessary for employment of the parent(s) and/or court ordered support payments; no further disregards are recognized. This adjusted amount added to any unearned income equals the total monthly income available to the eligible unit.

(f) When the appropriate standard ((d) above) is subtracted from the total available income, the difference or "surplus" is the amount of medical expenses the client is expected to pay him or herself. When the client has proof of paid medical bills in the amount of the "surplus," the agency shall provide payment for any unpaid medical costs in excess of the "surplus," in accordance with the regulations and rates set forth in this subchapter.

(g) N.J.A.C. 10:90-1.2 and 2.11(b) shall constitute the application process relevant to the medically needy. See also N.J.A.C. 10:90-3.22 regarding redeterminations.

New Rule, R.1998 d.42, effective January 20, 1998.  
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

SUBCHAPTER 14. FISCAL PROCEDURES FOR  
WFNJ SINGLE ADULTS AND COUPLES  
WITHOUT DEPENDENT CHILDREN  
(WFNJ/GA)

**10:90-14.1 Statutory authority**

(a) Under the provisions of N.J.S.A. 44:8-111, the Commissioner is empowered to make and to enforce rules and regulations governing the provision of WFNJ/GA.

(g) Rules concerning payment of fees to attorneys or legal entities for successful appeals of claims for SSI benefits are:

1. In order for an attorney or legal entity to be eligible for legal fee payments, the appeal must have been filed on or after September 10, 1996.

2. The funding for the payment of the legal fees will be disbursed from the State's share of the Interim Assistance Reimbursement (IAR) checks. Legal fees shall be paid by DFD/BBS and shall be 25 percent of the total retroactive SSI award, provided it does not exceed the amount of the State's share.

3. In order for an attorney/legal entity to receive payment for a successful appeal, the represented individual must have been an active GA recipient sometime during the period covered by the retroactive SSI benefit check.

4. In order for disbursement of fees to be made, legal services providers shall submit the following information to DFD:

i. A petition and copy of the favorable decision within 60 days of the date of receipt of the favorable appeal decision;

ii. An invoice specifying legal services provided;

iii. Proof of the initial and subsequent (if applicable) denial of SSI benefits;

iv. The date of the filing of the appeal;

v. Form WFNJ/GA-31, Repayment of IAR that is provided to the client by the county or municipal agency; and

vi. Form WFNJ/GA-25, Proof of Representation by the Attorney or Legal Entity.

5. If the legal services entity is not an established vendor with the State, then a New Jersey W-9 Form, Request for Taxpayer Identification Number and Certification, should be included with the legal entity's first submittal of an appeal.

6. DFD is required to disburse payment to the legal services provider within 30 days of the date of the submission of the required information.

(h) The Certificate of Authority identifies county/municipal personnel who are authorized to sign documents in conjunction with reporting the receipt and distribution of Interim Assistance Reimbursement received from SSA. The Certificate shall be completed and processed as follows:

1. The names, signatures and titles of the county/municipal agency director and his or her designee(s) (if appropriate) are to be identified on the Certificate;

2. Although the Certificate is to be addressed to the SSA, it is to be mailed to the DFD; and

3. Each new county/municipal director (temporary or full-time) shall complete and submit a Certificate of Authority.

Amended by R.1998 d.42, effective January 20, 1998.

See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

Inserted a new (g); and recodified former (g) as (h).

**10:90-14.6 Establishment of Petty Cash Fund Account for municipal agency**

(a) The municipal agency may request that the municipal governing body establish a General Assistance Petty Cash Fund for use by the municipal agency.

1. Moneys in the Petty Cash Fund Account shall be withdrawn by check for direct disbursement to SSI recipients (see N.J.A.C. 10:90-14.5(e)) and/or for direct payment of WFNJ/GA.

2. To establish a petty cash fund, the municipality shall contact the Department of Community Affairs, Director of Local Government Services, PO Box 800, Trenton, New Jersey 08625-0800.

i. Conditions under which the Director of Local Government Services may grant approval are as follows:

(1) All claims being paid by check shall be signed by the municipal agency director, who is the designated custodian of the fund;

(2) No deposits may be made to this account other than funds transferred from the PATF Accounts;

(3) A schedule listing all disbursements for a given period or, in the alternative, a schedule(s) together with actual vouchers must be submitted to the governing body for approval, after which a check(s) will be drawn to reimburse the fund(s); and

(4) The fund shall be closed out to a zero balance on December 31 of each year (June 30 if fiscal year end) and reestablished after January 1 (July 1 if fiscal year) of the following year.

3. The agency director shall be the designated custodian of the WFNJ/GA petty cash fund. He or she shall be responsible for depositing into the petty cash fund checks drawn on the public assistance trust fund account, payable to: "(Name), Director of Welfare," in order to replenish balance to the authorized amount.

4. In those municipalities where a general assistance petty cash fund account is already in existence, additional funds may be deposited in order to meet an anticipated increase in expenditures from this account. In order to increase the amount in the account, a new application must be completed and submitted to the Director, Division of Local Government Services in the Department of Community Affairs.

Amended by R.1998 d.42, effective January 20, 1998.

See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

**10:90-14.7 Retention and destruction of case records**

(a) The agency director shall have the responsibility of determining which case records may be destroyed. In selecting these cases, he or she shall follow the procedures set forth in this section and shall not destroy or otherwise dispose of any case record before the expiration of the retention requirement as specified in (c) below.

1. The agency shall institute a system, compatible with its internal administrative procedures, which will assure the identification of closed applications and cases, date of closing and status of reimbursement, if applicable.

2. The file of closed cases shall be reviewed annually until the record retention period has expired.

i. Cases which have been closed for a period exceeding that indicated in (c) below shall be removed and destroyed after authorization has been received from the Division of Archives and Records Management (DARM) (see (b) below).

(b) Rules concerning request and authorization for records disposal are:

1. Requests for destruction of case records shall be submitted on Form CR-AA-0005, Request and Authorization for Records Disposal (formerly Form ED-6) to DARM.

i. Supplies of the Request and Authorization for Records Disposal form may be obtained from DARM. All copies of the completed form shall be forwarded to the DARM for approval;

ii. A follow-up copy will be returned to the county/municipal office by the DARM with recommendation for suitable action.

2. The agency shall not destroy any records until written approval has been received. After records are destroyed, the agency will maintain a listing of names, as well as case numbers destroyed. This list shall be made available for inspection by representatives of DARM upon request.

(c) Cases shall be selected for destruction in accordance with the following schedule:

<u>Record</u>	<u>Retention period</u>
Inactive case records	6 years
Denied cases	10 years
Copies of relief orders or vouchers	6 years
Computer printout of WFNJ/GA medical service/product payments made by DMAHS fiscal agent	6 years
General correspondence not relating to policy or active cases	3 years
Form GA-6, Report of Assistance Commitments	6 years

<u>Record</u>	<u>Retention period</u>
Form WFNJ/GA-6 Report of Assistance Commitments	6 years
Form 100, Original Invoice for Expenses	6 years
Form GA-12, Statement of Refunds	6 years
Form WFNJ/GA-12, Statement of Refunds	6 years
Form GA-30, Authorization for Reimbursement of Initial Supplemental Security Income or Initial SSI Post Eligibility	6 years
Form WFNJ/GA-30, Authorization for Reimbursement of Initial Supplemental Security Income or Initial SSI Post Eligibility	6 years
Form GA-31, Repayment of Interim Assistance Authorization	6 years
Form WFNJ/GA-31, Repayment of Interim Assistance Authorization	6 years
Form GA-48, General Assistance Data Input	3 years
Form WFNJ/GA-48, General Assistance Data Input	3 years

The current year shall not be counted when determining the retention period.

**10:90-14.8 Processed medical service claims**

(a) The provisions of this section apply to all counties/municipalities concerning medical service claims processed for payment by the Division of Medical Assistance and Health Services' (DMAHS') fiscal agent, as described in N.J.A.C. 10:90-13.1.

(b) Each month the fiscal agent shall provide to DFD/BBS, through DMAHS, a computer printout of all WFNJ/GA medical claims paid through the fiscal agent. The BBS shall forward the printouts to the respective agencies on a monthly, quarterly or semi-annual basis (print-out disbursement time frames will be determined by the monthly volume of activity).

1. Upon receipt of the computer printout, the agency shall be responsible for determining if all claims charged to the county/ municipality are for eligible WFNJ/GA recipients. Payments for medical service claims for eligible WFNJ/GA recipients may be recorded in individual case records if desired. The agency shall identify the errors, notify the provider/vendor of the errors and void the claim. If the agency does not have a Provider Numeric Listing, the agency shall obtain the address and/or telephone number of the vendor by identifying the provider number for the questioned claim and calling DFD/BBS, WFNJ/GA Fiscal Unit. After notifying the provider/vendor, the agency shall complete a Form FD-999, MMIS Claim Adjustment Request Form, for each erroneous claim identified. The completed FD-999 form(s) shall be mailed to the fiscal agent and a copy of each shall be retained on file by the agency. The claim adjustment will appear on the computer printout for the month that it is processed and the administrative charge for that claim shall also be adjusted for the period in which the claim adjustment/void is processed.

2. Computer printouts shall be retained by the agency for the same periods applicable to Form WFNJ/GA-6 (see N.J.A.C. 10:90-14.7(c) for Record Retention Schedule).

(c) The computer printout shall serve as a supplementary Form WFNJ/GA-6. It will therefore be unnecessary to transfer the printout listings to a regular Form WFNJ/GA-6.

(d) Administrative costs for the processing and payment of WFNJ/GA medical service claims through the fiscal agent shall be billed to the respective municipalities by DFD/BBS, as follows:

1. If the administrative cost exceeds \$25.00 in a quarter, the billing shall be conducted on a quarterly basis;
2. If the administrative cost is less than \$25.00 in a quarter, the billing shall be conducted on an annual basis;
3. If the administrative cost is more than \$25.00 in the current quarter and there is an outstanding amount from any preceding quarter where the administrative cost was less than \$25.00, the total outstanding amount in aggregate (current quarter amount and total amount from any preceding quarters) shall be billed to the agency for that quarter;
4. Administrative costs charged for identified erroneous claims shall be adjusted in accordance with time frames stipulated at (b)1 above.

(e) A check shall be drawn from the municipal "Current Fund" account used for administrative expenses and made payable to the Treasurer, State of New Jersey for the total amount billed the municipality for the processing and payment of the medical service claims for that respective billing period. The check, drawn against the "Current Fund" account, shall be forwarded to the Division of Family Development, Bureau of Business Services, WFNJ/GA Fiscal Unit, PO Box 716, Trenton, New Jersey, 08625-0716.

1. Checks shall not be drawn against the PATF accounts for payment of administrative expenses billed to the municipality for the processing and payment of WFNJ/GA medical service claims. Any check received, which is drawn against the PATF account, shall not be accepted as payment by the DFD/BBS and shall be duly returned. The bill shall be considered "unpaid" until a subsequent check is received which conforms with the provision at (d) above.

**10:90-14.9 Computerized match reports**

(a) Agencies shall complete an investigation of the following computerized match reports and submit their findings, along with an indication as to the appropriate action undertaken, to DFD within 60 days of receipt:

1. WFNJ/GA-Wage Match Report: A match of the WFNJ/GA files with the Department of Labor's wage

files. The WFNJ/GA-Wage Match Reports are sent to all municipalities or counties, as appropriate, on a quarterly basis;

2. WFNJ/GA-SSI Match Report: A match of the WFNJ/GA files with the (SDX) State Data Exchange which lists all SSI recipients.

i. The WFNJ/GA-SSI Match Report is sent to computerized agencies on a monthly basis and to non-computerized agencies on a quarterly basis;

3. WFNJ/GA-WFNJ/GA Match Report: A match of all municipalities matched against each other.

i. The WFNJ/GA-WFNJ/GA Match Report is sent to computerized agencies on a monthly basis and to non-computerized agencies on a yearly basis;

4. WFNJ/GA-FAMIS Match Report: A match of all WFNJ/GA cases matched against the FAMIS (county agency) files.

i. The WFNJ/GA-FAMIS Match Report is sent to computerized agencies on a monthly basis and to non-computerized agencies on a yearly basis;

5. WFNJ/GA-UIB Match Report: A match of the WFNJ/GA cases with the Department of Labor's Unemployment Insurance Benefits files. The WFNJ/GA-UIB Match Reports are sent only to the computerized agencies on a monthly basis;

6. WFNJ/GA-NY State Wage Files Match Report: A quarterly match of the WFNJ/GA cases with NY State Wage Files; and

7. WFNJ/GA-Veterans Benefits Match Report: An annual match of WFNJ/GA cases with Veterans' benefits.

Amended by R.1998 d.42, effective January 20, 1998.  
See: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

**SUBCHAPTER 15. DEFINITIONS**

**10:90-15.1 Definitions**

The following words and terms used within this chapter shall have the following meaning unless the context clearly indicates otherwise.

"Adjusted allowance" means the balance remaining as a result of subtracting the assistance unit's total income from the appropriate public assistance allowance amount for that assistance unit.

"Adjusted gross income" means, when self-employed, the net income as determined by subtracting the cost of producing the income from total gross earnings.

“Adverse action” means any action by the county or municipal agency resulting in denial of an application for assistance, suspension, reduction or termination of assistance. The term is also applicable to decisions pertaining to protective and restricted payments and denial of request for special payments.

“Allowance” means the amount of money recognized for a specific purpose.

“Alternative Work Experience Program (AWEP)” means work and training only with a public, private nonprofit or private charitable employer that provides a recipient with the experience necessary to adjust to, and learn how to function in, an employment setting and the opportunity to combine that experience with education and job training.

“Appeal” means the process of exercising the right to challenge a decision or action of the administering entity and to have such decision or action reviewed by an impartial agency.

“Applicant” means a person who makes a written request for benefits provided by the WFNJ Program. An applicant can be an individual, couple without dependent children, natural or adoptive parent(s), parent-person(s), parent-minor, or legal guardian acting on behalf of the assistance unit.

“Application” means a written request for public assistance made by an applicant or legal guardian acting on behalf of the assistance unit.

“Application process” means the required actions necessary to make an official determination of the disposition of the application for benefits.

“Approved application” means the application process indicates the applicant has met the minimum eligibility requirements and is determined eligible to receive benefits under the WFNJ program.

“Arrears” means the amount of support determined through a court order or administrative order from this State or another state for support and maintenance of a child(ren) or of a child(ren) and the custodial parent, which has not been paid.

“Assistance payment” means the money amount authorized and issued to the assistance unit.

“Assistance unit” means a single adult without dependent children; a couple without dependent children; dependent children only; or a person or couple who are legally or blood related to or the legal guardian of one or more dependent children who live together as a household unit.

“Authorized representative” means an individual (or organization) whom a client designates, orally or in writing, to act on his or her behalf; or in cases of incompetence the person designated by the court to act for the client.

“BARA” means the Bureau of Administrative Review and Appeals in the Division of Family Development.

“BBS” means the Bureau of Business Services in the Division of Family Development.

“Benefits” means any financial or service assistance available to the assistance unit through WFNJ.

“Calculated earned income” means amount of earned income remaining after applicable disregards and deductions have been subtracted from total gross earnings. This is the countable amount to be used in determining the assistance unit’s total income.

“Case management” means the provision of certain services to WFNJ recipients.

“Case record” means the official file, including electronically stored data, that constitutes a complete record which supports the decisions and actions of the WFNJ entity on a case and may include, but is not limited to, forms, chronological narrative, correspondence, record of work requirement compliance and other documents pertinent to the application and eligibility of the client.

“Certificate of Parentage (COP)” means the official form for paternity acknowledgment in New Jersey.

“Child care center” means any home or facility licensed by the Division of Youth and Family Services, which is maintained for the care, development or supervision of six or more children under 13 years of age who attend for less than 24 hours a day.

“Child only case” means an assistance unit comprising a child(ren) only who is (are) receiving WFNJ/TANF benefits and is(are) residing with a non-needy parent-person who has been designated as the payee for the child(ren)’s cash assistance grant.

“Child support” means the amount required to be paid under a judgment, decree, or order, whether temporary, final or subject to modification, issued by a court or an administrative agency of competent jurisdiction, for the support and maintenance of a child, including a child who has attained the age of majority under the law of the issuing state, or child and the parent with whom the child is living, which provides monetary support, health insurance, arrearages or reimbursement, and which may include other related costs and fees, interest and penalties, income withholding, attorney’s fees and other relief.

“Client” means an all inclusive term for an applicant or recipient of assistance.